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Department of the Treasury Internal Revenue Service

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)

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

2009 Open to Public Inspection

_			27/21/2	2.5	120 110	101-0		/ Inopedion
^_			ear, or tax year beginning 07/01/0	9 , and ending 06	/30/10			
7	Check if applica	uea IRS	C Name of organization			P	Employe	er identification number
ٳ	Address change	label or	AMER. FRIENDS	OF COLEGIO MA	IMONIDES		11 7	F76700
J	Name change	print or	Doing Business As		1.5	-+-		576702
]	Initial return	type. See	Number and street (or PO box if mail is not delivered to	•	Room/suite 200	٢	Telephon	
j	Termination	Specific	C/O ROTH & CO. LLP 1428	201U 21				256-4000
ាំ		Instruc- tions.	City or town, state or country, and ZIP + 4 BROOKLYN	NY 11218		<u> </u>	Gross receipt	2,576,414
៍	Amended return	E 11	e and address of principal officer	NI 11Z10		—] "	a) ia shia a s	and the second second
J	Application pen	ung	BERT D. FRIEDBERG			'''	affillates?	proup return for X Yes No
		L	7 LYTTON BOULEVARD		1	H	b) Are all affi included?	filiates 🗸 🗸 🗎
				A M5N 1S5				ttach a list. (see instructions)
-	Tax-exempt			7(a)(1) or 527			,	,
_	Website:	1.WWW	MAIMONIDES.CL			H(4	c) Group ex	emption number
	Type of organiz	ation X Co	rporation Trust Association Other ▶		L Year of formatio	200	00 M	State of legal domicile NY
P	art I	Summa	ry					
	1 Bnef	y describe	the organization's mission or most significan	t activities				
}	RU	JN JEWI	SH EDUCATIONAL PROGRAMS IN	SANTIAGO, CHI	LE			
į	ļ		J -	RECEIVED				
•	_			the boundary of the base	20 - 4 2 li			
ني			If the organization discontinued its ope	11	ore than 25% of its ne	t assets	1 1	2
ಿತ			g members of the governing body (Part Vi		Q		3	3
Activities			pendent voting members of the governing bo	dy (Part VI, line 1b)	199		-	0
ξį			employees (Part V, line 2a) volunteers (estimate if necessary)	OGDEN, UT			6	<u> </u>
ĕ	1		lated business revenue from Part VIII, colum				7a	
	6 N - 6 - 6 - 6	•	isiness taxable income from Form 990-T, lin	• •			7b	0
=======================================	3 7.50		Chicago taxasie monte monte con control of	<u> </u>	Pri	or Year		Current Year
2	8 Cont	nbutions an	d grants (Part VIII, line 1h)		2,	661,	721	2,576,414
هڙ آ	9 Prog	ram service	revenue (Part VIII, line 2g)					
€₹	10 Inves	tment incor	ne (Part VIII, column (A), lines 3, 4, and 7d)					
	11 Othe	r revenue (F	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c	, and 11e)				
OCT M & 201	12 Total		add lines 8 through 11 (must equal Part VIII			661,		2,576,414
SCANNED Expenses	13 Gran		ar amounts paid (Part IX, column (A), lines		2,	713,	505	2,602,281
#			or for members (Part IX, column (A), line 4)		ļ			,
ses	1		ompensation, employee benefits (Part IX; co	olumn (A), lines 5–10)	 			
Ser Ser	1		draising fees (Part IX, column (A), line 11e) expenses (Part IX, column (D), line 25)				· 	
₹		•		1	—	- 2	101	2,435
	17 Oute	expenses	(Part IX, column (A), lines 11a–11d, 11f–24f Add lines 13–17 (must equal Part IX, colum) n (Δ) line 25) 🗖🙈	2.	715,		2,604,716
	19 Reve	nue less ex	penses Subtract line 18 from line 12			-53,		-28,302
58	75 1.515		Ø _n		Beginning	of Current	Year	End of Year
Assets or Balances	20 Total	assets (Pa	rt X, line 16)	File \$ 200		71,	<u>981 </u>	43,679
동	1		Part X, line 26)	VEDE COTT				
<u> </u>			nd balances Subtract line 21 from line 20	etum, including accompanying	 	71,	9811	43,679
	art II	Signatu	e Block					
	i	under penal and belief, if	ties of perjury, I declare that I have examined this r	eturn, including accompanying irer (other than officer) is base	schedules and stateme and on all information of w	nts, and to hich prepa	o the best of arer has af	ot my knowledge Iy knowledge
Sig	in .						/	3,201
Hei		Signatur	re of officer				Date	7/
1101			BERT FRIEDBERG		TREASURER		Date	
			print name and title					
			\			heck if		Preparer's identifying number
Pai	d	Preparer's signature	ALLAN GREEN .		s	elf- inployed	ightharpoonup	(see instructions) P00841429
	parer's		ROTH & COMPANY	LLP		<u> </u>	EIN D	13-3360065
Us	e Only	Firm's name if self-employ	1420 2 CMU CMDD)		Phone	
	}	address, and	•	11218		[718-236-1600
May	the IRS di	scuss this re	etum with the preparer shown above? (see i			<u>_</u> _		Yes No
For	Privacy Ad		rwork Reduction Act Notice, see the sepa		C) / M	IH	7 Form 990 (2004)
DAA						1 //		, 5 <u>4</u> 8

