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2009

Open(o)Zublic Inspection

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file
Form 990. All other organizations with gross receipts less than \$500,000 and total assets
less than \$1,250,000 at the end of the year may use this form

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

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

	Ą	For the 2009 ca	<u>lendar</u>	year, or tax year beginning	, 2009, and	d ending		<u>, , , , , , , , , , , , , , , , , , , </u>		
1	<u>B</u>	Check if applicable		C Name of organization			D En	ıployer id	lentification number	
	Ш	Address change	Please use IRS	Sholem Aleichem Folk Ins	st Culture Cente	er	1 1	13-5508949		
		Name change	label or	Number and street (or P O box, if mail is not of		Room/suite		ephone r		
		Initial return	print or type.	·	,		E			
	Ш	Termination	See Specific	3301 Bainbridge Avenue		<u> </u>		118)	881-6555	
	Ц	Amended return	Instruc- tions.	City or town, state or country, and ZIP + 4			F Gr	oup Ex	emption	
_	Ш	Application pending		Bronx	NY	10467-280		ımber	<u> </u>	
		• Section : n	501(c)(3 nust atta) organizations and 4947(a)(1) nonexen ach a completed Schedule A (Form 990	npt charitable trusts or 990-EZ).	G Accoun Other (s	ting metho specify) 🟲	d X	Cash Accrual	
ı		Website: ► <u>N</u>	I/A			_	d to attach	Sched	anization is not ule B (Form 990,	
<u>.</u>	J	Tax-exempt status	(check o	$n(y \text{ one}) - X 501(c) (3) \blacktriangleleft (insert no$.) <u>4947(a)(1)</u> or <u>52</u>	7 990-62	, or 990-Pl	-). 		
1				anization is not a section 509(a)(3) supp						
		\$25,000. A For	m 990-E	Z or Form 990 return is not required, bu	t if the organization choo	ses to file a reti	urn, be sur	e to file	e a complete return	
		instead of Form	1 990-E					▶ \$	29,851.	
	Pa	れほ源 Reve	enue,	Expenses, and Changes in Net	Assets or Fund Bala	ances (See t	the instri	uction	s for Part I.)	
_		1 Contributi	ions, gif	ts, grants, and similar amounts received				1		
		2 Program	service	revenue including government fees and	contracts			2		
		3 Members	hip due:	s and assessments				3		
		4 Investme	•					4	721.	
		5a Gross am	ount fro	om sale of assets other than inventory	5	a		·#;		
				er basis and sales expenses		b				
	R			ale of assets other than inventory (Subtract line 5b		,		5 c		
	E		•	tivities (complete applicable parts of Schedule G)	•	check here	▶ □	13		
	N E	•		, , , , , , , , , , , , , , , , , , , ,	of contributions	onesi nere	لـــا	4		
	Ë	reported	•		1 -	a				
	-	•		•		b				
			-	nses other than fundraising expenses		U		L:WIR		
			. ,	from special events and activities (Subtract line 6b	· · · · · · · · · · · · · · · · · · ·	_1		6 c		
				ventory, less returns and allowances		a b		24		
	- 1	b Less. cos	_			ום		7		
		•	•	oss) from sales of inventory (Subtract lin	e 70 from line 7a)			7c		
			-	be See Other Revenue Statement)	8	29,130.	
_		9 Total reve	enue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			•	9	29,851.	
		10 Grants ar	nd simila	ar amounts paid (attach schedule)		_L-10 Stmt	:	10	9,381.	
	_	11 Benefits p	paid to d	or for members	RECEIVED			11		
	אַ 	12 Salaries,	other co	ompensation, and employee benefits 🚗		ر م]		12	10,000.	
	Ē	13 Professio	nal fees	and other payments to independent cor	ntractors	785-08C		13	1,220.	
\subseteq	S	14 Occupand	cy, rent,	utilities, and maintenance	"NOV" 1 9 2010	<u>ي</u>		14	1,276.	
2010	S E S	15 Printing,	publicat	ions, postage, and shipping	}	2		15	235.	
	١	16 Other expen	ses (desc	ribe See Other Expenses Statement		=)	16	17,394.	
တ				Add lines 10 through 16	OGDEN, UT		▶	17	39,506.	
(mm) -				t) for the year (Subtract line 17 from line	9)			18	-9,655.	
္	Ą		-		·	anna mile 1	af		2,000.	
DE:	F S	19 Net asset	is or tun	d balances at beginning of year (from lir n prior year's return)	ie ∠/, column (A)) (must	agree with end	or-year	19	145,980.	
	ŦĒ	• .		net assets or fund balances (attach exp	Janation)			20	143,300.	
SCANNED	s			d balances at end of year. Combine line				21	136,325.	
Z,	iD's					mara fil- C	000			
Z [υc	rtill Bala	ince 5	heets. If Total assets on line 25, colum	n (B) are \$1,250,000 or r					
3		01		(See the instructions for Part II)			ning of yea		(B) End of year	
\widecheck{o}	22			nvestments			92,280		85,141.	
	23		-				52,520		52,520.	
	24		(describ	e Prepaid Insurance)		3,500	\rightarrow	847.	
		*Total assets				1	<u>48,300</u>		138,508.	
	26	Total liabilitie	e (deco	rihe Dauroll Tayer due/Sec De	nocit)	1	2 320	261	2 183	

