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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)

2009

OMB No 1545-0047

Department of the Treasury

Open to Public

			enue Service he 2009 ca		year, or tax year begin		, 2009, and		ming requ	mements	Inspection , 20			
				Please		_ -			TNC	D Emplo	yer identification number			
		use IRS Doing Rusiness As								11-3185544				
		Address change Name change Number and street (or P O box if mail is not delivered to street address) Room/suite								E Telephone number				
			•	type	· ·					1				
		nitial re		See Specific	1368 44TH. STREET City or town, state or cou	into, and 7IP ± 4	<u> </u>			718-43	0-1/8/			
		ermina	ated	Instruc- tions	1	•				l				
	□ •	Amend	led return		BROOKLYN, NY 11219	<u>, </u>				G Gross r	eceipts \$ 1,395,476			
	L A	Application pending F Name and address of principal officer JACOB EILENBERG H(a) is th							is a group return for affiliates? Yes 🔀 1					
				1368 4	14th STREET BROOK	LYN, NY 11219			H(b) Are	all affiliates	included? Yes No			
	<u> </u>	Tax-ex	xempt status	<u>k</u>]	501(c) (3) ◄ (insert no)	4947(a)(1) or 52	7		If "N	lo," attach a	list (see instructions)			
	J '	Webs	site: 🕨						H(c) Group	exemption nu	mber ▶			
	<u>K</u>	Form o	f organization	Corp	oration 🔲 Trust 🔲 Associatio	n ☐ Other ►	L Year of	formation	1993	M State o	f legal domicile NY			
	Pa	irt I	Summ	ary										
		1	Briefly de	scribe	the organization's mis	sion or most significa	nt activities To	FOSTER	R. PROMO	TE. AND	ADVANCE			
		1			DRAH STUDY AND PRAC									
	ဦ			9219	**************************************		<u> </u>	14111111	9111 11111	.01111111111111111111111111111111111111	ANDO.			
	na.				•••••									
	ē	_	Oh - 4		☐ if the organization disco	ntinuad ita anarationa et die	af tha							
	ဖြ					· ·	•		s nel asse	ادة 3	1			
	త				g members of the gov				•	• -	2			
	Activities & Governance				pendent voting membe		•			4	0			
	흕				employees (Part V, li	,				. 5	1			
-	ĕ				volunteers (estimate		· -			. 6	3			
					elated business revenu					. 7a				
2010		b	Net unrela	ated bu	usiness taxable incom	e from Form 990-T, lii	<u>ne 34 </u>			. 7b	0			
~									Prior Y	'ear	Current Year			
4 4	힐	8	Contributi	ions ar	nd grants (Part VIII, lin	e 1h)			1,	506,699	1,367,336			
Ò	盲	9	Program	service	e revenue (Part VIII, Iir	ne 2g)					0			
DEC	Revenue	10	Investme	nt inco	me (Part VIII, column	(A), lines 3, 4, and 70	l)			18,785	4,914			
	-				Part VIII, column (A),						0			
Ω					idd lines 8 through 11 (i			2)	1,	525,484	1,372,250			
SCANNED		13	Grants ar	nd sımi	lar amounts paid (Pari	IX column (A) lines	1-3)			457,327	1,375,882			
4	i						•		····		0			
A	တ္တ		Benefits paid to or for members (Part IX, column (A), line 4)							47,615 47,				
S	use		-		draising fees (Part IX, o	, ,		0)		477015	71/502			
(C)	Expenses							· Suite	w 1					
	ш				expenses (Part IX, column		D	, 204	// `		42.00			
					(Part IX, column (A),			.		25,521	43,263			
		18	Total exp	enses	Add lines 13–17 (mus penses Subtract line 1	t equal Part IX, colun	in (A), (ine 25)	—	,	530,463	1,466,647			
	- s	13	Revenue	ess ex	penses Subtract line to	139 20	10 - 3 -	Pon	nning of C	(4,979)	(94, 397)			
	ts o						<u>\</u>	Deg	mining of C	urrent Year	End of Year			
	Sse			•	art X, line 16)	OGDEN,	JT · · I ·			204,942	236,072			
	Net Assets or Fund Balances				Part X, line 26)					892,553	1,018,080			
					nd balances Subtract	line 21 from line 20	• •			687,611	(782,008			
	Pa	rt II		_	Block	 								
					perjury, I declare that I have e, correct, and complete De									
				TT^{\odot}	7	relation of property (early)	than omoor, to ba			от типот р	opanor mao am, miomoago			
	Sig		ا ا ا الله	<u>N_ N</u>					иол	VEMBER 1	2, 2010			
	Her	re	V Sjgna	ture of c	officer 📗				Dat	te				
			JACC	B EIL	enberg, manager									
			Туре	or print	name and title					·				
			Preparer's				Date	Check	ıf		dentifying number			
	Dein		signature					self- emplo	yed ▶ 🗌	(see instruc	tions)			
	Paid								,	1				
		arer's	Firm's nar	ne (or yo	ours L	 ·			EIN	.	· · · · · · · · · · · · · · · · · · ·			
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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

