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TIFERES 11/04/2010 5 42 PM 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

	mal Revenue		▶ The organization may have to use a copy of this return to satisfy	y state reporting r	equirements	Inspection
<u>A</u>	For the 200	9 calendar y	ear, or tax year beginning , and ending			
В	Check if applica		C Name of organization		D Employ	yer identification number
	Address change	use IRS label or	TIFERES ELIYOHU			
	Name change	print or	Doing Business As		20-	0749469
\exists	Initial return	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	one number
吕		See Specific	304 S.LAKE DR.			
닏	Termination	Instruc-	City or town, state or country, and ZIP + 4		G Gross recei	pts \$ 157,687
Ш	Amended return	tions.	LAKEWOOD NJ 08701	<u>.</u>		
	Application pen	_{ding} F Nam	e and address of principal officer		H(a) Is this a	group return for
					affiliates H(b) Are all a	affiliates 🖂 🖂
			·		included	
		195			If *No,*	attach a list (see instructions)
	Tax-exempt		501(c) (3) ◄ (insert no) 4947(a)(1) or 527			
-	Website: ▶			T		exemption number
	Type of organia			L Year of formation	<u> </u>	M State of legal domicile
	art I	Summa				
-		•	the organization's mission or most significant activities.			
2 8	n	IGHER E.	DUCATION			
Revenue All Mactivities & Governance						
٦ <u>Б</u>			—			
ည်	1		▶	han 25% of its ne	l l	
کور	3 Num	ber of voting	members of the governing body (Part VI, line 1a)		3	<u> </u>
≓ <u>s</u>			endent voting members of the governing body (Part VI, line 1b)		4	
_ :	5 Tota	number of	employees (Part V, line 2a)		5	
Ş.	6 Tota	l number of	volunteers (estimate if necessary)		6	
7	7a Tota	l gross unre	ated business revenue from Part VIII, column (C), line 12		7a	· · · · · · · · · · · · · · · · · · ·
<u> </u>	b Net	unrelated bu	siness taxable income from Form 990-T, line 34	· · · · · · · · · · · · · · · · · · ·	7b	0
ð	l				or Year	Current Year
ھي	1		d grants (Part VIII, line 1h)	<u> </u>	218,348	<u>157,687</u>
€			revenue (Part VIII, line 2g)			
ě	1		ne (Part VIII, column (A), lines 3, 4, and 7d)			
_	1		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)		218,348	157,687
	1		ar amounts paid (Part IX, column (A), lines 1–3)		216,672	144,626
	14 Bene	efits paid to	or for members (Part IX, column (A), line 4)			
ses	15 Sala	ries, other c	ompensation, employee benefits (Part IX, column (A), lines 5–10)			
Su:	16a Profe	essional fun	draising fees (Part IX, column (A), line 11e)			
Expens	b Tota	l fundraising	expenses (Part IX, column (D), line 25)			
ш	17 Othe	r expenses	(Part IX, column (A), lines 11a-11d, 11f 24f)	7	2,158	13,062
	18 Tota	l expenses	Add lines 13–17 (must equal Part IX, column (A) The 25 VED U		218,830	157,688
	19 Reve	enue less ex	penses Subtract line 18 from line 12		-482	-1
Sor			NOV 2 2 2010 (d)	Beginning o	f Current Year	End of Year
Net Assets or Fund Balances	20 Tota]	444	443
let A	21 Tota	•	OCDEN US	↓		
			nd balances Subtract line 21 from line 20 OGDEN, UT	1	444	443
<u> </u>	art II		re Block			
		Under penal	ties of perjury, I declare that I have examined this feturn, including accompanying sch is true, correct and complete Declaration of preparer (other than officer) is based on	nedules and statemen	nts, and to the bes	t of my knowledge
٠.		A	All		I :	. 1. 1
Sig						110110
He	re	Signate	GLEN FISHMAN		Date	•
		—				
		▼ Type or	print name and title			T Outstands also the second
D-	ا د.:	Preparer's	Dat		neck if	Preparer's identifying number (see instructions)
Pai		signature	Norman H. Schulman 11	1/04/10 se	nployed	P00273021
	eparer's	Firm's accord	SCHIILMAN WOLFSON & ABRIIZZO, I		EIN ▶	22-3840651
US	e Only	Firm's name if self-emplo	C Thomas A Com A Com Com Com Com	·	Phone	
		address, and	<i>in</i>			212-868-5781
Mav	y the IRS di	scuss this re	eturn with the preparer shown above? (see instructions)	~_	,,	X Yes No
			rwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)
DAA						, 222, <u>222</u> , 7