136,325.

Form 990-EZ (2009)

145,980.27

Net assets or fund balances (line 27 of column (B) must agree with line 21)

			Folk Inst Culture		13	<u>-550</u>	08949 Page 2
Pai	t III ≸ Statemen	t of Program Se	rvice Accomplishments	(See the instruction	ons.)		Expenses
What	is the organization's prima	ry exempt purpose? Ad	minister Yiddish (Culture Program		(Reg	uired for section c)(3) and (4)
Desc	ribe what was achiev	ed in carrying out the	e organization's exempt purpo	oses. In a clear and con-	cise manner	orna	C)(3) and (4) nizations and section
desc	ribe the services prov	uded, the number of	e organization's exempt purpo persons benefited, or other re	elevant information for e	ach	4947	nizations and section (a)(1) trusts, optional thers)
	ram title					for o	thers)
28	Lectures, Fi	<u>lms_and_Musi</u>	<u>cal Programs in Yi</u>	<u>ddish</u>			
	(Grants \$	3 047 Nifth		ants shock hare		28 a	2 047
~~	(Glalics Y	3,047.)11 (11	is amount includes loreigh gra	arits, check here		20 a	3,047.
29					-		
	(Grants \$) If th	is amount includes foreign gra	ants, check here		29 a	
30	<u> </u>						
30							
	(Grants \$		is amount includes foreign gra	ants, check here	•	30 a	
31	Other program serv				_		
	(Grants \$) If th	is amount includes foreign gra	ants, check here	▶ □	31 a	
32	Total program servi				•	32	3,047.
			Trustees, and Key Em	plovees. List each on	e even if not com	nensa	
	<u> </u>	,	(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account
	(a) Name and	address	per week devoted	not paid, enter -0)	employee benefit plai		and other allowances
			to position		deferred compensa		
Itz	zik Gottesman						
	State Stree		President				
				0		_	
	ooklyn	NY 12201	2.00	0.		0.	0.
	lla Fishman						
361	6 Henry Huds	<u>on Parkway</u>	Vice President				
Bro	nx	NY 10463	2.00	0.		0.	0.
Ηv	Wolfe		***************************************				
	Greenwich S	 treet	Treasurer				
			· ·			_	
Nev	v York	NY 10013	4.00	0.		0.	0.
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Pa	<u>rt V</u>	Other Information (Note the statement requirements in the instrict for	Part V.)			
	•				Yes	No
33		the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach hactivity	a detailed description of	33		х
34	Wei	re any changes made to the organizing or governing documents? If 'Yes,' attach a conform	ed copy of the changes	34		X
35	If the	e organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), l tha statement explaining why the organization did not report the income on Form 990-T.	but not reported on Form 990-T,		- <u>-</u>	
;	a Did rep	the organization have unrelated business gross income of \$1,000 or more or was it subjectorting, and proxy tax requirements?	t to section 6033(e) notice,	35 a		X
١	b If 'Y	es,' has it filed a tax return on Form 990-T for this year?		35 b		
	yea	the organization undergo a liquidation, dissolution, termination, or significant disposition or r? If 'Yes,' complete applicable parts of Schedule N		36		X
		er amount of political expenditures, direct or indirect, as described in the instructions the organization file Form 1120-POL for this year?	37a 0.	37 b		X
38	a Dıd any	the organization borrow from, or make any loans to, any officer, director, trustee, or key e such loans made in a prior year and still outstanding at the end of the period covered by the	mployee or w ere his return?	38 a		X
	amo	es,' complete Schedule L, Part II and enter the total count involved	38 Ь		v	
		tion 501(c)(7) organizations Enter		,	`	`
		ation fees and capital contributions included on line 9	39a	,		
		ss receipts, included on line 9, for public use of club facilities tion 501(c)(3) organizations Enter amount of tax imposed on the organization during the y	39b	·2: :		-
70		tion 4911 ►, section 4912 ►, section 4955		`	, qill	
ı	b Sec tran	tion 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 495 isaction during the year or is it aware that it engaged in an excess benefit transaction with or year, and that the transaction has not been reported on any of the organization's prior Fos,' complete Schedule L, Part I	8 excess benefit a disqualified person in a	40 b		x
•	c Sec	tion 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization nagers or disqualified persons during the year under sections 4912, 4955, and 4958	•			
(tion 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed he organization	>	•	• • • • • • • • • • • • • • • • • • •	, ,
•	e All o	organizations. At any time during the tax year, was the organization a party to a prohibited lter transaction? If 'Yes,' complete Form 8886-T	tax	40 e		
41	List	the states with which a copy of this return is filed <u>New York</u>	-			
	book Loca b At a fina	organization's s are in care of Itzik_Gottesman ted at 3301 Bainbridge Avenue Bronx any time during the calendar year, did the organization have an interest in or a signature or nicial account in a foreign country (such as a bank account, securities account, or other final ces,' enter the name of the foreign country	other authority over a	881 <u>-</u>	-653 Yes	5 NoX
•	c At a	the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Fina any time during the calendar year, did the organization maintain an office outside of the U Ses,' enter the name of the foreign country	r	42c	***	X
43		tion 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Che enter the amount of tax-exempt interest received or accrued during the tax year	ck here ► 43	-		
44	Dıd of F	the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed orm 990-EZ	ınstead	44	Yes	No X
45	ls a Fori	ny related organization a controlled entity of the organization within the meaning of section m 990 must be completed instead of Form 990-EZ	512(b)(13)? If 'Yes,'	45	_	Х
2 / /				000		

Form 990-EZ (2009) Sholem Aleichem Folk Inst Culture Center 13-5508949 Particle Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