VALID: EXTENSION ON FILE, WITH T.R.S.

Form **990** (2009)

Гаг	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission
	TO FOSTER, PROMOTE, AND ADVANCE THEOLOGICAL TORAH STUDY AND PRACTICE OF ORTHODOX JUDAISM IN ISRAEL,
	USA, AND OTHER LANDS.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$
	TO FOSTER, PROMOTE, AND ADVANCE THEOLOGICAL TORAH STUDY AND PRACTICE OF ORTHODOX JUDAISM IN ISRAEL,
	USA, AND OTHER LANDS.
4h	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	
	======= N/A =======
	•••••••••••••••••••••••••••••••••••••••
	•••••••••••••••••••••••••••••••••••••••
4c	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
	======================================
	•••••••••••••••••••••••••••••••••••••••
	•••••••••••••••••••••••••••••••••••••••
	Other program services (Describe in Schedule O.)
- u	(Expenses \$ Including grants of \$) (Revenue \$)
4 e	Total program service expenses

Par	t IV Checklist of Required Schedules			
	' '		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
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		_x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		_x
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6_		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8		х
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		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	_X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Х_	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		х.
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		x
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х

Pa	t IV Checklist of Required Schedules (continued)			•
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		х
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		x
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X.
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		v
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
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 "Yes," complete Schedule R, Part I</i>	33		_X
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		х
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	_	х
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		_X
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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	^_

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable			_
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	_==N	/A==_
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	×	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		_X
4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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)?	3b 4a	==N	<u>/A==</u> _X
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		_X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		X
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		_X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	==	1/A ==
7	Organizations that may receive deductible contributions under section 170(c).			,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_X N/A ==
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		<u>ия =</u> -
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g	==N	'A==
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	==N	<u>′A==</u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	==N	/A==
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	==N	/A==
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	==N	/A==
10	Section 501(c)(7) organizations. Enter		-	
а	Initiation fees and capital contributions included on Part VIII, line 12			
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 0			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		<u>x</u>

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body]		
þ	Enter the number of voting members that are independent			
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		x
3	Did the organization delegate control over management duties customarily performed by or under the direct	1		
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3	_	x
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		х
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		х
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u>x</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	į l		
	the year by the following			
	The governing body?	8a	Х	
_	Each committee with authority to act on behalf of the governing body?	8b	==N	/A==_
9	Is there any officer, director, 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	0-		
202	tion B. Policies (This Section B requests information about policies not required by the International Control of the Control	9a		<u> </u>
	renue Code.)	ziiiai		
			Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a		<u></u>
	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?	10b	==N	/A==_
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
• •	form?	11	x	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		х
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	ľ		
	rise to conflicts?	12b	==N	/A==
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	==N	/A==
13	Does the organization have a written whistleblower policy?	13		х
14	Does the organization have a written document retention and destruction policy?	14		Х
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?			
	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization	15b		_Х
	If "Yes" to line 15a or 15b, 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	40		
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		,_
Sec	tion C. Disclosure	LIOD	==N	(A==
17	List the states with which a copy of this Form 990 is required to be filed ▶ NEW YORK			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	1/3/5	only)	-
. 0	available for public inspection. Indicate how you make these available. Check all that apply)(U)S	orny)	
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.	J. 1110	J. 001	
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
- *	organization ► JACOB EILENBERG 1368 44TH STREET BROOKLYN, NY. 11219			

