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Form 990-EZ

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)

Sponsoning 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

Open to Public Inspection

AF	יטו נוו	e 2009 Calendar year, or tax year beginning and ending	_					
	B Check if applicable Please C Name of organization number							
	Address Use IRS VESHTVAT MAALE GILBOA USA, INC.							
一	Name change	point or C/O GILBERT KAHN	16-1644343					
\vdash	Initial return		phone nun					
\vdash	_return ∏Termi	1066	(212)787-4153					
<u> </u>	_lated Amen	Instruc-	F Group Exemption					
느	returr_ا ــا		Number >					
	Applica pendin							
	• Sec	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G. Accounting me		Cash Accrual				
		Schedule A (Form 990 or 990-EZ). Other (specify)						
	Vebsit			rganization is not				
<u>J 1</u>	ax-ex	empt status (check only one) $- X 501(c) (3) $ (insert no) 4947(a)(1) or 527 required to attach	Schedule	B (Form 990, 990-EZ, or 990-PF)				
K	heck l	If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more ti	han \$25,00	00 A Form 990-EZ or				
		Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return						
L	ldd lin	es 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	298,214.				
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions	for Part I)					
	1	Contributions, gifts, grants, and similar amounts received	1	90,527.				
	2	Program service revenue including government fees and contracts	2	30,32.0				
	}	, , , , , , , , , , , , , , , , , , ,	3					
_	3	Membership dues and assessments		7,673.				
2010	4	Investment income PECEIVED Gross amount from sale of assets other than inventory STMT 2 5a 200,014.	4	7,073.				
\sim	1							
4	b	Less cost or other basis and sales expenses 5b 200,000.						
-	C	Gain or (loss) from sale of assets other than Indental Bubting line 5b from line 5a)	5c	14.				
c _B >	6	Special events and activities (complete applicable parts of School e G) If any amount is from gaming, check here						
녆	a	Gross revenue (not including \$ OGDEN, UT of contributions						
A.		reported on line 1) 6a 6a						
	b	Less direct expenses other than fundraising expenses 6b						
SCANNER CALL	1	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c					
مرود مست	1	Gross sales of inventory, less returns and allowances						
5	1	Less cost of goods sold 7b	.					
$\tilde{\alpha}$	1	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
	8	Other revenue (describe	8					
				98,214.				
	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Grants and similar amounts paid (attach schedule) STMT 3	9					
	10	· ` ` · · · · · · · · · · · · · · · · ·	10	104,400.				
	11	Benefits paid to or for members						
es	12	Salaries, other compensation, and employee benefits	12					
sus	13	Professional fees and other payments to independent contractors	13					
Expenses	14	Occupancy, rent, utilities, and maintenance	14					
ш	15	Printing, publications, postage, and shipping	15					
	16	Other expenses (describe ► SEE STATEMENT 1)	16	14,164.				
	17	Total expenses. Add lines 10 through 16	17	118,564.				
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<20,350.>				
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))		· · · · · · · · · · · · · · · · · · ·				
SS	'	(must agree with end-of-year figure reported on prior year's return)	19	346,290.				
Net Assets	20	Other changes in net assets or fund balances (attach explanation)	20					
ž		· · · · · · · · · · · · · · · · · · ·		325,940.				
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	323,340.				
P	art II		J-EZ					
		(1)		(B) End of year				
22	Cas	h, savings, and investments 346,290		325,940.				
23	Lan	d and buildings	23					
24								
25	Tot	346,290	- 25	325,940.				
26	Tot	al liabilities (describe >	• 26	0.				
27		assets or fund balances (line 27 of column (B) must agree with line 21) 346, 290		325,940.				
932		L. H.A. For Privacy Act and Pandrywork Reduction Act Notice and the senarate instructions	<u> </u>	Form 990- E7 (2000)				

Form **990-EZ** (2009)