									$\overline{}$
46			engage in direct or indirect Yes,' complete Schedule C		ivities on behalf of	or in opposition to candidate	s 46	Yes	No X
47	•		engage in lobbying activiti	•	chedule C. Part II		47		X
		•	school as described in se	· •	•	chedule F	48		X
		=	make any transfers to an				49a		X
		_	ted organization a section	·	ciated organization	'	49b		
			•	J			<u> </u>	<u>. </u>	<u></u>
50	Comple	olete this table for oyees) who eacl	or the organization's five I h received more than \$100	0,000 of compensation f	rom the organization	n officers, directors, trustees on If there is none, enter 'No	and key ne '		
	(a)	Name and address of more than	of each employee paid \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accou other all	pense int and lowance:	s
Nor	<u></u>								
							-		
			-						
f	Total	number of othe	r employees paid over \$10	00,000		<u> </u>			
	0								
51	comp	plete this table free tile ensation from ti	or the organization's five fine the organization of there is	nighest compensated inc none, enter 'None '	dependent contract	ors who each received more	than \$100,0	000 of	
		(a) Name and	address of each independent conti	ractor paid more than \$100,000		(b) Type of service	(c) Comp	ensatio	n
Vor	ıe								
			.	······································					
	I Total	number of othe	r independent contractors	each receiving over \$10	00.000	>			
			•	.	•				
		Under penalties of	perjury, I declare that I have exam	nined this return, including acco	mpanying schedules and	statements, and to the best of my knoreparer has any knowledge	owledge and be	elief, it is	
		true, correct, and c	complete Declaration of preparer (offer than officer) is based on a	all information of which p	preparer has any knowledge			
Sigi	_	1	M ///st	7/L-		11/12/10			
der	li P	Signature of of	fficer / /	<u> </u>		Date			
101	•	Ttoik (Gottesman			President			
		Type or print n				Flesident			
		<u> </u>			Date	Obsert 4	eparer's Identif	vina Nu	mber
Paid		Preparer's signature	Tagor Zoilingol	۵	1		eparer's Identifiee instructions)g . v.a.	
re.			Isser Zeilingol		11/15	/10 employed ► X			
	er's	Firm's name (or yours if self-	ISSER ZEILINGOL	D, CPA, PLLC					
Jse Onl		employed), address, and	3 LAURA LN		NW 1005	EIN •	F.\ 40.6	000-	
		ZIP + 4	SPRING VALLEY			7-1107 Phone no ► (84!			
⁄lay BAA		o discuss this re	eturn with the preparer sho	own above / See instruc	tions		Form 99		No
							⊢∩rm પ 9i	m = 7 (2004

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047 **2009**

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number

	Sholem Aleichem Folk Inst Culture Center 13-5508949																														
Part	11	Rea	aso	n f	or P	ubl	ic (Cha	arity	y St	tatı	ıs (All	org	anız	<u>atıor</u>	ns I	must	CC	mple	te th	IS	part.) Se	e ir	<u>nstruc</u>	tion	IS			