Part III 'Statement of Program S	ervice Accomplishments		
1 Briefly describe the organization's mission HIGHER EDUCATION			
 2 Did the organization undertake any signification the prior Form 990 or 990-EZ? If "Yes," describe these new services on S 3 Did the organization cease conducting, or services? If "Yes," describe these changes on Scheol Describe the exempt purpose achievement Section 501(c)(3) and 501(c)(4) organization allocations to others, the total expenses, a 	Yes X No		
anocations to others, the total expenses, a			
4a (Code) (Expenses \$ HIGHER EDUCATION PROGR	127,272 including grants of \$	127,272) (Revenue \$)
4b (Code) (Expenses \$ CHARITABLE DONATIONS T	17,354 including grants of \$ O OTHER NONPROFIT INS	17,354) (Revenue \$ TITUTIONS)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	
4d Other program services (Describe in Sche			
(Expenses \$ 4e Total program service expenses ▶	including grants of \$ 144,626) (Revenue \$	
			Form 990 (2009)

Part 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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	1		
	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,			
	VII, VIII, IX, or X as applicable	11		X
•	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 related 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			
124	Schedule D, Parts XI, XII, and XIII	12		X
I ZA	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	<u> </u>			v
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\frac{x}{x}$
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	446		v
15		14b		<u> </u>
13	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	4.		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
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		Х
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	ļ	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		$\frac{x}{x}$
	The state of the s		000	(2000)

Form 990 (2009) TIFERES ELIYOHU Part IV Checklist of Required Schedules (continued)

0.4	Did the account of the of 000 of another day of the original and the origi		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			v
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	_ 21		X
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			٠,,
	employees? If "Yes," complete Schedule J	23		X
24a	· · · · · · · · · · · · · · · · · · ·			
	\$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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
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		X
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? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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		X
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? If "Yes," complete Schedule R, Part 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	i	X
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		X
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	[X
		Form	990	

	Tree ocacomento regarding other into 1 mings and rax compilance			ī	
12	Enter the number reported in Box 3 of Form 1006, Applied Summary and Transmittal of	1 1		Yes	No
Id	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	40			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 1b			
c					
·	gaming (gambling) winnings to prize winners?	portable	1c	1	x
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	2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	· · · · · · · · · · · · · · · · · · ·	2 _b	1	ĺ
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
	instructions)				
3a		d by			
	this return?	•	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial			
	account)?		4a		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_		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Region	arding	j		
	Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	е			
	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 contribution	ons or			
_	gifts were not tax deductible?		6b		
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 g	goods	_		.
_	and services provided to the payor?		7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_	7b		_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it war required to file Form 8282?	IS	7.		x
ď		7d	7c		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p				
·	benefit contract?	Cisoliai	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?	7f		x
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		x
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C		· •		
	required?	•	7h		x
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		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter			·	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		000	<u> </u>
			Form	ココリ	(2009)

Form 990 (2009) TIFERES ELIYOHU 20-0749469 Page 6 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. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body 1a b Enter the number of voting members that are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7а b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? X 8a b Each committee with authority to act on behalf of the governing body? X 8b 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 X 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the X 11 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 X Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 Does the organization have a written whistleblower policy? X 13 13 14 Does the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b X 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 with a taxable entity during the year? X 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MANAGEMENT 304 S.LAKE DR. LAKEWOOD NJ 08701