C/O GILBERT KAHN

yes No 3	Pa	Int V Other Information (Note the statement requirements in the instructions for Part V)			
34 We any changes made to the organization or governing documents? If "Yes," attach a conformed copy of the changes If the organization had income from business activities, such as those reported on lines 2, 6s, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T a bit the organization had more written than the statement of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and priory tax requirements? by the organization not provided in the substation of the organization between the substation of the organization between the substation of the substation		•		Yes	No
11 the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining with the organization of inclusport the income on Form 990-T and proxy tax requirements? 1 of the organization have unrelated business gross concerned 51,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 1 of the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Sch. N. 3 of the organization indergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Sch. N. 3 of Enter amount of political expenditures, direct or indirect, as described in the instructions. 3 of Enter amount of political expenditures, direct or indirect, as described in the instructions. 3 of Enter amount of political expenditures, direct or indirect, as described in the instructions. 3 of Enter amount of political expenditures, direct or indirect, as described in the instructions. 3 of Enter amount of political expenditures, direct or indirect, as described in the instructions. 3 of Enter amount of the form 1120-Pol. for this year? 3 of If the organization form, or make any loans to, any officer, director, flustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period control work of the subject of the part of	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		
reported on Form 990-T, attach a statement explanting why the organization did not report the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy fax requirements? b If Yes, has if filed a fax return on Form 990-T for this year? complete applicable parts of Sch N 355	34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? b if Yes, has it field a tax return on Form 990-T for this year? b the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete agricultures, direct or indirect, as described in the instructions b the organization of Form 1120-PCI for this year? complete agriculation for Form 1120-PCI for this year? 36	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
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b If "Yes," has it filed a tax return on Form 990-T for this year? 35 Indi the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,		ĺ	
b If Yes; has it filled a fax return on Form 990-T for this year? 5 Did the organization undergo a liquidation, dissolution, dissolution termination, or significant disposition of net assets during the year? If Yes; completed applicable parks of Sch N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 0. 37 b X 38 a Did the organization the Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38 b If Yes; complete Schedule L, Part II and nefter the total amount involved 39 section 501(c)(7) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on any approximation as not been reported on any of the organizations prior form \$90 or 990-E72 If Yes; complete Schedule L, Part I I and senter the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations of 90 990-E72 If Yes; complete Schedule L, Part I 40b X 40c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified person the prior that is a prior year or sit aware that it engaged in an excess benefit transaction of the organization and so or disqualified person and prior year, and that the transaction during the year under sections 4912, 4955, and 4958 4 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified person in a prior year, and that the transaction of If Yes; complete Schedule L, Part II and the transaction of If Yes; complete Schedule L, Part II and the tr		and proxy tax requirements?	35a		Х
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complete applicable parts of Sch N 37a Inter amount of political expenditures, direct or indirect, as described in the instructions 1	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
37a Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization life Form 1120-PQL for this year? A part of the organization of the Form 1120-PQL for this year? In a prior year and still outstanding at the end of the period covered by this return? If Yes, complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter In a industion fees and capital contributions included on line 9 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ₱ Section 501(c)(3) organizations Dut the organization engage in any section 4958 the section 4911 ₱ Section 501(c)(3) and 501(c)(4) organizations Dut the organization engage in any section 4958 the section 4911 ₱ Section 501(c)(3) and 501(c)(4) organizations Dut the organization engage in any section 4958 the section 4911 ₱ Section 501(c)(3) and 501(c)(4) organizations Dut the organization engage in any section 4958 the section 4910 organizations and 501 the section 4911 ₱ Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8866-T List the states with which a copy of this return is filed ▶ NY Telephone no ▶ 212-787-4153 Located at № 27 WEST 86TH STREET, NEW YORK, NY Telephone no ▶ 212-787-4153 Located			36		Х
b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A 38 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. section 4912 ▶ 0. section 4915 ▶ 0. b Gross receipts, included on kine 9, for public use of club facilities 50 Section 501(c)(3) organizations. Enter amount of fax imposed on the organization during the year under section 4911 ▶ 0. section 4912 ▶ 0. section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction in a prior year, and that the transaction has not been reported on any of the organization's prior Form's 990 or 990-E27 II "Yes," complete Schedule L, Part II and the transaction and solic(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912 to year. The organizations of the year under sections 501(c)(3) and 501(c)(4) organizations. Enter amount of tax in line 400 rembursed by the organization in the view of the year year. The organization is books are in care of ▶ 61 LIBERT KAHN 10 Located at ▶ 27 WEST 86TH STREET, NEW YORK, NY 21 Yes, enter	37 a		,		
38 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still distanding at the end of the period covered by this return? 38			37b	ĺ	Х
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b If "Yes," complete Schedule L, Part II and enter the total amount involved 38			38a		X
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section 4911 O . , section 4912 O . , section 4915 O . b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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-EZ7 if Yes, 'complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, 'complete Form 8886-T Located at the states with which a copy of this return is filed. NY 11 List the states with which a copy of this return is filed. NY 12 The organization's books are in care of GILBERT KAHN Clocated at the 27 WEST 86TH STREET, NEW YORK, NY Divided at the 27 WEST 86TH STREET, NEW YORK, NY See the instructions for exceptions and filing requirements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the US? If Yes, enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the US? If Yes, enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the US? If Yes, enter the name of the foreign country At any time during the			1		
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has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filled NY 1 List the states with which a copy of this return is filled NY 1 Located at P 27 WEST 86TH STREET, NEW YORK, NY b 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 in a foreign country (such as a bank account, securities account, or other financial accounts c At any time during the calendar year, did the organization maintain an office outside of the US? If "Yes," enter the name of the foreign country See the instructions for exceptions and filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the US? If "Yes," enter the name of the foreign country 40 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 41 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 42 Did the organization accontrolled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	_		İ		
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List the states with which a copy of this return is filed ► NY 122 The organization's books are in care of ► GILBERT KAHN Located at ► 27 WEST 86TH STREET, NEW YORK, NY 131 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)? 142 If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 15 At any time during the calendar year, did the organization maintain an office outside of the U S? 16 "Yes," enter the name of the foreign country ► 17 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 18 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 19 Form 990-EZ 10 Form 990-EZ 10 Form 990-EZ 10 Form 990-EZ 11 Felephone no ► 212-787-4153 21 F 100-24 12 F 100-24 13 P 100-24 14 Securities account, or other authority 14 Securities account, or other financial 15 Form 990-EZ 16 Form 990-EZ 17 Form 990-EZ 18 Securities account, or other financial 18 Form 990-EZ 18 Securities account, or other financial 19 Form 1041-Check here 10 Form 1041-Check here 11 Form 1041-Check here 12 Form 990-EZ 13 N/A 14 X 15 Form 990 must be completed instead of Form 990 must be completed instead of Form 990 must be completed instead of Form 990-EZ 19 Form 990-EZ 10 Form 990-EZ 10 Form 990-EZ 10 Form 990-EZ 10 Form 1041-Check here 12 Form 1041-Check here 13 Form 990 must be completed instead of Form 990-EZ	-		40e	[X
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completed instead of Form 990-EZ 45 X	45		''		
	-		45	•	x
			_	90-EZ	