	009) AMER. FRIENDS			<u>11-3576702</u>		Page 2
Part III	Statement of Program		plishments			
	describe the organization's mis JEWISH EDUCATION		S IN SANTIAGO	, CHILE		
the prior	e organization undertake any signor Form 990 or 990-EZ? "," describe these new services organization cease conducting	on Schedule O				Yes X No
	s," describe these changes on S	Schedule O				
Section	be the exempt purpose achieve in 501(c)(3) and 501(c)(4) organ ions to others, the total expense	zations and section 49	947(a)(1) trusts are require	ed to report the amour		
4a (Code JEWIS)(Expenses \$ SH EDUCATIONAL E		including grants of \$	2,602,281) (Revenue \$	2,576,414)
4b (Code) (Expenses \$		including grants of \$	·····) (Revenue \$)
4c (Code) (Expenses \$		including grants of \$) (Revenue \$)
	program services (Describe in nses \$	Schedule O) Including grants	of \$) (Revenue \$		
	program service expenses 🕨	2,602,				
						Form 990 (2009)

om	990 (2009), AMER. FRIENDS OF COLEGIO MAIMONIDES 11-3576702		P	age 🤅
<u> Pa</u>	art 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,"		l	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	ĺ		۱
	candidates for public office? If "Yes," complete Schedule C, Part I	3	-	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			١,,
_	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)	_		l
_	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	<u> </u>	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	1	Х
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	١,		l v
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	9	\vdash	X
10	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10	+	Γ
• •	VII, VIII, IX, or X as applicable	11		Х
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	-	\vdash	 ^`
•	Schedule D, Part VI	1		
_	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	İ		1
•	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			ĺ
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		X
12A	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			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	Ì		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X	L
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		1	
	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	1	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	↓	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ĺ	1	ı

If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Form 990 (2009), AMER. FRIENDS OF COLEGIO MAIMONIDES 11-3576702

Pa	irt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			.,
	in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule i, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			v
	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			v
0 4-	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1 1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1		v
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	05-		Х
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or	051		v
00	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			v
^-	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
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?			v
00	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)	200		Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		Х
_	Schedule L, Part IV	200		^
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,	28c		Х
29	Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	•	25		-^-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		<u> </u>
31	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			 ^`
32	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		 ^ `
33	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,	33		 ^`
5 4	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			<u>^`</u>
33	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	33		<u> </u>
30	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		$\vdash \cap$
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	27		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	37		\vdash
55	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
	10: NOB. ALL OIL 330 IIICIS DIE IEQUIEU IO WITIPIELE OMICUUIE O		990	(2000)

Form 990 (2009) AMER. FRIENDS OF COLEGIO MAIMONIDES 11-3576702

Pa	rt v Statements Regarding Other IRS Filings and Tax Compliance		—т		
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1a 0	ļ		
_	U.S. Information Returns Enter -0- if not applicable	1a U 1b 0	l		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and rep				
С	gaming (gambling) winnings to prize winners?	oltable	1c	-	X
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	-16	-	
Za	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
	instructions)		- 1		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	i by	1		1
	this return?	,	3a		X
ь	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 a	iuthoπty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ancial	ŀ		
	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 I	3ank			i
	and Financial Accounts				، لــــــــــــــــــــــــــــــــــــ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ion?	5b		<u>X</u>
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	ırdıng			
	Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e			
	organization solicit any contributions that were not tax deductible?		6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns 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	oods			,
	and services provided to the payor?		7a		_X
b	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 was	5	7c		X
d	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d			
u A	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	· · · · · · · · · · · · · · · · · · ·	1		1
Ü	benefit contract?	S. Collina	76		_X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	nct?	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 1098-0	as			
	required?		7h_		Χ
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	; i			
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	11			
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	441			
40-	amounts due or received from them)	11b	اءا		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	12a		├──
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	لـــــا		Ь—