DAA

Form 990 (2009)

Form 990 (2009) TIFERES ELIYOHU

art 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

X Check this box if the organizatio	n did not compe	nsate	e an	y cur	rent	offic	er, c	firector, or trustee		
(A) Name and Title	(B) Average	(C) Position (check all that apply)						(D)	(E) Reportable compensation	(F) Estimated amount of
	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 or other compensation from the organization and related organizations
GLEN FISHMAN TRUSTEE								0	0	0
								:		

Pa	rt VII Section A. Officers	, Directors, Trus	stees	s, Ke	y Er	mplo	yee	s, ar	nd Highest Compensated	Employees (continued)				
	(A) Name and Title	(B) Average hours per	_		(chec		,		(D) Reportable compensation	(E) Reportable compensation		(F) Estima amoui	ated	
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	co o a	othe ompen from organiz and rel	er isation the zation	
														•
			<u> </u>											
				_				-						
			_	_		_	_							
		-						ļ 						
		-									-			
	Total	•					<u> </u>							
2	Total number of individuals (in	-			thos	e lis	ted a		e) who received more than	s \$100,000 in				
_	reportable compensation from												Yes	No
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line	' complete Sched	dule .	J for	suc	h ind	lividi	ıal				3		x
	the organization and related o individual	rganizations gre	ater t	than	\$150	0,00	07 If	"Ye	s," complete Schedule J fo	r such		4		х
5	Did any person listed on line 1 services rendered to the organ	nization? If "Yes,								or		5	L	х
1	ction B. Independent Contract Complete this table for your five compensation from the organic	ve highest comp	ensa	ted i	ndep	pend	ent d	contr	ractors that received more	than \$100,000 of				
	 	(A) business address						_	Descrip	(B) stion of services		Co	(C) ompensa	atron
								-	· · · · · · · · · · · · · · · · · · ·					
								-						
	Total number of independent	contractors (inclu	Jding	, but	not	limite	ed to	tho	se listed above) who receiv	ved				 ,
DAA	more than \$100,000 in compe											0 Form	990	(2000

Pa	<u>ırt V</u>	ill Stater	nent of Reve	nue						
							(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
<u> </u>		Fadarat 1		r				revenue		512, 513, or 514
ant	l la	Federated car		1a			-			ļ
ge	b	Membership o		1b			-			
f\$,	^C	Fundraising e		1c			4			
<u>gi</u>	d	Related organ		1d			4			
Sins	e	Government grants	•	1e			1			<u> </u>
ĘĘ	f	All other contributio	ns, gifts, grants, s not included above				ļ			
E E				1f		157,687				
Popular	g		ns included in lines 1a-	1f	\$					
0.0	<u>h</u>	Total. Add line	es 1a-1f			<u> </u>	157,687			[
<u>n</u>						Busn. Code				
eve	2a								<u>-</u>	
ě	Ь									
Ξ	C									
Se	d	d								
ran.	е									
Program Service Revenue Contributions, gifts, grants and other similar amounts	f	_	am service reve	nue						- 10
_		Total. Add line								
	3		come (including	divider	ids, intere	est, and				
		other similar a	•							ļ
		4 Income from investment of tax-exempt bond pr			roceeds >					
	5	Royalties	() 5 1			<u> </u>				
		0 0 .	(ı) Real		(II) F	Personal	-			
	6a	Gross Rents								
	b	Less rental exps					-			
	C	Rental inc or (loss)				•	ŀ			
	d 7a	Net rental inco	(i) Secunties		(1)					
		sales of assets	(i) Securides	·	(11)	Other	-			
	_	other than inventory								
	b	Less cost or other								
		basis & sales exps Gain or (loss)								
	C d	Net gain or (lo	ee\		L				1	
	-		om fundraising eve	nte [
ne	oa.	(not including \$	=	"			,			
ve			reported on line 1c)	.						
&		See Part IV, line		а						
Other Reven	h	Less direct ex		ь						
ō			(loss) from fund		events					
			om gaming activitie	r						
		See Part IV, line		a						
	b	Less direct ex		ь						
			(loss) from gam	ına aci	ivities	•				
			f inventory, less	آ					,	
		returns and all		a						
	b	Less cost of g	oods sold	ь						
		_	(loss) from sale	s of inv	entory					
			ellaneous Revenue			Busn. Code	7			
	11a									
	b									
	С						_	-		
	d	All other rever	iue			L				
1		Total. Add line				>				
	12	Total Revenu	e. See instructio	ns	_	•	157,687	0	0	0

