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DLN: 93493256006010

Form **990**

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)

2008

OMB No 1545-0047

Department of the Treasury

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

Open to Public

eniai Revenue			у ,,,,			1	Inspection
For the 2	2008 cal	endar yea	r, or tax year beginning 11-01-2008	and ending 10-31-2009)	D Employer ider	ntification number
Check if ap		Please	C Name of organization AMERICAN FRIENDS OF RCT INC				
Address ch	larige	use IRS label or	Doing Business As			13-3503955 E Telephone nui	
Name char	9-	print or type. See				-	
Initial retur	rn :	Specific Instruc-	Number and street (or P O box if mail is	s not delivered to street addres	s) Room/suite	(718) 854-2	
Terminatio		tions.	510 SECOND STREET			G Gross receipts \$	4,943,808
Amended r	return		City or town, state or country, and ZIP +	+ 4			
Application	pending		LAKEWOOOD, NJ 08701				
	· •	F Nar	Leand address of principal officer		W/=\		-
			MIN SOROTZKIN		H(a) Is this	s a group return i es?	for
			COND STREET		ammac		, 105 , 110
		LAKEW	OOD, NJ 08701		H(b) Are all	affiliates included	i?
Tay ayam	npt status		() T 1017()(1)				see instructions)
	ipi siaius	501(c	(3) ◀ (Insert no)	52/	H(c) Group	exemption num	ber 🟲
Website	: ► N/A						
Type of org	anization	Corporat	on	L	L Year of for	rmation 1988 M	State of legal domicile N
art I	Summ		,,				
1	Briefly de	escribe th	e organization's mission or most sig	nificant activities			
	TO SUPP	ORT REL	IGIOUS EDUCATION INSTITUTE	S IN THE US AND ABRO	DAD		
2	Chack th	us hov 🖦	if the organization discontinued its	s operations or disposed	of more than	25% of its asset	·c
		,	nembers of the governing body (Par				.5
			dent voting members of the governi)		
			nployees (Part V , line 2a)				
			lunteers (estimate if necessary) .				
	-		ted business revenue from Part VII		•		
ь	Net unre	lated busi	ness taxable income from Form 990	D-T, line 34		7Ь	
					Prio	r Year	Current Year
8	Contrib	utions and	grants (Part VIII, line 1h)			8,098,630	4,943,80
9	•		revenue (Part VIII, line 2g)				
10	Investn	nent incor	ne (Part VIII, column (A), lines 3, 4	1, and 7d)		33	
11	Otherre	evenue (P	art VIII, column (A), lines 5, 6d, 8d				
12			dd lines 8 through 11 (must equal P		0.000.663	4.042.00	
-						8,098,663	4,943,80
13			ar amounts paid (Part IX, column (A		7,590,940	4,340,74	
14		•	r for members (Part IX, column (A),			1	
15	Salaries	s, other co	ompensation, employee benefits (Pa	-	35,524	33,25	
16a	,	ional fund	raising fees (Part IX, column (A), lii	_			
			- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	•			
			enses (Part IX, column (D), line 25) • 169,0				
17			Part IX, column (A), lines 11a-11c			361,265	297,55
18			Add lines 13-17 (must equal Part I			7,987,729	4,671,55
19 n	Revenu	e less exp	penses Subtract line 18 from line 1	2		110,934	272,25
v 2					Beginnii	ng of Year	End of Year
20	Totalas	sets (Pai	t X, lıne 16)			138,008	95,95
21	Total lia	abilities (F	Part X, line 26)			384,310	71,68
20 0 21 22			d balances Subtract line 21 from li			-246,302	24,27
art II		ture Blo				, , , , ,	27,27
.11.41			rjury, I declare that I have examined this re	eturn, includina accompanying	schedules and ct	atements and to th	e hest of my knowledge
			correct, and complete Declaration of prepai				
gn .	****				2010-	09-15	
re	Signat	ure of office	er		Date		
-	<u>B</u> ENJA	MIN SOROT	ZKIN PRESIDENT				
		or print nam					
	Preparer's	k .			heck if	Preparer's identify	ring number
d	signature		TH MARSH		elf- mpolyed 🕨 🦵	(see instructions)	
parer's	Firm's na-	ne (or your	MADCH AND VIETN CDAYS		inpolycu F		_
e Only	ıf self-em	ployed),	<u> </u>			EIN 🕨	
. Citiy		nd ZIP + 4	152 9TH AVE				
			NEW YORK, NY 100114952			Phone no 🕨 (64	6) 201-9286
	C dissila	thic reti	rn with the property chawn = have 2 /				Evan Ena

	990 (2008)					Page 2
Par		ent of Program Serv		ishments (see ıns	tructions.)	
1	Briefly describe	the organization's mission	1			
<u>TO S</u>	UPPORT RELIGI	OUS EDUCATION INSTI	TUTES IN THE	US AND ABROAD		
2		tion undertake any signific 90 or 990-EZ?			which were not listed on	Yes 🗸 No
	If "Yes," describ	e these new services on So	chedule O			
3	services?	tion cease conducting, or r				Yes ▼ No
	If "Yes," describ	e these changes on Sched	ule O			
4	Section 501(c)(ions and sectio	n 4947(a)(1) trusts a	largest program services by ex re required to report the amour service reported	
4a	(Code) (Expenses \$	4,340,744	including grants of \$	4,340,744) (Revenue \$	4,454,370)
	PROVISION OF FIN	NANCIAL SUPPORT TO RELIGIOUS				, , ,
4b	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
	-					
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	-					
4d	O ther program	services (Describe in Sch	nedule O)			
	(Expenses \$	ıncl	luding grants of	\$) (Revenue \$)
4e	Total program	service expenses►\$	4,340,744	Must equal Part IX	(, Line 25, column (B).)	