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not co	mpensate a	any c	urre	nt c	offic	er, dir	ecto	or, or trustee		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Positi	ion (d	chec	k all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MEIR HAFTKE										
	S NEEDED	ļ		х	Х	Х		43,885	==NONE==	==NONE==
JACOB EILENBERG										
	S NEEDED			х	Х			==NONE==	==NONE==	==NONE==
	,									
									-	

Pa	rt VII Section A. Officers, Directors, Tru	1	Emp	loy			d Hig	hes			contini			
	(A) · Name and title	(B) Average	Doort	an /a	•	C)	45.a4 a.a	-4.A	(D)	(E)	(F) Estimate			
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC) 0	amount other ompensa from th organiza and rela rganizat	of ation ne tion	
							ļ							
									;					
1b	Total			•			٠.	•	43,885		0			
2	Total number of individuals (including but r		to the	se l	iste	d a	bove)	wh		e than \$100,0	00 ın			
	reportable compensation from the organiza	ation ►					0				_		T	
												Yes	No	
3	Did the organization list any former office employee on line 1a? <i>If "Yes," complete S</i>							yee · ·	or highest co	mpensated 	3	<u> </u>	X	
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.										4		x	
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp comp plete	ens Sch	satıc edu	on f le J	om a for s	 any uch	unrelated orga	nization for	5		×	
Se	ction B. Independent Contractors			_									1.7.	
1	Complete this table for your five highest cocompensation from the organization.	mpensated	inde	per	ıder	nt co	ontrac	tors	that received	more than \$10	000,00) of		
	(A) Name and business add	iress							(B) Description of se	ervices		(C) pensatio	n	
===	====== NONE =======				_									
2	Total number of independent contractors (in more than \$100,000 in compensation from					o th	ose I	stec	above) who re	eceived				

Part	: VII	Statement of Revenue					
1		,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns 1a					
퉏		Membership dues	i				
₽,E		Wichibership dues	_			,	
ifts r a		Tundraising events					
9.5		Trolated organizations					
sin		Government grants (contributions) . 1e		i			
iğ iğ	f	All other contributions, gifts, grants,					
흔들			1,367,336				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a–1f	🕨	1,367,336			_
Program Service Revenue		Bus	iness Code				
Ver	2a						
æ	ь			_			
į	С						
Sen	d						
E	ء ا						
g g	f	All other program service revenue .					
Pro		Total. Add lines 2a–2f					
				0			
	3	Investment income (including dividends, interesting similar amounts)	rest, and	4 060	4 000		
		other similar amounts)	· · · •	4,060	4,060		
	4 5	Income from investment of tax-exempt bond proce	eds 🚩				
	5	Royalties	Damanal .				··-
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Personal				
		Gross Rents					
		Less: rental expenses					
	C	Rental income or (loss)	0				
	d	Net rental income or (loss)	▶	0			
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 24,080				İ	
	b	Less cost or other basis	ļ				
		and sales expenses . 23,226					
	c	Gain or (loss) 854	0				
		Net gain or (loss)	▶	854	854		-
ø		Gross income from fundraising					
unne	oa	events (not including \$					
, ve		of contributions reported on line 1c)					
æ		See Part IV, line 18 a					
ē	h	Less direct expenses b					;
Other Reve	C	Net income or (loss) from fundraising events					
			• • •	0			
	9a	Gross income from gaming activities					
	L	See Part IV, line 19 a					
	D	Less: direct expenses b Net income or (loss) from gaming activities					
			<u>.</u> . •	0			
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less cost of goods sold b					
	<u>c</u>	Net income or (loss) from sales of inventory .		0			
			ness Code				
ļ	11a						
	b						
	C						
	d	All other revenue					
		Total. Add lines 11a-11d		0			
	12	Total Revenue. See instructions	▶	1,372,250	4,914		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col	umn (A) but are no	t required to comp	olete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	264,870	264,870		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,111,012	1,111,012		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	43,885	21,942		21,943
6 7	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,617	1,808		1,809
11	Fees for services (non-employees):				
	Management				
	Legal				
C	Accounting				
	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	1,942	971		971
14	Information technology			-	
15	Royalties				
16	Occupancy				
17		25 411	0.470		16.041
	Travel	25,411	8,470	_	16,941
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings .				
20	Interest		· - ·		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			-	
23	· · · · · · · · · · · · · · · · · · ·				
23	Insurance				
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	FUEL, TOLLS , FREIGHT AND POSTAGE	2,732	910		1,822
b	AUTO EXPENSE	5,830	1,943		3,887
C	TELEPHONE	1,035	517		518
d	DINNER	6,313			6,313
e					2,013
-	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,466,647	1,412,443		54,204
26	Joint Costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation	2,.00,011	1,112,777		37,204