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	organizations and section 4947(a)(1) nonexempt charital and 51.	ble trusts must answer question	ons 46-495 and cor	npiete the tables	tor lines 50	
46 Did	the organization engage in direct or indirect political campaign activiti	ies on behalf of or in opposition to	candidates for public		Yes	No
	ice? If "Yes," complete Schedule C, Part I				46	X
47 Dic	the organization engage in lobbying activities? If "Yes," complete S	Schedule C, Part II			47	X
48 Is 1	the organization a school as described in section 170(b)(1)(A)(ii)? If "`	Yes," complete Schedule E		<u></u>	48	Χ
	the organization make any transfers to an exempt non-charitable rela	ted organization?			19a	X
b If*	Yes," was the related organization a section 527 organization?			_4	19b	
	mplete this table for the organization's five highest compensated empl in \$100,000 of compensation from the organization. If there is none, e		s, trustees and key e	mployees) who eac	h received m	ore
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expens account all other allowa	nd
f To	tal number of other employees paid over \$100,000	•	.l	1	L	
	implete this table for the organization's five highest compensated indep ganization: If there is none, enter "None" NONE	pendent contractors who each rece	eived more than \$100	,000 of compensat	ion from the	
	(a) Name and address of each independent contractor paid m	nore than \$100,000	(b) Type of se	rvice (c)	Compensation	าก
						