Part IV Checklist of Required Schedule	les
--	-----

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νo
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	Yes	
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		Νο
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
b	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	Yes	
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	Yes	
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		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νo
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
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 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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 I	25a		No
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		Νο
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		Νο
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		No

Part 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			
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			
		28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
С	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
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? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
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		Νo
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		Νο
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		No
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		Νο
	organization? If "Yes," complete Schedule R, Part V, line 2			

	1990 (2008)			Page:			
Ра	rt V Statements Regarding Other IRS Filings and Tax Compliance		V	NI-			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal		Yes	No			
	of U.S. Information Returns. Enter -0- if not applicable						
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0						
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes				
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						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b					
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)?						
b	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 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		No			
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο			
c	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					
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
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		No			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No			
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		Νο			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h					
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 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		No			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		N o			
a b		9a 9b		No			
10	Section 501(c)(7) organizations. Enter	75		110			
	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
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					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the vear						

(646) 201-9286

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

Se	ction 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, process, or changes in Schedule O. See instructions.						
1a	Enter the number of voting members of the governing body 1a 3						
b	Enter the number of voting members that are independent 1b 3						
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	Yes				
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		Νο			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No			
5	5 Did the organization become aware during the year of a material diversion of the organization's assets?						
6	6 Does the organization have members or stockholders?						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο			
b							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	b Each committee with authority to act on behalf of the governing body?						
9a	, , , , ,						
b	b 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?						
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	Yes				
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νο			
Se	ction B. Policies						
			Yes	No			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes				
13	Does the organization have a written whistleblower policy?	13	Yes				
14	Does the organization have a written document retention and destruction policy?	14	Yes				
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	Yes				
b	Other officers or key employees of the organization?	15b		Νο			
	Describe the process in Schedule O (see instructions)						
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		N o			
Ь	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					
Se	ction C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed▶OH						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) 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 interest policy, and financial statements available to the public See Additional Data Table						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the KENNETH R MARSH CPA 6633 LURAIS DRIVE LAKE WORTH, FL 33463	ne orga	ınızatıor	n ►			

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, or 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

Check this box if the organization did not compensate any officer, director, trustee or key employee										
	(C) Position (check all that apply)			(D)	(E)	(F) Estimated				
(B) Average hours	Institut			Ke) (Highest employe	ָּדֶי דֵי	Reportable compensation from the	Reportable compensation from related	amount of other compensation	
per week	x Individual	ional Trustee	Жісеі	amplo, ee	compensated e	ormer	organization (W- 2/1099- MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
2 00	Х						0	0	0	
2 00	Х						0	0	0	
2 00	Х			0	0	0				
60 00					Х		22,000	0	0	
10 00					Х		8,250	0	0	
	(B) A verage hours per week 2 00 2 00 2 00 60 00	(B) A verage hours per week 2 00 X 2 00 X	(C) Position (check all that apply) (B) Average hours per week Individual 2 00 X 2 00 X 2 00 X 60 00	(C) Position (check all that apply) (B) Average hours per week Individual 2 00 X 2 00 X 2 00 X 60 00	(C) Position (check all that apply) (B) Average hours per week Individual 2 00 X 2 00 X 2 00 X 60 00	(C) Position (check all that apply) Average hours per week Individual Institutional Trustee 2 00 X 2 00 X 2 00 X 60 00 X	(C) Position (check all that apply) Average hours per week Individual Institutional Trustee 2 00 X 2 00 X 2 00 X 60 00 X	(B) Average hours per week X Individual Institutional Trustee	(B) Average hours per week Individual Institutional Trustee Institutional I	

from the organization 🟲

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

			(C) Position (check all that apply)						(2)	(E)	(F) Estimated					
N	(A) ame and Title	(B) Average hours per week	x Individual	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099- MISC)	eportable Reportable compensation from the ganization /- 2/1099- (W- 2/1099-						
						1										
						-										
											- 					
						-					-					
							<u> </u>		20 250		\perp					
	Total			•	•		<u>►</u>		30,250							
2	compensation f		s (including those in 1a) who receiv ianization ⊩	ed m	ore	than	\$100	0 0, 0	0 in reportable							
_	5 1 11									г		Yes	No			
3			ny former officer, director or trustee ete Schedule J for such individual •						nest compensated	employee	3		Νο			
4			n line 1a, is the sum of reportable c ganizations greater than \$150,000							m the						
	ındıvıdual			•	•	•	•	-			4		No			
5			ne 1a receive or accrue compensat on? <i>If</i> "Yes <i>," complete Schedule J fo</i> r						organization for s	ervices	5		Νο			
										L		1 1				
	ection B. Inde															
1			ur five highest compensated indepe n from the organization	nden	t co	ntra	ctors	that	received more th	an						
	,	<u>.</u>	(A) Name and business address							(B) n of services		(C) Compens				
											-					
	Takal mumakan se		to a submanda sur Anna balance the sur sur 4 N						+100000		_					