The o	rgan	ıızatı	on i	s no	t a pr	ıvat	te fo	und	atıo	n be	cau	se it	IS	(For	lines	1 thr	roug	ih 11,	che	ck onl	y one	box	x)								
1	_																		se	ction	170(b)	(1)	(A)(i).								
2	Ц,	A sc	hoo	de	scribe	d in	se	ctio	n 17	0(b)	(1)(/	1)(ii)). (A	Attacl	h Sch	nedule	e E)													
3	\blacksquare		•		•				•			-	-							170(b)	• • • •										
4	\square	A m	edic	al re	eseard	ch o	rgar	nıza	tion	ope	rate	d ın	con	njunct	tion v	with a	hos	spital	des	cribed	ın sec	tio	n 170	(b)(1)(A)(iii) Ent	er th	ne hos	pital	's	
_					and s				<u></u> _																T				::		
5		170(b)(1	(A)	(iv).	(Coi	mple	ete I	Part	11)				_							_	_		ттепта	u	nit desc	nbe	u in S	ecuc)	
6 7	Ħ,	An d	rgai	niza	,	nat i	norr	nally	y red	eive	es a	sub	star							i on 17 a gove				or fror	n th	he gene	eral p	public	des	cribe	:d
8		А со	mm	unit	y trus	t de	scri	bed	ın s	ecti	on 1	70(I	b)(1)	χΑχ	vi). ((Comp	lete	Part	II)												
9	An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).																														
10	=	An c	rga	าเza	tion o	rgai	nıze	d ar	nd o	pera	ited	excl	lusıv	vely t	o tes	st for p	publ	lic saf	ety	See s	ection	50)9(a)(4	I) .							
11	_	more	ua s	blic	v sup	por	ted	ora	anız	atio	ns d	escr	ribed	d in s nd co	sections mple	on 509 ete lin	9(a) ies 1	(1) or I1e th	sec	ction 5 gh 11h	09(a)(a	2)	See s	, or ca ection	rry 1 5 0	out the 19(a)(3) . —	pur Ch	poses reck t	of of the	one o ox th	or at
	a ☐ Type I b ☐ Type II c X Type III — Functionally integrated d ☐ Type III— Other																														
е	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																															
g		Sinc	e A	ugus	st 17,	200)6, h	nas t	he o	orga	nıza	tion	acc	epte	d any	y gıft	or o	contrit	outio	on fror	n any	of t	the fol	lowing	ре	ersons?			_		
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	,	(1)	be	low,	the g	jove	ernir	ng b	ody	of th	ne si	uppo	ortec	d org	anıza	ation?	, 10	genic	***	ui pei	30113 U	CSC	Jibcu	()	ai ii	u (III)	Ŀ	11 g (i	<u>) </u>		
	1	(ii)	a f	amı	ly me	mbe	er c	of a	pers	on o	desc	rıbe	d ın	(ı) a	bove	?											Ŀ	11 g (i	i)		
		(iii)	a :	35%	conti	olle	ed e	ntity	of a	э ре	rson	des	scrib	oed ir	1 (I) (or (II)	abo	ve?									Ŀ	11 g (ii	ii)		
h		Prov	ıde	the	follow	/ıng	ınfo	rma	tion	abo	out t	he s	upp	ortec	dorga	anıza	tion	s.						,							
	(i)	Name Or	of S ganız	ation	rted			(i	i) EIN	I			(des	scribed ove or	f organ I on lin IRC se truction	nization nes 1-9 ection ons))	1	organiz (i) lisi go		n in col n your iing	the org	anız I (i)	u notify zation in) of iport?	organ	zatı	s the on in col ted in the 3 ?	1	vii) Amo	o tnuc	f Supp	ort
						\perp												Yes	\downarrow	No	Yes	\downarrow	No	Yes	s	No					
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		-				+						\vdash							+			+		+	+				_		
Total																															