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Form 990 (2009) AMER	FRIENDS	OF	COLEGIO	MATMONTDES	11-3576702

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No Yes Enter the number of voting members of the governing body b Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? 2 Χ Did the organization delegate control over management duties customanly performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the pnor Form 990 was filed? 5 5 Did the organization become aware during the year of a material diversion of the organization's assets? 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 7a of the governing body? ь Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8b Х Each committee with authority to act on behalf of the governing body? 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_ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Χ 10a 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 Χ 12a 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 Х 12b rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this is done Does the organization have a written whistleblower policy? 13 13 Χ Does the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization 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 Χ with a taxable entity during the year? 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? 16b 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) 18

- 17
- available for public inspection. Indicate how you make these available. Check all that apply.

Own website Another's website X 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 20 organization: NOTH & CO. LLP 1428 36H ST

NY 11218

BROOKLYN

DAA

Form 990 (2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if the organization	n did not compe	nsate	e an	y cui	rent	offic	er, d	lirector, or trustee		
(A) Name and Title	(B) Average			(C) on (check all that apply)				(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SEYMOUR BRAUN		Ī.,								•
PRESIDENT	1.00	X	 _	X	<u> </u>	 		0	0	0
ALBERT D. FRIEDBE	2.00	X						o	0	0
HENRY FENIG	2.00	1^				1		0		
SECRETARY	1.00	X						o	0	0
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AMER	FRIENDS	OF	COLEGIO	MATMONIDES	11-3576702

<u>Part</u>	VII Section A. Officers	, Directors, Trus	tees	, Ke	y Er	npic	yees	, an	d Highest Compensated	Employees (continued)				
	(A) Name and Title	(B) Average hours per	\vdash	_	check		hata		(D) Reportable compensation	(E) Reportable compensation		(F) Estimate amount		
		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 or a	other mpensa from th rganizat and relat ganizati	ation ne lion ted	
							<u> </u>							
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]							_					
]	_	-		-	-	_						
			_											
			_		-									
					_									
1b 7	Total .													
	Total number of individuals (in eportable compensation from	•			thos	e lis	ted a	bov	e) who received more than	\$100,000 in				
	Old the organization list any for employee on line 1a? If "Yes,"								oyee, or highest compensate	ted		3	Yes	No X
4 F	For any individual listed on line he organization and related of	e 1a, is the sum	of re	epor	table	con	npen	satic						
5 [ndividual Did any person listed on line services rendered to the orgal									or		5		X
	on B. Independent Contract													
	Complete this table for your fi compensation from the organi	zation	ensa	ited	ınde	pend	lent (conti			1		<i>(</i> 2)	
	Name and	(A) I business address							Descrip	(B) toon of services		Con	(C) npensati	ion
								 				·		
										<u>-</u>				
											-		_	
	Total number of independent more than \$100,000 in compe		-				ed to	tho	se listed above) who recen	/ed		0_		
DAA												Form	990	(2009)