			(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
2 22	1a	Federated campaigns 1a				
문문	ь	Membership dues 1b				
ಕ್ರ€	С	Fundraising events 1c				
contributions, giffs, grants and other similar amounts	d	Related organizations 1d				
ᅙᆖ						
설등	е					
을등	f	All other contributions, gifts, grants, and similar amounts not included above 4,943,808				
ĕ₹	g	Noncash contributions included in				
Ęĕ		lines 1a-1f \$				
S ခြ	h	Total. Add lines 1a-1f	4,943,808			
ov.		Business Code				
Ě	2a					
92	ь					
σ Œ	с					
ž	_					
Ī	d					
E	е					
Program Service Revenue	f	All other program service revenue				
Ě	g	Total. A dd lines 2a-2f				
	3	Investment income (including dividends, interest				
		and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross Rents				
	b	Less rental				
	С	expenses Rental income				
		or (loss)				
	d	Net rental income or (loss)				
	_	(i) Securities (ii) O ther Gross amount				
	7a	from sales of				
		assets other than inventory				
	b	Less cost or				
		other basis and sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)				
e ne	8a	Gross income from fundraising events (not including \$				
Other Revenue		of contributions reported on line 1c)				
ě		See Part IV, line 18				
<u>.</u>		a				
Ě	Ь	Net income or (loss) from fundraising events				
0	С	The time of (1835) from familiarian ing cremes 1.				
	9a	Gross income from gaming activities See Part IV, line 19				
	ь	Less direct expenses b				
	с	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
	h					
	Ь	Net income or (loss) from sales of inventory				
	С	Miscellaneous Revenue Business Code				
	11a	Priscentaneous Revenue Dusiness Code				
	_					
	Ь					
	С					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	4,943,808			

Part IX Statement of Functional Expenses

Do not include 7b, 8b, 9b, and 1 Grants In the U 2 Grants U S Se 3 Grants organiz Part IV 4 Benefits 5 Compet key em 6 Compet (as defi describ 7 Other s 8 Pension 403(b)	and other assistance to individuals in the e Part IV, line 21 and other assistance to governments, and other assistance to individuals in the e Part IV, line 22 and other assistance to governments, and other assistance to governments, and individuals outside the U S See, lines 15 and 16 s paid to or for members insation of current officers, directors, trustees, and ployees insation not included above, to disqualified persons ned under section 4958(f)(1)) and persons ed in section 4958(c)(3)(B)	(A) Total expenses 8,500	(B), (C), and (B) Program service expenses 8,500	(C) Management and general expenses	(D) Fundraising expenses
7b, 8b, 9b, and Grants in the U Grants U S Se Grants Organiz Part IV Benefits Competitive em Competitive em Competitive em Pension 403(b)	and other assistance to governments and organizations See Part IV, line 21 and other assistance to individuals in the e Part IV, line 22 and other assistance to governments, ations, and individuals outside the U.S. See , lines 15 and 16 s paid to or for members insation of current officers, directors, trustees, and ployees insation not included above, to disqualified persons ned under section 4958(f)(1)) and persons ed in section 4958(c)(3)(B)	Total expenses	Program service expenses 8,500	Management and	Fundraising
Grants U S Se Grants Organiz Part IV Benefits Compet key em Compet (as defi describ Other s Pensior 403(b)	and other assistance to individuals in the e Part IV, line 22 and other assistance to governments, ations, and individuals outside the U.S. See , lines 15 and 16 s paid to or for members insation of current officers, directors, trustees, and ployees				
U S Se 3 Grants organiz Part IV 4 Benefits 5 Compete key em 6 Compete (as defindescrib) 7 Other s 8 Pension 403(b)	e Part IV, line 22 and other assistance to governments, ations, and individuals outside the U.S. See , lines 15 and 16 s paid to or for members insation of current officers, directors, trustees, and ployees insation not included above, to disqualified persons ned under section 4958(f)(1)) and persons ed in section 4958(c)(3)(B)	4,332,244	4,332,244		
organiz Part IV 4 Benefits 5 Competing key em 6 Competing describ 7 Other s 8 Pension 403(b)	ations, and individuals outside the U.S. See , lines 15 and 16 s paid to or for members nsation of current officers, directors, trustees, and ployees nsation not included above, to disqualified persons ned under section 4958(f)(1)) and persons ed in section 4958(c)(3)(B)	4,332,244	4,332,244		
 Comperkey em Comper(as defidescrib) Others Pension 403(b) 	nsation of current officers, directors, trustees, and ployees				
key em Comper (as defi describ Other s Pension 403(b)	ployees				
(as defined escrib) 7 Others 8 Pension 403(b)	ned under section 4958(f)(1)) and persons ed in section 4958(c)(3)(B)				
8 Pensior 403(b)					
403(b)	alaries and wages	33,257	0	33,257	0
9 Other e	n plan contributions (include section 401(k) and section employer contributions)				
	mployee benefits				
10 Payroll	taxes				
11 Fees fo	r services (non-employees)				
a Manage	ement				
b Legal					
c Accoun	iting	875	0	875	0
d Lobbyin	ng				
e Profess	ional fundraising See Part IV, line 17				
f Investr	nent management fees				
g Other					
12 Adverti	sing and promotion	3,348	0	0	3,348
13 Office e	expenses	507	0	507	0
14 Informa	ation technology				
15 Royaltı	es				
16 Occupa	ancy				
		155,938	0	0	155,938
state, o	nts of travel or entertainment expenses for any federal, or local public officials				
19 Confere	ences, conventions, and meetings				
	t				
	nts to affiliates				
•	iation, depletion, and amortization				
24 Other e	expenses Itemize expenses not covered above (Expenses d together and labeled miscellaneous may not exceed 5% of				
	rpenses shown on line 25 below)	7.00	-	7.255	
	SERVICE CHARGES	7,369	0	7,369	0 647
b MEALS	T CARD FEE	8,647	0	5 793	8,647
		5,782	0	5,782	
	ENANCE	4,401	0	3,311	1,090
	erexpenses	110,600	0	110,600	0
	unctional expenses. Add lines 1 through 24f	<u>'</u>	-	· -	
	<u> </u>	4,671,553	4,340,744	161,786	169,023
Comple	osts. Check here ▶ ┌ If following SOP 98-2 te this line only if the organization reported in (B) joint costs from a combined educational				