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	· · · · · · · · · · · · · · · · · · ·	(A) I	(5)	(0)	(D)
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21			······	
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	144,626	144,626		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits			. <u>.</u>	
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal		_		
C	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17			,	
f	Investment management fees				
g	Other	12,154		12,154	
12	Advertising and promotion				
13	Office expenses	908		908	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
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					
b					
C					
ď					
е					
f	All other expenses .				
25	Total functional expenses. Add lines 1 through 24f	157,688	144,626	13,062	
26	Joint costs. Check here				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				

		(A)	ł	(B)
T 4	Out	Beginning of year		End of year
1	Cash—non-interest bearing	444	1	44:
2	Savings and temporary cash investments		2	
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			
١.	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	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D			
1	Less accumulated depreciation 10b		10c	
11	Investments—publicly traded securities		11	
12	Investments—other securities See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	<u></u>
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	444	16	443
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key			
	employees, highest compensated employees, and disqualified			
1	persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	<u> </u>
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25		26	
	Organizations that follow SFAS 117, check here ▶ 💹 and			
27 28 29	complete lines 27 through 29, and lines 33 and 34.			,
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29			29	
İ	Organizations that do not follow SFAS 117, check here ▶ X			
1	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		_30_	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	4
32	Retained earnings, endowment, accumulated income, or other funds	444	32	443
33	Total net assets or fund balances	444	33	443
34	Total liabilities and net assets/fund balances	444	34	443 Form 990 (2009

Form **990** (2009)

Рa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X 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		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	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		
	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		
b	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		
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization TIFERES ELIYOHU

Employer identification number 20 - 0749469

P	art l	Reas	on for Public Charity	Status (All organizations	s must o	comple	te this	part.)	<u>See ir</u>	<u>istruc</u>	tions.			
Γhe	orgai	nization is not	a private foundation becaus	se it is (For lines 1 through 11,	check onl	y one box	()							
1		A church, co	nvention of churches, or ass	sociation of churches described	in section	n 170(b)([,]	1)(A)(i).							
2		A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3		A hospital or	a cooperative hospital servi	ce organization described in se	ction 170	(b)(1)(A)(iii).							
4		A medical re	search organization operate	d in conjunction with a hospital	described	ın sectio	n 170(b)(1)(A)(i	ii). Ente	er the h	ospital's nan	ıe,		
		city, and stat	e				-		-		•			
5	\Box	An organizat	on operated for the benefit	of a college or university owned	or operat	ed by a q	overnme	ental un	t descri	bed in				
	section 170(b)(1)(A)(iv). (Complete Part II)													
6	\Box			·	section 17	70(b)(1)(A	.)(v).							
7														
•	described in section 170(b)(1)(A)(vi). (Complete Part II)													
8														
9														
3														
	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.)													
40	\Box						-							
10	H			exclusively to test for public safe					4 4 10 .	_				
11	Ш	•	•	exclusively for the benefit of, to	•		•		,		_			
				ed organizations described in s					•	section	1			
				he type of supporting organizati				_						
		a Type	··	c Type III-Function			d		e III–Ot					
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified													
				and other than one or more pul	DIICIY SUP	ontea org	janizatio	ns desc	ribea in	section	n			
_			section 509(a)(2)				_							
f				ermination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting					
		-	check this box		_									
g		Since Augus	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution from	n any of th	ne							
		following per										_	_	
			•	ontrols, either alone or together	with perso	ons descr	ibed in ((II)			_	Yes	No	
				f the supported organization?							11g(Ц	ļ	
		(ii) A family	member of a person describ	ped in (i) above?							11g(<u>i) </u>	↓	
		(iii) A 35% c	controlled entity of a person of	described in (i) or (ii) above?							11g(ii)	<u> </u>	
h		Provide the	following information about t	he supported organization(s)			,				•			
(i)		of supported	(iı) EIN	(iii) Type of organization		organization		ou notify		s the		mount of	f	
	orga	anization		(described on lines 1–9 above or IRC section	1 ''	sted in your document?		nization in of your	organızat (i) organı		Su	pport		
				(see instructions))	governing	document		port?	Ü					
		_			Yes	No	Yes	No	Yes	No				
				_	ļ	ļ								
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			_											
	ı		r	T .	E	I .	1	1	1 1					