	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	12,479	1	63,364
	2	Savings and temporary cash investments		2	3,853
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II of Schedule L		5	
:	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
ध	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
₹	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or 10a			
		other basis. Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b		10c	0
	11	Investments—publicly traded securities	192,055		168,855
	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		204,942	16	236,072
l	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ě	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
Ľ.		employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
				23	
	23 24	Secured mortgages and notes payable to unrelated third parties		24	
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities Complete Part X of Schedule D		25	1 010 000
	26 26	Total liabilities. Add lines 17 through 25		26	1,018,080
ses	<u>.=v</u>	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	892,553	20	1,018,080
au	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets	-	28	
<u> </u>	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	1,000	30	1,000
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
AS	32	Retained earnings, endowment, accumulated income, or other funds	(688,611)	32	(783,008)
Ę	33	Total net assets or fund balances	(687,611)	33	(782,008)
	34	Total liabilities and net assets/fund balances	204.942	34	236,072

Pa	Financial Statements and Reporting			
	•		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☐ Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	
	Were the organization's financial statements audited by an independent accountant?	2b		х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	_		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
_	the Single Audit Act and OMB Circular A-133?	3a		х
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	==N	/A==

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization Employer identification number AMERICAN FRIENDS-TIFERET MOSHE BETZALEL INC. 11-3185544 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives. (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a 🗌 Type I c Type III-Functionally integrated **b** Type II d Type III-Other e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box П Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes No Yes No Total RECEIVEL

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

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Schedule A (Form 990 or 990-EZ) 2009

Sec	(Complete only if you check tion A. Public Support	ked the box	on line 5, 7, 0	o oi Part I.	/		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not	(4) 2000	(3) 2000	(0) =00.	(4) 2000	(0)	(1)
	include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		<u> </u>				
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)			,	>	4 44	
6	Public support. Subtract line 5 from line 4	3	1,	, (7.	, ,	
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4					<u></u>	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .	<u> </u>	<u> </u>	l	<u></u>		<u> </u>
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>				
	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line 6			, column (t))		15	
15 160	Public support percentage from 2008 Sch 331/3 % support test—2009. If the organi						
IVa	and stop here. The organization qualifies						
b	331/3 % support test—2008. If the organi		- · ·				
_	box and stop here . The organization qua						
17a	10%-facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums")9. If the organ	nization did not d nstances" test, c	check a box on heck this box a	line 13, 16a, or nd stop here.	16b, and line 1 Explain in Part	4 is 10% or IV how the
	10%-facts-and-circumstances test—2008. more, and if the organization meets the "facts-and-circumstances	If the organiza acts-and-circum nces" test The	ation did not cheo stances" test, ch organization qual	ck a box on line leck this box ar lifies as a publici	13, 16a, 16b, or nd stop here l y supported orga	17a, and line 1 Explain in Part anization .	5 is 10% or IV how the ▶
18	Private foundation. If the organization did		-	-			