Pa	rt X	Balance Sheet					<u> </u>	~g~
					(A) Beginning of year		(E End o	i) fyear
	1	Cash—non-interest-bearing			137,138	1		95,084
	2	Savings and temporary cash investments			870	2		870
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net				4		
	5	Receivables from current and former officers, directors, trustees, ke other related parties Complete Part II of Schedule L		ployees or		5		
	6	Receivables from other disqualified persons (as defined under section errors described in section 4958(c)(3)(B) Complete Part II of Sch	on 49			6		
	7	Notes and loans receivable, net				7		
şts	8	Inventories for sale or use				8		
Assets	9	Prepaid expenses and deferred charges				9		
Ā	10a	Land, buildings, and equipment cost basis	10a					
	Ь	Less accumulated depreciation Complete Part VI of Schedule D	10b		-	10c		
	11	Investments—publicly traded securities				11		
	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	Other assets See Part IV, line 11				15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)		•	138,008			95,954
	17	Accounts payable and accrued expenses .	150,000	17		35,554		
	18					18		
		Grants payable						
	19	Deferred revenue				19		
Liabilities	20	Tax-exempt bond liabilities				20		
	21 22	Escrow account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				21		
jal		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		384,310			71,683	
			384,310			71,683		
_ Sá	26	Total liabilities. Add lines 17 through 25	e lines	s 27	364,310	26		71,003
Balance		through 29, and lines 33 and 34.						
9 3	27	Unrestricted net assets			27			
ä	28	Temporarily restricted net assets				28		
Fund	29	Permanently restricted net assets	_	_		29		
or FL		Organizations that do not follow SFAS 117, check here ► 🔽 and collines 30 through 34.	omplet	te				
sets	30	Capital stock or trust principal, or current funds			ļ	30		
s S e	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
A.	32	Retained earnings, endowment, accumulated income, or other funds	;		-246,302	32		24,271
Net	33	Total net assets or fund balances			-246,302	33		24,271
	34	Total liabilities and net assets/fund balances			138,008	34		95,954
Pa	rt XI	Financial Statements and Reporting						
1	Acco	unting method used to prepare the Form 990	crual	□ O ther			Yes	No
_ 2a		the organization's financial statements compiled or reviewed by an i			ant?	2a		Νο
b		the organization's financial statements audited by an independent a				2b		No
c	If "Ye	es" to 2a or 2b, does the organization have a committee that assume , review, or compilation of its financial statements and selection of a	s resp	onsibility for o	versight of the	2c		
За	Asa	result of a federal award, was the organization required to undergo are e Audit Act and OMB Circular A-133?	n audıt	t or audits as s	et forth in the	3a		No
b		es," did the organization undergo the required audit or audits?				3b		

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DLN: 93493256006010

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

AMER	ICAN F	RIENDS OF RCT	Γ INC									
								13	-350395!	5		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)		
The	organı	zatıon ıs not	a private found	ation because it is (Please	check onl	ly one org	anızatıon))				
1	Γ	A church, c	convention of ch	nurches, or association of ch	urches de	escribed in	Section 1	L 70(b)(1)((A)(i).			
2	Γ	A school d	escribed in Sec	t ion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)						
3	Γ	A hospital	or a cooperativ	e hospital service organizati	on describ	bed in Sec	tion 170(Ł)(1)(A)(i	ii). (Attac	h Schedul	le H)	
4	Γ	A medical	research organi	zatıon operated ın conjunctı	on with a l	hospital d	escribed ii	n Section :	170(b)(1)	(A)(iii). E	nter the	
		hospital's i	name, city, and	state								
5	Γ	An organiza	ation operated 1	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın	
				(Complete Part II)								
6	Г			overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Γ	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	eral public	
				o)(1)(A)(vi) (Complete Par			_				•	
8	Г	A commun	ıty trust describ	ped in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	~	An organiza	ation that norm	ally receives (1) more than	331/3% o	fits supp	ort from co	ntribution	ns, membe	rship fees	, and gross	
		receipts fro	om activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	'3% of	
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses										
				on after June 30, 1975 See								
10	Г	Anorganiz	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	e instruc	tions)	
11	Γ	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purposes of	
				orted organizations describe						Section 5	09(a)(3). Check	
		the box that describes the type of supporting organization and complete lines 11e through 11h a									TIT Other	
_	_	•	•	• • • • • • • • • • • • • • • • • • • •	• •			•	d	' ''		
е	ı	•	- '	rtify that the organization is agers and other than one or			•			•	· ·	
		section 50		agers and other than one or	more pub	iici, supp	orteu orga		405011504	111 5 6 6 1 1 1	. 3 0 3 (d)(1) 0.	
f		_		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organizatio <u>n,</u>	
		check this			J		.				Г	
g		following pe		as the organization accepted	d any gift	or contrib	ution from	any of the				
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No	
		and (III) be	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	y member of a p	erson described in (i) above	?					11g(
		(iii) a 35%	controlled enti	ty of a person described in ((i) or (ii) al	bove?				11g(
h		Provide the	following infori	mation about the organizatio	ns the org	janization	supports					
			-	-	-							
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of	
		oorted		(described on lines 1 - 9		ation in		nızatıon	_	ation in .	support?	
	Organ	nization		above or IRC section (See Instructions))		listed in verning	in col (i) of your		rganized US?		
				(See Instructions))		nent?	subt	,011,	III LITE	03'		
					Yes	No	Yes	No	Yes	No	-	
										-		