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12

13

ection C. Con	nputation of Publi	ic Support Percentage	

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	24.92%
15	Public support percentage from 2008 Schedule A. Part II. line 14	15	2.00%

16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

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

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Page 3

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

	Ation A Dublic Compact	sched the box	OII IIIIE 3 OI F	ait i.)			
	ction A. Public Support			T	T	Т Т	
Ca	lendar 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 business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received	1					
	from other than disqualified persons that	1					
	exceed the greater of \$5,000 or 1% of the			1			
	amount on line 13 for the year		 				
C	Add lines 7a and 7b		ļ	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support			-	· · · · · · · · · · · · · · · · · · ·		
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	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)			<u> </u>		Ĺ	
14	First five years. If the Form 990 is for the	-	t, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)	_
	organization, check this box and stop here		 				
	tion C. Computation of Public Su		. -	-		1	
15	Public support percentage for 2009 (line 8,		•	nn (f))		15	%_
16	Public support percentage from 2008 Sche					16	%
	tion D. Computation of Investme						
17	Investment income percentage for 2009 (li	= :	•	s, column (f))		17	%_
18	Investment income percentage from 2008					18	%_
19a							
b	17 is not more than 33 1/3 %, check this b 33 1/3 % support tests—2008. If the organ	nization did not ch	heck a box on line	14 or line 19a, and	line 16 is more th	an 33 1/3 %, and	▶ [
	line 18 is not more than 33 1/3 %, check the	=	-	,		-	• _
20	Private foundation. If the organization did	not check a box	on line 14, 19a, or	19b, check this bo	x and see instructi	ons	▶ [

Page 4

Schedule Á (Form 990 or 990-EZ) 2009 TIFERES ELIYOHU 20 - 0749469

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

TIFERES ELIYOHU

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

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

▶ Attach to Form 990.

OMB No 1545-0047

2009	Open to Public	Inspection
·		

Employer identification number 20-0749469

							10101		
Part	General Information on Grants and Assistance	Assistance							
	Does the organization maintain records to substantiate the amount of the given selection criteria used to award the grants or assistance?			sistance, the grantees	rants or assistance, the grantees' eligibility for the grants or assistance, and	is or assistance, an	рı	Yes	×
Z Desc	Describe in Part IV the organization's procedures for monitoring the use of	intoring the use of	grant funds	grant funds in the United States				,	
= t a d	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 Part IV and Schedule I-1 (Form 990) if additional space is needed	overnments an ecipient that re	nd Organizations ceived more tha space is needed	izations in the Unore than \$5,000.	nited States. Con Check this box if	nplete if the org no one recipie	ganization ansv ant received mo	vered "Yes" to ore than \$5,000. U	se 🔻
-	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(d) Amount of cash grant (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	ant
							1		
2 Enter	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	organizations							

Schedule I (Form 990) 2009

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

Part III

20-0749469

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Schedule I (Form 990) 2009 TIFERES ELIYOHU

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of Use Part IV and Schedule I-1 (Form 990) if additional space is needed. 144,626 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

rmation for responses to specific questions on provide any additional information.