Form 990 (2009) AMER. FRIENDS OF COLEGIO MAIMONIDES 11-3576702

Pa	rt V	iii Statem	nent of Reve	nue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
N N	1a	Federated can	npaigns	1a						0/2/0/0/0/0/
aut	.u	Membership d	-	1b						
₽E		Fundraising ev		1c		_				
∓ Fa	٦	Related organi		1d						
r. gii	u	_		-						
ons.	4	Government grants (10						
PE	,	All other contribution and similar amounts		1f	2	576,414				
E O	_					2/0,414				
Contributions, gifts, grants and other similar amounts	g		is Included in lines 1a-	1f \$)		2 576 414			
	<u>h</u>	Total. Add line	s 1a-11			P	2,576,414			
ğ						Busn. Code				
96	2a	•							_	
82	ь								-	
Š	С									
S	d									
E	0									
Program Service Revenue			am service reve	nue		Щ.				
_		Total. Add line								
	3		ome (including	dividend	ds, intere	st, and				
		other similar a	•			•				
	4		nvestment of tax	-exemp	t bond p	roceeds 🕨				
	5	Royalties								
			(ı) Real		(ii) P	ersonal				
	6a	Gross Rents							:	
	b	Less rental exps					·			
	С	Rental inc or (loss)								
	d	Net rental inco	me or (loss)							
	14	Gross amount from sales of assets	(ı) Secunties	·	(11)	Other				
		other than inventory								
	b	Less cost or other								
		basis & sales exps								
	С	Gain or (loss)								-
	d	Net gain or (lo	ss)	_		•				
•	8a	Gross income fro	om fundraising eve	nţs						
enuexe		(not including \$								
ě		of contributions r	eported on line 1c))						
F .		See Part IV, line	18	a						
Other Re		Less direct ex	•	ь						
J	С	Net income or	(loss) from fund	Iraising	events	•				
	9a		om gaming activitie	s.						
		See Part IV, line		a						
	b	Less direct ex	penses	ьL						
	С	Net income or	(loss) from gam	nng act	vities	•				
	10a	Gross sales of	f inventory, less							
		returns and all	owances	a						
	b	Less cost of g	joods sold	ьL						
	С	Net income or	(loss) from sale	s of inv	entory	•				
		Misci	ellaneous Revenue	;		Busn. Code				
	11a									
	b									
	С									
	d	All other reven	ue .		-					
	е	Total. Add line	es 11a–11d			•				
	12	Total Revenue	e. See instruction	ns		•	2,576,414	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).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	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				
3	Grants and other assistance to governments,		· · · · · · · · · · · · · · · · · · ·		
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	2,602,281	2,602,281		
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				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal			·	. ,
C	Accounting				
d	Lobbying				
0	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	 			
16	Occupancy	····			
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depregation, 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	BANK CHARGES	2,435		2,435	
b					<u> </u>
C					
d					
θ					
f	All other expenses	0.604.716	0 600 001	0 10 1	
25	Total functional expenses. Add lines 1 through 24f	2,604,716	2,602,281	2,435	
26	Joint costs. Check here ▶ if following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation	l			L

Form 990 (2009) AMER. FRIENDS OF COLEGIO MAIMONIDES 11-3576702

<u> Pa</u>	art X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		71,981	1	43,679
	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. Comp	plete Part II of			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined	under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(
		Part II of Schedule L	,		6	
şţs	7	Notes and loans receivable, net			7	
Assets	8	Inventones for sale or use			8	
Ä	9	Prepaid expenses and deferred charges			9	
	i	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a			
	h	Less: accumulated depreciation	10b	1	10c	
	11	Investments—publicly traded securities	100		11	
	12	Investments—other securities See Part IV, line 11			12	-
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34	N.	71,981	16	43,679
	17		<i>'</i>	71,001	17	401010
	18	Grants payable		· · · · · · · · · · · · · · · · · · ·	18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
10		Escrow or custodial account liability Complete Part IV o	f Schedule D		21	
Liabilities	21				- 21	
Ę	22	Payables to current and former officers, directors, truster	•			
ia i		employees, highest compensated employees, and disqu	anneu	-	22	
_		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third	•	-	23	
	24	Unsecured notes and loans payable to unrelated third pa	11 000		24	
	25	Other liabilities. Complete Part X of Schedule D			25 26	
	26	Total liabilities. Add lines 17 through 25	1		26	
Ses		Organizations that follow SFAS 117, check here	and			
Balan		complete lines 27 through 29, and lines 33 and 34.			~~	
3aj	27	Unrestricted net assets			27	
E E	28	Temporarity restricted net assets			28	
Fund	29	Permanently restricted net assets	⊾ ▽		29	-
Ī.		Organizations that do not follow SFAS 117, check her	• ► []		l	
ō		and complete lines 30 through 34.				
Net Assets or	30	Capital stock or trust principal, or current funds	161		30	
3S6	31	Paid-in or capital surplus, or land, building, or equipment		71 001	31	40.670
Ä	32	Retained earnings, endowment, accumulated income, or	other funds	71,981	32	43,679
let	33	Total net assets or fund balances		71,981	33	43,679
_	34	Total liabilities and net assets/fund balances		71,981	34	43,679