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support								
Cale	endar 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								
	ınclude any "unusual grants ")								
2	Tax revenues levied for the organization's								
	benefit and either paid to or expended on						ľ		
_	its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
4	Total. Add line 1-3								
	The portion of total contribution by each								
5	person (other than a government unit or								
	publicly supported organization) included								
	on line 1 that exceed 2% of the amount								
	shown on line 11, column						ľ		
	· (f)								
6	Public Support subtract line 5 from line								
	4								
	otal Support								
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total	
7	A mounts from line 4								
8	Gross income from interest, dividends,								
	payments received on securities loans,							(
	rents, royalties and income from similar								
_	sources								
9	Net income from unrelated business						ľ		
	activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss								
10	from the sale of capital assets (Explain in						ľ		
	Part IV)								
11	Total Support (Add lines 7 through 10)								
12	Gross receipts from related activities, etc	(See instruction	ns)		•	12			
13	First Five Years. If the Form 990 is for the			d fourth or fifth	tav vaaras a 5		3 /		
13	organization, check this box and stop here		irst, second, tim	u, iouitii, oi iiiti	itax year as a s	01(0)(ر د	▶ □	
	organization, eneck this box and stop here							- 1	
Co	omputation of Public Support Perc	entage							
	Public Support Percentage for 2008 (line 6		ded by line 11 co	olumn (f))		14			
15	Public Support Percentage for 2007 Sched	lule A. Part IV-A	A. line 26f			15			
				and line 14 is 2	2 1/20% or more	\vdash	thic box		
10a	33 1/3% Test - 2008. If the organization di and stop here. The organization qualifies as				3 1/3% OF HIGHE,	CHECK	LIIIS DOX	▶ □	
b	33 1/3% Test - 2007. If the organization di				15 is 33 1/3% c	r more	check th		
_	box and stop here. The organization qualifi			•	13 13 33 1/3/0	1 111010	CHOCK C		
17a	10% Facts and Circumstances Test - 2008.				.3, 16a, or 16b	and line	14 is 10	•	
	more, and if the organization meets the "fa-	•							
	organization meets the "facts and circums		· ·					► □	
Ь	b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or								
	more, and if the organization meets the "fa								
	the organization meets the "facts and circu							ր ▶ [
18	Private Foundation. If the organization did	not check the b	ox on line 13, 10	5a, 16b, 17a or	17b, check this	box ar	ıd see	. —	
	ınstructions							▶┌	

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

	(Complete only if you check	ced the box on	line 9 of Part	I.)			
Se	ction A. Public Support						
Cale	ndar 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")	3,318,808	5,827,103	6,865,634	8,098,630	4,943,807	29,053,982
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						
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	3,318,808	5,827,103	6,865,634	8,098,630	4,943,807	29,053,982
6	Total Add lines 1-5 Amounts included on lines 1, 2, and 3	3,310,000	3,827,103	0,003,034	8,098,030	4,943,607	29,033,962
/a	received from disqualified persons						
Ь	A mounts 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 Total of lines 7a and 7b						
8	Public Support (Substract line 7c from	-					
8	line 6)						29,053,982
To	tal Support		L	L	l.		
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6	3,318,808	5,827,103	6,865,634	8,098,630	4,943,807	29,053,982
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources				33		33
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b				33		33
c 11	Net income from unrelated business				33		
11	activities not included in line 10b, whether or not the business is regularly						
12	carried on 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)						29,054,015
14	First Five Years If the Form 990 is for the o check this box and stop here	rganızatıon's firs	t, second, thırd	, fourth, or fifth t	tax year as a 50	01(c)(3) organız	ation, ▶┌
Co	mputation of Public Support Perce						
15	Public Support Percentage for 2008 (line 8	column (f) divide	ed by line 13 co	lumn (f))		15	100 000 %
16	Public Support Percentage for 2007 Sched	ule A, Part IV-A	, line 27g			16	100 000 %
Co	mputation of Investment Income	Percentage					
17	Investment Income Percentage for 2008 (II		f) divided by line	e 13 column (f))		17	0 %
18	Investment Income Percentage from 2007	Schedule A . Part	: IV-A, line 27h			18	0 %
	33 1/3% Tests - 2008. If the organization d				ore than 33 1/3		<u> </u>
TAG	17 is not more than 33 1/3%, check this bo						n ▶ ▽

33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)								
	Facts and Circumstances Test								

Schedule A (Form 990 or 990-EZ) 2008

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DLN: 93493256006010

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

▶ 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.