	(Complete only if you checke	-								
Sec	tion A. Public Support	Ι	т	т.				1		
begi	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 20	06	(c) 2007	(d) 2008	(e) 200	9	(f) Tota	al ———
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')								······································	
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	_					:			
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.									
4	Total. Add lines 1-through 3									
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	, i i	Ú	*	· · · · · · · · · · · · · · · · · · ·					
6	Public support. Subtract line 5 from line 4	A			. **					
Sec	tion B. Total Support	r -· · ·								
Cale begi	ndar year (or fiscal year nning in) ►	year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total					al			
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources									
9	Net income 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		*	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	× 39,4	**				
12	Gross receipts from related activ	ities, etc (see ins	structions)					12		
13	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first,	second,	third, fourth, o	r fifth tax year as	a section 50	1(c)(3)		▶
Sec	tion C. Computation of Pu	blic Support I	Percentag	ge						
	Public support percentage for 20	• ,		•	11, column (f)			14		<u>%</u>
15	Public support percentage from 2	2008 Schedule A,	Part II, line	14				15		<u> %</u>
16 a	16 a 33-1/3 support test − 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization									
ı	b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circums	tances' t	est, check this t	oox and stop here	. Explain in l	Part Ⅳ	how	▶ 🗌
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circums test The c	tances' t organizat	est, check this t ion qualifies as	oox and stop here a publicly support	Explain in I ed organizat	Part IV ion	how the	- [
_18	Private foundation. If the organiz	zation did not che	ck a box or	ı lıne, 13	, 16a, 16b, 17a,	or 17b, check this	s box and se	e instri	uctions	P

Schedule A (Form 990 or 990-EZ) 2009 Sholem Aleichem Folk Inst Culture Center 13-5508949 Part III Support Schedule for Organizations Described in Section 509(a)(2)