Form **990** (2009)

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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

Nam	of t	he organizatio		S OF COLEGIO MA	TMONT	DES			-	oyer ide -3576	ntification nu	nber			
P	ırt l	Reas		Status (All organizations			a this	nart) (
_		_		e it is (For lines 1 through 11, o				part.) (Jee 11	Suucu	0115.				
1					-										
2	Н			ociation of churches described	ii secuon	1)(0)(1)(A)(I).								
	Н		escribed in section 170(b)(1)(A)(ii). (Attach Schedule E) or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
3	Н		· ·	· · · · · ·	-		•								
4	Ш			I in conjunction with a hospital of	iescribed	in sectio	n 1/U(D)	(1)(A)(II)	ı). Ente	er ine no	ospitars name) ,			
	\Box	city, and state		<i>.</i>					. :						
5	Ш			of a college or university owned	or operate	ed by a g	jovemme	ental uni	t descri	bed in					
_			170(b)(1)(A)(Iv). (Complete Part II)												
6	Н		leral, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	Ш		organization that normally receives a substantial part of its support from a governmental unit or from the general public												
		described in section 170(b)(1)(A)(vi). (Complete Part II)													
8				70(b)(1)(A)(vi). (Complete Part											
9	X	_	-) more than 33 1/3 % of its sup	•				•	•	oss				
				pt functions—subject to certain											
			=	id unrelated business taxable in	•) from t	usiness	es					
		acquired by t	he organization after June 3	0, 1975 See section 509(a)(2).	(Comple	te Part III)								
10	Н	-	•	exclusively to test for public safe	•										
11	Ш	_		exclusively for the benefit of, to											
				ed organizations described in se					•	section					
				he type of supporting organization		•	nes 11e	through	11h						
	_	a Type	□ "	c Type III–Functiona			d		e III–Ot	her					
8	Ш			anization is not controlled direct	-										
		persons othe	r than foundation managers	and other than one or more pul	olicly supp	orted or	janizatio	ns desc	nbed in	section					
		,	section 509(a)(2).												
f		_		rmination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting				_		
		organization,	check this box										\sqcup		
g		Since August	17, 2006, has the organization	tion accepted any gift or contribi	ution from	any of the	ne								
		following per	sons?												
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ibed in (H)				Yes	No		
		and (III)	below, the governing body o	f the supported organization?							11g(i)				
		(ii) A family	member of a person describ	ed in (i) above?							11g(ii)				
		(iii) A 35% c	controlled entity of a person of	fescribed in (i) or (ii) above?							11g(ii)				
h		Provide the	following information about the	ne supported organization(s).	,										
(i)		of supported	(ii) EIN	(iii) Type of organization	(iv) is the o	-	(V) Did y			sthe .	(vii) Am				
	orga	anızatıon		(described on lines 1–9 above or IRC section	governing	sted in your		nzation in of your	organizati (i) organi	zed in the	support				
				(see instructions))	governing	- COOLINGTO		ort?	U	3?					
					Yes	No	Yes	No	Yes	No					
							ļ			\vdash					
			-												
				-					-						
T-4-			l			1		1	-						

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

18

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

Sec	(Complete only if you che tion A. Public Support	ecked the box o	n line 9 of Par	t I)						
	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Grits, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,378,708	2,639,514	2,678,780	2,661,721	2,576,414	12,935,137			
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	2,378,708	2,639,514	2,678,780	2,661,721	2,576,414	12,935,137			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons									
b	Amounts included on lines 2 and 3 received									
	from other than disqualified persons that									
	exceed the greater of \$5,000 or 1% of the									
c	amount on line 13 for the year Add lines 7a and 7b									
8	Public support (Subtract line 7c from									
•	line 6)						12,935,137			
Sec	tion B. Total Support				•					
Ca	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
9	Amounts from line 6	2,378,708	2,639,514	2,678,780	2,661,721	2,576,414	12,935,137			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,673	21,838	32,646			61,157			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
C	Add lines 10a and 10b	6,673	21,838	32,646			61,157			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on					0				
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,	ļ	ļ	2,711,426						
	and 12)	2,385,381	2,576,414	12,996,294						
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	second, third, four	th, or fifth tax year	as a section 501(c)(3)	▶ □			
Sec	tion C. Computation of Public Su		age							
15	Public support percentage for 2009 (line 8			ı (f))		15	99.53%			
16	Public support percentage from 2008 Scho	• • • • • • • • • • • • • • • • • • • •	-			16	99.48 %			
Sec	tion D. Computation of Investme	nt Income Perc	entage							
17	Investment income percentage for 2009 (I	17	%%							
18	Investment income percentage from 2008 Schedule A, Part III, line 17									
19a	33 1/3 % support tests—2009. If the orga						ू जि			
b	17 is not more than 33 1/3 %, check this b 33 1/3 % support tests—2008. If the orga	inization did not che	ck a box on line 1	4 or line 19a, and I	ine 16 is more tha	n 33 1/3 %, and	▶ X			
	line 18 is not more than 33 1/3 %, check t	=	-			-	▶			
20_	Private foundation. If the organization did	I not check a box or	line 14, 19a, or 1	9b, check this box	and see instruction	ns	.			