Supplemental Financial Statements

Open to Public

ternal l	Revenue Service				Inspect	ion
	e of the organization RICAN FRIENDS OF RCT INC		Emplo	yer id	lentification numbe	ř
			13-35			
Par	Organizations Maintaining Donor A		nds o	r Acc	counts. Complet	e if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Fund	ds and other accoun	ıts
L	Total number at end of year	(0, 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · ·	,		
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
1	Aggregate value at end of year					
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		radvis	e d	√Yes	┌ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber impermissible private benefit?		may be		☐ Yes	┌ No
Par	t III Conservation Easements. Complete	if the organization answered "Yes" to	Form	990,	Part IV, line 7.	
2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual on the last day of the tax year	cion or pleasure)	tified hi	storic		
	· ·				Held at the End of t	he Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easement	ts		2b		
c	Number of conservation easements on a certified h	nistoric structure included in (a)		2c		
d	Number of conservation easements included in (c)	acquired after 8/17/06		2d		
3	Number of conservation easements modified, transfe the taxable year -	erred, released, extinguished, or terminated	d by the	orgar	nızatıon durıng	
1	Number of states where property subject to conserv	ation easement is located ►				
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		tions, ai	nd	☐ Yes	┌ No
5	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	year ►			
7	A mount of expenses incurred in monitoring, inspecti	ing, and enforcing easements during the yea	ar ► \$			
3	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sect	ion		☐ Yes	┌ No
•	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial	•		•	
art	Organizations Maintaining Collection Complete if the organization answered		r Oth	er Si	milar Assets.	
la	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	d for public exhibition, education or researc	h ın furt			,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in			· ·	
	(i) Revenues included in Form 990, Part VIII, line 1	1		Þ	► \$	
	(ii) Assets included in Form 990, Part X			.	\$	
2	If the organization received or held works of art, hist following amounts required to be reported under SFA	·	r fınancı		•	
а	Revenues included in Form 990, Part VIII, line 1			▶	\$	

b Assets included in Form 990, Part X

CII	t IIII (Organizations Maintaining Co	<u>llections of Art</u>	<u>, His</u>	tori	cal Tr	easur	es, or c	tne	<u>r Similar A</u>	ssets (c	<u>ontınued)</u>
3	_	he organization's accession and other check all that apply)	records, check any	of th	e foll	owing t	hat are	a sıgnıfıca	ant u	se of its colle	tion	
а	┌ Pu	blic exhibition		d	Γ	Loan	orexcha	nge prog	rams			
b	┌ Sc	holarly research		e	Γ	Other						
c	┌ Pre	eservation for future generations										
4	Provide Part XI	e a description of the organization's co V	llections and expla	ın hov	v they	furthe	r the org	janızatıor	ı's ex	empt purpose	ın	
5	_	the year, did the organization solicit o to be sold to raise funds rather than t			,					ılar	☐ Yes	☐ No
Par		Trust, Escrow and Custodial A						ızatıon a	nsw	ered "Yes" t	o Form 9	90,
1a	Is the o	Part IV, line 9, or reported an am organization an agent, trustee, custod d on Form 990, Part X?						other ass	ets r	not		
ь		," explain why in Part XIV and comple	te the following tabl	e								
		,	•							A	mount	
c	Beginn	ıng balance							1c			
d	A dditio	ons during the year							1d			
e	Distrib	utions during the year							1e			
f	Ending	balance							1f			
2a	Did the	organization include an amount on Fo	rm 990, Part X, line	21?				_			┌ Yes	┌ No
ь	If "Yes,	." explain the arrangement in Part XIV										
Pa	rt V	Endowment Funds. Complete ı										
_	_		(a)Current Year	(b)	Prior Y	ear	(c) Two	Years Back	(d)	Three Years Back	(e)Four Y	ears Back
1a		ing of year balance							 			
b		outions							+-			
c d		ment earnings or losses or scholarships										
e	Other	expenditures for facilities										
f	•	strative expenses										
g	End of	year balance										
2	Provide	the estimated percentage of the year	r end balance held a	ıs					<u> </u>			
а		lesignated or quasi-endowment										
ь		nent endowment 🕨										
c	Term e	ndowment 🕨										
3a		re endowment funds not in the posses	sion of the organiza	ation t	that a	re held	and adı	mınıstere	d for	the		
	_	ation by									Yes	No
		elated organizations			•				•		ı(i) (ii)	
ь		ited organizations " to 3a(ii), are the related organization			ched	ule R?			• •	· · · · —	8b	
4		pe in Part XIV the intended uses of the	•								I	<u> </u>
Pai	rt VI	Investments—Land, Buildings	, and Equipme	nt. S	ee F	orm 9	90, Par	t X, lıne	10.	_		
		Description of investment				a) Cost o sıs (ınve	or other stment)	(b)Cost of basis (ot		(c) Deprecia	tion (d)	Book value
1a	Land .											
b	Building	s		-								
c	Leaseho	ld improvements		•								
d	Equipme	ent										
	Other				1			l		1		