d To	tal number of other independent contractors each receiving over \$100		>			
Sign Here	Under penalties of penury, Meclare Mod I pave examined this return, includir correct, and complete Declaration of preparer (ther than officer) is based or Signature of officer	ng accompanying schedules and statem in all information of which preparer has an	y knowledge	y knowledge and belie Date	ef, it is true,	
	Type or print name and title	15 1-125	ident			
Paid Prepare Use Onl	v ————————————————————————————————————		eck if self- aployed ▶ ☐	parer's identifying nur	nber (See instr) フソタ	
JJU VIII	Firms name (or yours J.H. COHN LLP		EIN			
	address, and ZIP + 4 NEW YORK, NY 10036		Phor no	ne▶ 212-37	2-1000)
May the	IRS discuss this return with the preparer shown above? See instruction	ons		▶ [X	Yes	No
				Fo	rm 990-EZ (200

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3)

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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

YESHIVAT MAALE GILBOA USA, INC.

Inspection
Employer identification number

		C/O GIL	BERT KAHN						16	5-1644	343)
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions				
The organ	zation is not a	a private foundation	because it is: (For lines	1 through	11, check	only one t	oox)					
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)).				
2			70(b)(1)(A)(ii). (Attach Sc									
з 🗀			tal service organization			170(b)(1)	(A)(iii).					
4			operated in conjunction					(b)(1)(A)(i	ii). Enter ti	he hosoital	's narr	ne.
	city, and stat		,					1-71-71				,
5	An organizati		benefit of a college or u	niversity o	wned or o	perated by	a governi	mental un	ıt describe	ed in		
6		•	ent or governmental uni	t doooribo	dia aasti	- 170/h\/:	41/41/					
7 X												
1 1			eives a substantial part	or its supp	on from a	governme	entai unit c	or from the	generai p	oublic desc	ribea i	n
• 🗀		(b)(1)(A)(vi). (Comple	·		5							
8			section 170(b)(1)(A)(vi).									
9 📖			eives: (1) more than 33									
			nctions - subject to certa							_		
			axable income (less sec	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	anization a	ifter June 3	0, 197	′ 5.
		509(a)(2). (Complete										
10			perated exclusively to te									
11			perated exclusively for the									or
			ations described in secti				2) See se c	ction 509((a)(3). Che	ck the box	that	
			organization and compl	et <u>e lin</u> es 1	1e through	n 11h.						
	a Type I	l b	_ Type II و	: 📖 Тур	e III - Fund	tionally in	tegrated		d 🔲	Type III - 0	Other	
e 🔲	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified p	ersons oth	er tha	ın
	foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or s	section 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting or	rganization, check th	nis box									
g	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or ce	ontribution	from any	of the follo	owina per	sons?			
			irectly controls, either al								Yes	No
			upported organization?	J		•		(, (,,	11g(ı)		110
	(ii) A family	member of a persor	n described in (i) above?							11g(II)		\vdash
	-	•	person described in (i) o		a?					11g(III)		$\overline{}$
h			about the supported or	``						119/11/	L	L
		y		9-1112-110111	(0)							
(ı) Nama	of supported	(u) EIN	(iii) Type of	(IV) Is the c	rganization	(v) Did voi	notify the	(vi) is	the			
	of supported nization	(II) EIN	organization		sted in your			organization	on in col	(VII) Am		ī
v.gu			(described on lines 1-9	governing	document?			(I) organiz U S	ed in the	sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
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932021 02-08-10

Form 990 or 990-EZ.