Schedule A (Form 990 or 990-EZ) 2009 AMER. FRIENDS OF COLEGIO MAIMONIDES 11-3576702

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

Schedule F (Form 990)

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization AMER. FRIENDS OF COLEGIO MAIMONIDES

Employer identification number 11-3576702

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

X Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AM	ERICA				
			GRANTS TO SCHOOL	EDUCATION	2,602,281
					-
			-		
	"				
				-	_
otals >					2,602,2

Page 2	Form 990,	(i) Method of valuation (book, FMV, appraisal, other)				į					
	swered "Yes" to \$5,000	(h) Description of non-cash assistance									
	organization ans sived more than	(g) Amount of non-cash assistance	2								
	Complete if the	(f) Manner of cash disbursement	WIRE/CHECKS								
OF COLEGIO MAIMONIDES 11-3576702	United States. (this box if no or	(e) Amount of cash grant	2,602,281								
	(1)	(d) Purpose of grant	JEWISH EDU. ICA								
FRIENDS OF C	ice to Organiza ipient who rece 90) if additional	(c) Region	SOUTH AMERICA								
AMER. FRI	Other Assistar 15, for any recule F-1 (Form 99)	(b) IRS code section and EIN (if applicable)									
Schedule F (Form 990) 2009	Part II Grants and Part IV, line Use Schedu	(a) Name of organization									

Enter total number of recipient organizations listed above that are recognized as chantles by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

7

Schedule F (Form 990) 2009

9069 12/20/2010 12 40 PM

Schedule F (Form 990) 2009 AMER. FRIENDS OF COLEGIO MAIMONIDES 11–3576702

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

Schedule F (Form 990) 2009 (h) Method of valuation • (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE ORGANIZATION WILL DISTRIBUTE THE FUNDS ONLY TO ORGANIZATIONS THAT WILL

- (1) PROVIDE FINANCIAL STATEMENTS WHENEVER REQUESTED BY OUR ORGANIZATION,
- (2) PROVIDE A DETAILED ACCOUNTING INCLUDING A FULL CASH DISBURSEMENT SCHEDULE FOR MONIES RECEIVED FROM OUR ORGANIZATION AND (3) ALLOW US TO AUDIT FINANCIAL STATEMENTS AND RECORDS.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on

OMB No 1545-0047
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Form 990 or to provide any additional information.

Attach to Form 990.

Employer identification number

Name of the organization

AMER. FRIENDS OF COLEGIO MAIMONIDES

11-3576702

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE TAX RETURN PREPARER SENDS THE BOARD OF DIRECTORS A COPY OF THE
COMPLETED TAX RETURN FOR REVEIW. UPON APPROVAL OF THE TAX RETURN BY THE
BOARD OF DIRECTORS THEY NOTIFY THE TAX RETURN PREPARER WHO SENDS THE FINAL
VERSION OF THE TAX RETURN TO THE BOARD FOR SIGNATURE AND FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

FAILURE TO DISCLOSE A POTENTIAL CONFLICT OF INTEREST OR ENGAGING IN

PRACTICE DETERMINED TO BE A CONFLICT OF INTEREST MAY RESULT IN DISCIPLINARY

ACTION UP TO AND INCLUDING TERMINATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

UPON REQUEST THE PUBLIC MAY VIEW THE ORGANIZATION'S GOVERNING DOCUMENTS AND

RELATED DOCUMENTS AT THE ADDRESS LOCATED ON PAGE 1 OF FORM 990.