2009 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990

► Attach to Form 990.

Name of the organization

TIFERES ELIYOHU

Employer identification number 20-0749469

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form **8:868**

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

(Rev April 2009)	⊏	xempt Organization Return		1	OMB No 1	545-17	09
Department of the Internal Revenue		•	File a separate application for each return.					
	-	tomatic 3-Month Extension, co	mplete only Part I and check this box				▶	\Box
	•		th Extension, complete only Part II (on page 2 of this fo	om)	•			
-	-		ed an automatic 3-month extension on a previously filed		68.			
Part I			ime. Only submit original (no copies neede			·		
A corporation	required to file	Form 990-T and requesting an a	utomatic 6-month extension—check this box and compl	ete				
Part I only							▶ [X
•	orations (includ ome tax return	•	REMICs, and trusts must use Form 7004 to request an e	extension	of			
Electronic Fil	ing (e-file). Ge	enerally, you can electronically file	Form 8868 if you want a 3-month automatic extension	of time to	file			
one of the retu	irns noted belo	ow (6 months for a corporation re-	quired to file Form 990-T) However, you cannot file Forr	n 8868				
			nonth extension or (2) you file Forms 990-BL, 6069, or 8					
			you must submit the fully completed and signed page 2		of Form			
			it www irs gov/efile and click on e-file for Charities & Nor					
Type or print	Name of Exe	empt Organization		Employ	yer identif	ication num	ber	
File by the	TIFERE	S ELIYOHU		20-0	7494	59		
due date for filing your return See Number, street, and room or suite no if a P O. box, see instructions 304 S.LAKE DR.								
instructions			For a foreign address, see instructions				-	
Ob b t	LAKEWO		NJ 08701					—
		filed (file a separate application for				4700		
Form 99			Form 990-T (corporation)		\vdash	orm 4720 orm 5227		
Form 99			Form 990-T (sec. 401(a) or 408(a) trust)		\dashv	orm 6069		
Form 990-EZ Form 990-T (trust other than above) Form 990-PF Form 1041-A						om 8870		
			FOR 1041-A		' <u>ا</u>			
The books	are in the care	e of ▶ MANAGEMENT						
	•	•	·					
Telephone	No. ►		FAX No ▶				_	_
_		•	iness in the United States, check this box				▶ [⅃
If this is fo	r a Group Retu		• • • • • • • • • • • • • • • • • • • •	. If this is				
for the whole g	-			attach				
		Is of all members the extension v		<u> </u>				
-		•	tion required to file Form 990-T) extension of time					
	•	· -	return for the organization named above. The extension	IS				
	rganization's re							
	calendar year	2009 or						
- U 1	tax year beginr	ning , and endir	ng					
2 If this tax	year is for les	s than 12 months, check reason	Initial return Final return Change	ın ассоип	nting period	d		
3a If this ap	plication is for	Form 990-BL, 990-PF, 990-T, 47	20, or 6069, enter the tentative tax,			-		_
		credits See instructions		3a	\$			<u>0</u>
		·	refundable credits and estimated tax					^
		le any prior year overpayment all	······································	3b	\$			0
		-	r payment with this form, or, if required,					
		· · · · · · · · · · · · · · · · · · ·	6 (Electronic Federal Tax Payment		1.			0
	See instructio			3c	\$			<u>0</u>
Caution. If you for payment in		nake an electronic fund withdraw	al with this Form 8868, see Form 8453-EO and Form 88	19-FO				

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2009)