Section A. Public Support Calendary year (ristary) beganing my* 1 Gifts, grants, contributions and membrating interest of the control of th	(Complete only if you checked the box on line 9 of Part I)								
1 Giffs, grants, contributions and membershap ries received (1) to a services performed, or a service performed and self-er paid to or expended on the self-er paid to or securities or self-er paid to or securities paid to or securities paid to or securities paid to or securities to paid to or securities to paid to self-er paid to or securities to paid to self-er paid to or securities to paid to self-er paid to self-er paid to or securities to paid to self-er paid to se	Section A. Public Support								
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not a werelated trade or biseness under section (section or separated on its behalf) 1 Tax revenues leveled for the cells or part of the cells of t	2	admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt							
organization's benefit and either part to or expended on its behalf 5 The valid of service or growing and the part of the par	3	not an unrelated trade or business							
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is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	12 13 14 Sec 15 16 Sec 17 18	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Pulpulic support percentage for 200 Public support percentage from 2 tion D. Computation of Investment income percentage for Investment Income Investm	stop here blic Support P 9 (line 8, column 008 Schedule A, l estment Incor r 2009 (line 10c, com 2008 Schedule	ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided A, Part III, line	e 13, column (f)) e I by line 13, colum	fifth tax year as	15 16 17 18	% % %	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	12 13 14 Sec 15 16 Sec 17 18	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and attion C. Computation of Pulpublic support percentage for 200. Public support percentage from 2 tion D. Computation of Investment income percentage from 133-1/3 support tests — 2009. If the	stop here blic Support P 9 (line 8, column 008 Schedule A, I estment Incor r 2009 (line 10c, com 2008 Schedule de organization dic	ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided A, Part III, line	e 13, column (f)) e I by line 13, column 7 ox on line 14, and	fifth tax year as	a section 501(c)(% % %	
	11 12 13 14 Sec 15 16 Sec 17 18 19 a	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and action C. Computation of Pulpublic support percentage for 20th Public support percentage from 2 ition D. Computation of Investment income percentage from 133-1/3 support tests — 2009. If the more than 33-1/3%, check this bot 33-1/3 support tests — 2008. If the	blic Support P 9 (line 8, column 008 Schedule A, l estment Incor or 2009 (line 10c, com 2008 Schedule de organization dic extra and stop here. de organization dic extra and stop here. de organization dic	ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line I not check the bo The organization I not check a box	e 13, column (f)) e I by line 13, column 7 ox on line 14, and qualifies as a pub on line 14 or 19a,	fifth tax year as In (f)) line 15 is more to and line 16 is more	15 16 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	% % % I line 17 is not	

Part IV	Supplemental Informat Part II, line 17a or 17b;	tion. Complete this parand Part III, line 12.	art to provide the expla Provide any other add	anations required by Part II, ditional information. See ins	, line 10; structions.
					
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	orm 990-EZ, Part I, Line 8 ther Revenue Statement							
Other revenue (can Rental Incomiscellaneo	ne	29,113. 17.						
Total		29,130.						
Form 990-EZ, Pa								
Other expenses Advertising Dues and Su Insurance Lecturers/E Licenses & Payroll Tax Repairs & M	ntertainment Permits	950. 36. 8,506. 3,047. 60. 1,244. 3,551.						
Form 990-EZ, P.	art I, Line 10 lar Amounts Paid		·					
Purpose of Payr		ish language						
Class of Activi	gy Grantee's Name and Address	Grantee's Relationship	Amount Given					
Charitable	Business X Person	None	4,381.					
If property other Description of P Date of Gift	than cash was given, the following additional is operty	nformation needs to be	provided:					
Book Value	How Book Value	Determined						
FMV	How FMV De	termined						

Fori	n 99	90-EZ,	Part	il, Lii	ne 10	
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Continued

Grants and Similar Amounts Paid								
Purpose of Payme	nt <u>To further the yidd</u>	ish language						
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given					
Charitable	Business X Person League for Yiddish 64 Fulton Street, Suite 1101 New York NY 10038	None	5,000.					
If property other the Description of Proposer of Gift	nan cash was given, the following additional in perty	nformation needs to be p	provided:					
Book Value	How Book Value	Determined						
FMV	How FMV De	termined						

Supporting Statement of:

Form 990-EZ/Line 14

Description	Amount
Telephone Utilities	705. 571.
Total	1,276.

Supporting Statement of:

Form 990-EZ/Line 15

Description	Amount
Postage Printing	205.
Total	235.