Total, (Column (b) should equal form 990, Part X, col (6) to 2). Part XI Other Liabilities. See Form 990, Part X, line 15. (a) Description of myestment ryse (b) Book value (c) Description of myestment ryse (c) Description of myestment ryse (d) Book value (e) Book value (f) Book value (b) Book value (c) Book value (b) Book value (c) Description of myestment ryse (d) Book value (e) Book value (f) Book value (g) Book value (h) Book value	(a) Description of security or category	(b)Book value	(c) Method of valuation
Total. (Tokens (b) should equal from 990, For X. col (8) line 15) Part VIII Investments—Program Related. See Form 990, Part X, Jine 13. (a) Description of investment type (b) Book value Cost or end-of-pear market value Cost or end-of-pear market value (b) Book value (c) Method of valuation Cost or end-of-pear market value (c) Description (b) Book value	(including name of security)	(D)BOOK Value	Cost or end-of-year market value
Total. (Column (b) should equal form 990, Part X, cot (8) les 32) > 20xx VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or and-or-year market value (b) Book value (column (b) should equal form 990, Part X, line 15. (a) Description (b) Book value (column (b) should equal form 990, Part X, cot (8) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) Amount Feeral Incomer Taxes (c) Description of Liability (b) Amount Feeral Incomer Taxes (c) Description of Liability (d) Amount Feeral Incomer Taxes (a) Description of Liability (b) Amount Feeral Incomer Taxes (c) Description of Liability (d) Amount Feeral Incomer Taxes (e) Description of Liability (f) Amount Feeral Incomer Taxes (g) Description of Liability (h) Amount Feeral Incomer Taxes (g) Description of Liability (h) Amount Feeral Incomer Taxes (g) Description of Liability (h) Amount Feeral Incomer Taxes			
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Notes Payable 70,000 PAYROLL LIABILITIES 1,683		(b) A mount	
PAYROLL LIABILITIES 1,683		70.000	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 71.683	PATROLL LIABILITIES	1,083	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 71.683			
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Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 71.683			
	Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	71 683	

Ident if ier

Return Reference Explanation

'ar	t XII Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
	Total expenses (Form 990, Part IX, column (A), line 25)	2	
	Excess or (deficit) for the year Subtract line 2 from line 1	3	
	Net unrealized gains (losses) on investments	4	
	Donated services and use of facilities	5	
	Investment expenses	6	
		7	
	Prior period adjustments	8	
	Other (Describe in Part XIV)	<u> </u>	+
	Total adjustments (net) Add lines 4 - 8	9	1
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<u> </u>
ī	Reconciliation of Revenue per Audited Financial Statements With Revenue per		eturn
	Total revenue, gains, and other support per audited financial statements	1	
	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
t	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
	Total expenses and losses per audited financial statements	1	
	A mounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities		
	Prior year adjustments		
	Losses reported on Form 990, Part IX, line 25 2c		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIV) 4b		
	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part 1, line 10)		

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DLN: 93493256006010

OMB No 1545-0047

2008

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public Inspection

	ar riovalida darrida					
	ne of the organization				Employe	identification number
АМІ	ERICAN FRIENDS OF RCT	TINC			13-3503	1955
Đ:	art I General Infor	mation on Ac	ctivities Outsi	ide the United States		
	"Yes" to Form 9				or complete if the or	gamzadon anomerca
1	For grantmakers. Do	es the organiza	ition maintain r	ecords to substantiate	the amount of the gr	ants or
				assistance, and the se		
	the grants or assistan	ce				🔽 Yes 🗌 No
2	For grant makers. Descri United States	be in Part IV the	organization's pr	rocedures for monitoring th	ne use of grant funds ou	tsıde the
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf adı	ditional space is needed)		
		(b) Number of	(c) Number of	(d) Activities conducted in region (by type) (i.e.,	(e) If activity listed in	
	(a) Region	offices in the	employees or	fundraising, program services,	is a program service	
	. , ,	region	agents in region		describe specific type service(s) in region	
Mıd	dle East	1	2	PROGRAM SERVICES	TO SUPPORT	4,332,244
					RELEGIOUS	
					INSTITUTIONS	
_						
Tot:	alo s	1	2			4,332,244

Totals .

Name of anization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	_							
	_							
	_							
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	_							

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Part IV	Supplemental Information Complete this part to provide the information required in Part I, line 2, and any other additional information.						
	Identifier	ReturnReference	Explanation				
Pt I Line 2			THE ORGANIZATION HAS REGULAR ONGOING COMMUNICATION WITH RECIPIENT ORGANIZATIONS TO ENSURE FUNDS ARE USED AS AUTHORIZED				

Software ID: 08000082

Software Version:

EIN: 13-3503955

Name: AMERICAN FRIENDS OF RCT INC

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, otheı
		Mıddle East	TO SUPPORT RELIGIOUS INSTITUTIONS	10,321	СНЕСК			
		Middle East	TO SUPPORT RELIGIOUS INSTITUTIONS	1,689,720	TRANSFER/CHECK			
		Mıddle East	TO SUPPORT RELIGIOUS INSTITUTIONS	153,670	TRANSFER			
		Middle East	TO SUPPORT RELIGIOUS INSTITUTIONS	10,000	CHECK			
		Middle East	TO SUPPORT RELIGIOUS INSTITUTIONS	56,000	CHECK			
		Mıddle East	TO SUPPORT RELIGIOUS INSTITUTIONS	7,000	TRANSFER			
		Mıddle East	TO SUPPORT RELIGIOUS INSTITUTIONS	14,000	CHECK			
		Mıddle East	TO SUPPORT RELIGIOUS INSTITUTIONS	96,000	CHECK			
		Mıddle East	TO SUPPORT RELIGIOUS INSTITUTIONS	155,500	TRANSFER			
		Mıddle East	TO SUPPORT RELIGIOUS INSTITUTIONS	558,284	CHECK/TRANSFER			
		Middle East	TO SUPPORT RELIGIOUS INSTITUTIONS	48,000	СНЕСК			
		Middle East	TO SUPPORT RELIGIOUS INSTITUTIONS	17,300	СНЕСК			
		Middle East	TO SUPPORT RELIGIOUS INSTITUTIONS	9,000	СНЕСК			
		Middle East	TO SUPPORT RELIGIOUS INSTITUTIONS	16,768	СНЕСК			
		Mıddle East	TO SUPPORT RELIGIOUS INSTITUTIONS	30,130	СНЕСК			
		Middle East	TO SUPPORT RELIGIOUS INSTITUTIONS	7,230	СНЕСК			
		Middle East	TO SUPPORT RELIGIOUS INSTITUTIONS	9,700	СНЕСК			
		Mıddle East	TO SUPPORT RELIGIOUS INSTITUTIONS	638,700	CHECK/WIRE TRANSFER			
		Middle East	TO SUPPORT RELIGIOUS INSTITUTIONS	9,000	TRANSFER			
		Mıddle East	TO SUPPORT RELIGIOUS INSTITUTIONS	31,000	TRANSFER			
		Mıddle East	TO SUPPORT RELIGIOUS INSTITUTIONS	750,521	TRANSFER			

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DLN: 93493256006010 OMB No 1545-0047

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion

Name of the organization						Employer identi	fication number
AMERICAN FRIENDS OF RCT	INC					13-3503955	
Part I General Infor	mation on Gran	its and Assistance					
Form 990, Part	d to award the gran organization's proce her Assistance IV, line 21 for an	ts or assistance? dures for monitoring th to Governments y recipient that rece	e use of grant funds in t			organization answere	d "Yes" on
	edule I-1 ıf addıt					. ▶ □	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONG TA OF KJPO BOX 1079 MONROE,NY 10949	11-3500689		7,000				TO SUPPORT RELIGIOUS EDUCATION
2 Enter total number of sec				_	_		
organizations						,	
3 Enter total number of oth	er organizations .			0.1.1.5055			1

Part III	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.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. See Additional Data Table

to Additional Edita Table					
Ident if ier	Return Reference	Explanation			
Pt I Line 2		THE ORGANIZATION HAS REGULAR ONGOING COMMUNICATION WITH RECIPIENT ORGANIZATIONS TO ENSURE FUNDS ARE USED AS AUTHORIZED			

Employer identification number

13-3503955

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

Name of the organization AMERICAN FRIENDS OF RCT INC

 Identifier
 Return Reference
 Explanation

 Pt VI-A, Line 10
 A COPY OF FORM 990 IS PROVIDED TO THE BOARD MEMBERS FOR REVIEW AND APPROVAL

ldentifier	Return Reference	Explanation
Pt V, Line 3b		NO UNRELATED BUSINESS INCOME

Identifier	Return Reference	Explanation
Pt VI-A, Line 2		BENJAMIN SOROTZKIN, BOARD PRESIDENT, IS THE FATHER OF SHALOM SOROTZKIN, A KEY EMPLOYEE BENJAMIN SOROTZKIN, BOARD PRESIDENT IS THE FATHER IN LAW OF LEA SOROTZKIN, A KEY EMPLOYEE

ldentifier	Return Reference	Explanation
Pt VI-B, Line 12c		BOARD MEMBERD ARE REQUESTED TO REPORT POSSIBLE CONFLICTS OF INTEREST AT THE ANNUAL BOARD MEETING

ldentifier	Return Reference	Explanation
Pt VI-B, Line 15		SALARIES ARE BASED ON PREVAILING WAGES THE NJ AREA FOR SIMILAR POSITIONS AND THE BOARD REVIEWS THE DECISION

ldentifier	Return Reference	Explanation
Pt VI-C, Line 19		AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
Pt VI-A, Line 8		THE BOARD MEETINGS ARE DOCUMENTED BY THE ORGANIZATION THERE ARE NO COMMITTEES

Identifier	Return Reference	Explanation		
PT IX, LINE 24F		RCT RECEIVED A DIRECTED DONATION OF \$110,000, MADE THROUGH AMERICAN EXPRESS FROM A DONOR ON BEHALF OF THE YESHIVA GEDOLAH OF SEAGATE,107 EAST HARVARD STREET,LAKEWOOD NJ, 08701, EIN#11-3141535 AFTER TRANSFERING THE FUNDS TO SAID ORGANIZATION, THE AMERICAN EXPRESS CHARGE REVERSED RCT WAS UNABLE TO RECOUP THESE FUNDS		

Additional Data

Software ID:

Software Version:

EIN: 13-3503955

Name: AMERICAN FRIENDS OF RCT INC

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BANK SERVICE CHARGES	7,369	0	7,369	0
MEALS	8,647	0	0	8,647
CREDIT CARD FEE	5,782	0	5,782	0
TELEPHONE	4,401	0	3,311	1,090
MAINTENANCE	85	0	85	0