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

	(Complete only if you checke	d the box on	ille 9 01 Pai	11.)			
	tion A. Public Support lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	(a) 2005	(b) 2000	(6) 2007	(u) 2006	(e) 2009	(i) Total
2		8,926,261	1,913,970	1,697,981	1,506,699	1,367,336	15,412,247.00
	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			<u> </u>			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	8,926,261.00	1,913,970 00	1,697,981.00	1,506,699.00	1,367,336 00	15,412,247.00
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .				:		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			:			
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	<i>(M</i>	.> .v	, 30	د م	. > 100	15,412,247 00
	tion B. Total Support						
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	8,926,261 00	1,913,970 00	1,697,981 00	1,506,699 00	1,367,336.00	15,412,247 00
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	73,032	85,289	14,894	18,785	4,914	196,914.00
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b	73,032.00	85,289 00	14,894.00	18,785.00	4,914 00	196,914 00
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		• • • • • • • • • • • • • • • • • • • •				
13	Total support. (Add lines 9, 10c, 11, and 12)						15,609,161 00
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>	d, third, fourth			
	tion C. Computation of Public Su			- 40	0)	45	00.01.01
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	chedule A, Pa	rt III, line 15	e 13, column (16	98 74 % 98 40 %
-	tion D. Computation of Investmen	· · ·	<u> </u>		, ,,,	4=	0/
17	Investment income percentage for 200	-		•	olumn (f)) .	18	1.26 % 1 60 %
18 19a		anization did ni	ot check the bo	x on line 14, a		ore than 33 1/3 ^c	%, and line _
b	17 is not more than 33½%, check this be 33½% support tests—2008. If the organ line 18 is not more than 33½%, check this	ization did not	check a box on	line 14 or line	19a, and line 16	is more than 3	33 1/3 %, and
20	Private foundation. If the organization						

Schedule A (Fo	orm'990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information Part II, line 17a or 17b, and	. Complete this I Part III, line 12	part to provide the Provide any other	explanations required additional information	by Part II, line 10; See instructions
••		•			
	· 				
		••••••••••••••••••••••••••••••••••••••			

Schedule F / (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

20**09**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN FRIENDS-TIFERET MOSHE BETZALEL INC.

Employer identification number 11-3185544

Pa	rt I General Informat "Yes" to Form 990,	tion on Activ Part IV, line 1	<mark>/ities Outsid</mark> 4b	e the United States	. Complete if the organi	zation answered
1	For grantmakers. Does the assistance, the grantees' e	eligibility for the	e grants or as:	sistance, and the select	tion criteria used to awa	ard
	the grants or assistance?					. 🛚 Yes 🗌 No
2	For grantmakers. Describ United States.	e in Part IV th	e organization	's procedures for monit	oring the use of grant fo	unds outside the
3	Activities per Region. (Use	Schedule F-1	(Form 990) ıf	additional space is nee	ded)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
PLI	EASE REFER TO AT	TACHED S	CHEDULE			
		-				
					-	
					=	
			· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,		
			· · · · · · · · · · · · · · · · · · ·			-
			-			
Tate	olo 🕒					

SCHEDULE ! (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

Open to Public

OMB No 1545-0047

Inspection Employer Identification number

% □ (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to ⋈ 11-3185544 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) . (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. . SCHEDULE (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed Enter total number of section 501(c)(3) and government organizations. TO ATTACHED INC. AMERICAN FRIENDS-TIFERET MOSHE BETZALEL (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance REFER (p) EIN PLEASE Enter total number of other organizations 1 (a) Name and address of organization or government Part II

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

Schedule I (Form 990) 2009

AMERICAN FRIENDS-TIFERET MOSHE BETZALEL INC.