Total

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 C/O GILBERT KAHN

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

16-164<u>4343 Page 2</u>

L	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I)				
Sec	ction A. Public Support	_					
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")	324,556.	226,174.	556,015.	348,067.	90,527.	1,545,339.
2	Tax revenues levied for the organ-						
	ization'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	224 556	226 174	FFC 01F	240 067	00 507	
	Total. Add lines 1 through 3	324,556.	226,174.	556,015.	348,067.	90,527.	1,545,339.
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,						002 004
_	column (f)						993,904.
	Public support. Subtract line 5 from line 4	<u> </u>					551,435.
	ction B. Total Support	4 1 0005		() 000=	1,,,,,,,,		
	endar year (or fiscal year beginning in)	(a) 2005 324,556.	<u>(b)</u> 2006 226,174.	(c) 2007 556, 015.	(d) 2008 348,067.	(e) 2009 90,527.	(f) Total
_	Amounts from line 4	324,330.	220,1/4.	330,013.	340,007.	90,327.	1,545,339.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	2,761.	13,826.	24,176.	7,398.	7,687.	55,848.
_	and income from similar sources	2,701.	13,020.	24,170.	7,390.	7,007.	33,040.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
11	assets (Explain in Part IV.) Total support. Add lines 7 through 10						1 501 197
12		oto (goo instructi	200			12	1,601,187.
	First five years. If the Form 990 is fo	•	•	d faurth ar fifth to	v voor op a poetie	· · · · · · · · · · · · · · · · · · ·	
	organization, check this box and stop		s mst, second, tim	a, lourer, or men ta	ax year as a section	11 30 1(0)(3)	
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2009 (column (fl)		14	34.44 %
15			•	.0.0 (1,)		15	32.19 %
	33 1/3% support test - 2009. If the c			line 13, and line 1	4 is 33 1/3% or m	L	
	stop here. The organization qualifies				11.5 00 17070 01 11	0,0,0,000000000000000000000000000000000	► X
ь	33 1/3% support test - 2008.If the c		_		line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual					or more, erroen un	▶ □
17a	10% -facts-and-circumstances tes	, -	• • •		13, 16a, or 16b, a	nd line 14 is 10%	or more
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•	•	organ	▶ □
b	10% -facts-and-circumstances tes				-	7a, and line 15 is	10% or
	more, and if the organization meets ti	_					
	organization meets the "facts-and-cire						▶□
<u>1</u> 8	Private foundation. If the organization						ıs ►
	Schedule A (Form 990 or 990-EZ) 2009						

	rt III Support Schedule for C)rganizations	Described in	Section 509(a	(Complete onl	y if you checked the bo	ox on line 9 of Part I)
Sec	ction A. Public Support			T			
Cale	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						
	include any "unusual grants.")						
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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and	1					
b	3 received from disqualified persons 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						
c	Add lines 7a and 7b	· · · · · · · · · · · · · · · · · · ·					
	Public support (Subtract line 7c from line 6)						
	etion B. Total Support		·	£	1	1	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	(4) 2000	(6) 2000	(0) 2001	(u) 2000	(e) 2009	(i) Total
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
	check this box and stop here					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· •
Sec	tion C. Computation of Publi	c Support Pe	ercentage				
	Public support percentage for 2009 (I			column (f))		15	%
16			•	.,,		16	/ %
Sec	ction D. Computation of Inves				•	-1.1.5	
17	Investment income percentage for 20			ne 13. column (fl)		17	%
18	Investment income percentage from 2			10 10,00101111 (1),		18	
	33 1/3% support tests - 2009. If the	•	•	on line 14, and line	a 15 is more than	\	
	more than 33 1/3%, check this box ar						/ IS HOL
L							P []
0	b 33 1/3% support tests - 2008. 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						
20				•		•	
	Private foundation. If the organizatio	n did not check a	DOX OIT line 14, 19	a, or 190, check ti			P
					Sc	hedule A (Form 99	u or 990-EZ) 2009

FORM 990-EZ	ОТН	ER EXPENSES		STATEMENT	1
DESCRIPTION				AMOUNT	
ACCOUNTING FEES LEGAL FEES TRAVEL BANK FEES POSTAGE MISCELLANEOUS				7,5	75. 86. 83.
TOTAL TO FORM 990-E2	Z, LINE 16			14,1	64.
	·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
FORM 990-EZ GAIN	N (LOSS) FROM PUB	LICLY TRADED SEC	URITIES	STATEMENT	2
	O (LOSS) FROM PUB GROSS SALES PRICE	LICLY TRADED SEC COST OR OTHER BASIS	URITIES EXPENSE OF SALE	STATEMENT NET GAIN OR (LOSS	
DESCRIPTION CAPITAL GAIN/LOSS	GROSS	COST OR	EXPENSE	NET GAIN	
FORM 990-EZ GAIN DESCRIPTION CAPITAL GAIN/LOSS OTHER CAPITAL GAIN/LOSS	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)

FORM 990-EZ CASH GRANTS AND ALLOCA	TIONS	STATEMENT 3
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
YESHIVAT HAKIBUTZ HADATI MA'ALE GILBOA	NONE	104,400.
DN MAALE GILBOA AEL		
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		104,400.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT	4
DIRECTLY O	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[] YES [X]	NO
	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. [] YES [X]	NO

990-EZ PG 2

STATEMENT

5

THE PURPOSE OF THE ORGANIZATION IS TO PROVIDE FINANCIAL SUPPORT FOR THE RELIGIOUS AND EDUCATIONAL PROGRAMS OF YESHIVAT MA'ALE GILBOA.

Form 8868 (Rev 4-2009)		Page 2
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	x	▶ X
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed		68
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)		
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	pies nee	eded)
Type or YESHIVAT MAALE GILBOA USA, INC.		ver identification number
Ella by the	-	-1644343
Number, street, and room or suite no If a P O box, see instructions 27 WEST 86TH STREET	For IRS	use only
return See Instructions City, town or post office, state, and ZIP code For a foreign address, see instructions NEW YORK, NY 10024-3615		
Check type of return to be filed (File a separate application for each return)		
X Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041-A	Form	n 5227 Form 8870
Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	☐ Form	า 6069
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	sly filed	Form 8868.
GILBERT KAHN		
• The books are in the care of > 27 WEST 86TH STREET, - NEW YORK, NY 100	24	
Telephone No ► 212-787-4153 FAX No ►	23	
If the organization does not have an office or place of business in the United States, check this box		
	a ia farth	ne whole group, check this
box If it is for part of the group, check this box If it is for part of the group is group.		•
4 I request an additional 3-month extension of time until NOVEMBER 15, 2010	member	s the extension is for
5 For calendar year 2009, or other tax year beginning, and ending		
6 If this tax year is for less than 12 months, check reason Initial return Final return	Cr	nange in accounting period
7 State in detail why you need the extension	0,	ange in accounting penda
ALL INFORMATION REQUIRED TO FILE A TIMELY AND ACCURATE	TAX	RETURN IS NOT
YET AVAILABLE.		
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		· · · · · · · · · · · · · · · · · · ·
nonrefundable credits. See instructions	8a S	5
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated		
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid		
previously with Form 8868	8b 5	\$
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit		
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c 5	N/A
Signature and Verification		
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the it is true, correct, and complete, and that I am authorized to prepare this form.	best of m	ny knowledge and belief,
Signature ▶ Title ▶	Date >	•
		Form 8868 (Rev. 4-2009)

923832 05-26-09