EIN. 11-3185544

PERIOD ENDING: DECEMBER 31, 2009

FORM 990, SCHEDULE "F", PART II,

NAME OF ORGANIZATION	REGION	i	AMOUNT	MANNER
ACH TOV	ISRAEL	\$	60,000	CHECK OR WIRE
AHAVAT CHESED	ISRAEL	\$	120,000	CHECK OR WIRE
AHAVATH TORAH	ISRAEL	\$	110,000	CHECK OR WIRE
BEIR ABRAHAM	ISRAEL	\$	60,000	CHECK OR WIRE
BEIS CHASIDIM BEIS BERLINER	ISRAEL	\$	1,000	CHECK OR WIRE
BEIS CHASIDIM D'CHASIDEI GUR	ISRAEL	\$	1,000	CHECK OR WIRE
CHEVRA KADISHA CHASIDIM	ISRAEL	\$	14,275	CHECK OR WIRE
EILA EZKRA	ISRAEL	\$	30,000	CHECK OR WIRE
JERUSALEM JEWISH COMMUNITY	ISRAEL	\$	27,500	CHECK OR WIRE
KAMENITZER YESHIVA OF JERUSALEM	ISRAEL	\$	18,000	CHECK OR WIRE
KOLLEL AVREICHIM MZYUNIM-GUR Y-M	ISRAEL	\$	9,000	CHECK OR WIRE
MIFAL MATAN B'SESER	ISRAEL	\$	20,000	CHECK OR WIRE
MOSDOT TIFERET MOSHE BETZALEL	ISRAEL	\$	575,937	CHECK OR WIRE
OHEL CHAYA	ISRAEL	\$	10,000	CHECK OR WIRE
SEMINAR BAIS YAAKOV	ISRAEL	\$	500	CHECK OR WIRE
SHIRAT DAVID	ISRAEL	\$	2,000	CHECK OR WIRE
TIFERES BNOS	ISRAEL	\$	1,800	CHECK OR WIRE
TZODOKO V'CHESED	ISRAEL	\$	50,000	CHECK OR WIRE
		\$	1,111,012	

AMERICAN FRIENDS-TIFERET MOSHE BETZALEL INC.

EIN. 11-3185544 PERIOD ENDING: DECEMBER 31, 2009

PART II, SCHEDULE "I", **FORM 990,**

NAME OF ORGANIZATION	Z	ADDRESS	CITY, STATE	S	CASH GRANT
AMERICAN FRIENDS OF NETIVOT HATORAH		3571 SHANNON ROAD	CLEVELAND HTS. OH. 44118	မ	40,000
BAIS YAAKOV D'CHSIDEI GUR		1975 51ST STREET	BROOKLYN, NY 11204	∙ €9	6.500
CAMP RAV TOV		543 BEDFORD AVENUE	BROOKLYN NY. 11211	· (/)	006
CONG. ATERES SHALOM		1402 44TH. STREET	BROOKLYN NY 11219	• 69	1,560
CONG. AVRICHEI CHASIDEI GER		1573 51ST STREET	ž	₩	290
CONG. KHAL RADOMSK		4410 14TH AVENUE	BROOKLYN, NY 11219	- ₩	100
CONG. MINCHAS ELUZAR		4700 14TH AVENUE	BROOKLYN, NY 11219	↔	500
CONG. PNEI MENACHEM		4533 18TH AVENUE	BROOKLYN, NY 11204	ઝ	• 75,000
CONG. SFATH EMES		1353 42ND STREET	BROOKLYN, NY. 11204	↔	099
KOLLEL AVRICHEI CHASIDEI GUR		1975 51ST STREET	BROOKLYN, NY 11204	ઝ	1,000
MACHNE SAMCHAINU			LIBERTY, NY	69	710
SEMINAR L'MOROT SCHOOL		4420 15TH AVENUE	BROOKLYN, NY 11219	છ	200
UNITED TALMUDICAL ACADEMY		5301 14TH AVENUE	BROOKLYN, NY 11219	↔	3,500
YESHIVA GEDOLAH OF BAYONNE		735 AVENUE C	BAYONNE NJ 07002	↔	131,500
YESHIVA GEVOHA		5115 OLD NEW UTRECHT	BROOKLYN, NY. 11204	€>	1,800
YESHIVA YAGDIL TORAH		5110 18TH, AVENUE	BROOKLYN, NY 11204	υ	350
				€\$	264,870

AMERICAN FRIENDS-TIFERET MOSHE BETZALEL INC.

1368 44th. STREET BROOKLYN, NY. 11219

EIN. 11-3185544

ACCOMPANYING SCHEDULES - FORM 990 - CALENDER YEAR 2009

PART VIII, LINE 7 a-b-c-d, SALE OF SECURITIES

NAME	SHARES	PURCHASE DATE	PURCHASE AMOUNT	SALE DATE	SALE AMOUNT	GAIN/LOSS	TERM
TFS FINANCIAL CORP	2,000	08/03/07	23,200	12/24/09	24,080	880	LONG
SALES EXPE		PENSE TOTALS	23,200 26 23,226		24,080	880 854	