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# Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

**Open to Public** 

Inspection

| Α         | For the                 | e 2010 calend    | dar year, or tax year beginning $05/21/10$ , and ending $12/31$   | 1/10          |                    |              |                           |               |  |
|-----------|-------------------------|------------------|---|---------------|--------------------|--------------|---------------------------|---------------|--|
| В         |                         | f applicable     |   | D Emplo       | yer identification | number       |                           |               |  |
|           |                         | s change         | C Name of organization AMERICAN FRIENDS OF PANIM EL PANIM   |               |                    |              |                           |               |  |
| П         | Name c                  | _                | INC   | 27-2675230    |                    |              |                           |               |  |
| X         | Initial re              | etum             | Number and street (or P O box, if mail is not delivered to street address)  | Rooi          | n/suite            |              | one number                |               |  |
|           | Termina                 | ated             | 26 COURT ST   | 130           | 7                  | 646          | -450-59                   | 91            |  |
|           | Amende                  | ed return        | City or town, state or country, and ZIP + 4   |               |                    | F Group      | Exemption                 |               |  |
|           | Applicat                | tion pending     | BROOKLYN NY 11242   |               | _                  | Numb         | er 🕨                      |               |  |
| G         |                         |                  | X Cash Accrual Other (specify) ▶  | н             | Check -            | X If the     | organization is <b>no</b> | t             |  |
| 1         | Websit                  | e: <u>N/</u>     |   |               | required to        | attach Sche  | edule B                   |               |  |
| <u>J</u>  | Tax-exe                 | empt status (c   | theck only one) — X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or   | 527           | (Form 990          | , 990-EZ, or | 990-PF)                   |               |  |
| K         | Check                   | If the o         | organization is not a section 509(a)(3) supporting organization <b>and</b> its gross receipts are no                            | ormally not   | more than \$       | 50,000 A     |                           |               |  |
|           | Form 99                 | 90-EZ or Form 9  | 990 return is not required though Form 990-N (e-postcard) may be required (see instruction                                      | s) But if the | organizatio        | n chooses    |                           |               |  |
|           | to file a               | retum, be sure   | to file a complete return   |               |                    |              |                           |               |  |
| Ļ         | Add line                | es 5b, 6c, and 7 | b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as                               | sets (Part I  | l <b>,</b>         |              |                           |               |  |
| · <u></u> |                         |                  | ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ   |               |                    | ▶ \$         |                           | 5,223         |  |
| , F       | art I                   |                  | nue, Expenses, and Changes in Net Assets or Fund Balance if the organization used Schedule O to respond to any question in this | •             | he instruc         | tions for F  | Part I)                   | X             |  |
| '         | 1                       |                  | gifts, grants, and similar amounts received   | raiti,,       |                    | 1 1          |                           | 5,218         |  |
|           | 2                       |                  | rvice revenue including government fees and contracts   |               |                    | 2            |                           | 7,210         |  |
|           | 3                       |                  | o dues and assessments  |               |                    | 3            |                           |               |  |
|           | 4                       | Investment       |   |               |                    | 4            |                           | 5             |  |
|           | 5a                      |                  | unt from sale of assets other than inventory 5a   |               |                    |              |                           |               |  |
|           | b                       |                  | or other basis and sales expenses 5b  |               |                    |              |                           |               |  |
|           | c                       | Gain or (loss)   | from sale of assets other than inventory (Subtract line 5b from line 5a)  | 5c            |                    |              |                           |               |  |
|           | 6                       |                  | fundraising events  |               |                    |              |                           |               |  |
| e         | a                       | Gross incon      | ne from gaming (attach Schedule G if greater than   |               |                    |              |                           |               |  |
| Revenue   |                         | \$15,000)        |   |               |                    |              |                           |               |  |
| æ         | b                       | Gross incon      |   |               |                    |              |                           |               |  |
|           |                         | sum of such      | Ising events reported on line (1) (attach Schedule G if the gross income and contributions exceeds \$15,000) 6b                 |               |                    |              |                           |               |  |
|           | l c                     |                  | expenses from gaming and fundraising events 6c  |               |                    | 7            |                           |               |  |
| \$        | d                       |                  | or (loss) from gaming and fundraising events (add lines 6a and 6b and subtractions)   | ct            |                    |              |                           |               |  |
| ,         |                         | line 6c)         | OCDEN UT  |               |                    | 6d           |                           |               |  |
|           | 7a                      | Gross sales      | of inventory, less returns and allowances 7a  |               |                    |              | +                         | ·             |  |
|           | Ь                       | 1 -              | of goods sold 7b  |               |                    |              |                           |               |  |
|           | С                       | Gross profit     | or (loss) from sales of inventory (Subtract line 7b from line 7a)   |               |                    | 7c           |                           |               |  |
|           | 8                       | Other reven      | ue (describe in Schedule O)   |               |                    | 8            |                           |               |  |
|           | 9                       |                  | ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   |               |                    | 9            |                           | 5 <u>,223</u> |  |
|           | 10                      |                  | similar amounts paid (list in Schedule O)   |               |                    | 10           |                           |               |  |
|           | 311                     |                  | d to or for members   | -             |                    | _ 11.        |                           |               |  |
| 6.5       | 12                      |                  | her compensation, and employee benefits   |               |                    | 12           |                           |               |  |
| eņs       | 12<br>3 13<br>13 14     |                  | If fees and other payments to independent contractors   |               |                    | 13           |                           | L,000         |  |
| ă         | 120 14                  | Occupancy,       | 14  |               |                    |              |                           |               |  |
|           | ₹15                     |                  | blications, postage, and shipping   |               |                    | 15           |                           | L,660         |  |
|           | 16<br>117               | -                | nses (describe in Schedule O)   |               |                    | 16           |                           | L, 265        |  |
|           | [3,17<br>  <b>2</b> 24↑ |                  | nses. Add lines 10 through 16   |               | <u>l</u>           | 17           |                           | 3,925         |  |
| ţ         | N18<br>19<br>00<br>20   |                  | deficit) for the year (Subtract line 17 from line 9)  |               |                    | 18           |                           | <u>2,298</u>  |  |
| sse       | ₹19                     |                  | or fund balances at beginning of year (from line 27, column (A)) (must agree w  | าเก           |                    |              |                           |               |  |
| ¥ A       | 10°                     |                  | figure reported on prior year's return)   |               |                    | 19           |                           |               |  |
| Net       | 21                      |                  | ges in net assets or fund balances (explain in Schedule O) or fund balances at end of year. Combine lines 18 through 20         |               | ı                  | 20           |                           | 2 2 9 8       |  |

| Form 990-EZ (2010)                      | AMERICAN FRIENDS OF PANIM                               | EL PANIM 27                           | 7-2675230                  |                |                                  | Page 2                          |
|---|---|---------------------------------------|----------------------------|----------------|----------------------------------|---------------------------------|
| Part il Bala                            | nce Sheets. (see the instructions for Part II)          |                                       | _                          |                |                                  |                                 |
| Chec                                    | k if the organization used Schedule O to respond        | to any question in this f             | Part II                    |                |                                  |                                 |
|   |   |                                       | (A) Beginning of year      | ar             | (B)                              | End of year                     |
| 22 Cash, savings, ar                    | d investments   | <u></u>                               |                            | 0              | 22                               | 2,298                           |
| 23 Land and building                    | S   | <u></u>                               |                            | _              | 23                               |                                 |
| 24 Other assets (des                    | cnbe in Schedule O)                                     | <u> </u>                              |                            |                | 24                               |                                 |
| 25 Total assets                         |   | _                                     |                            |                | 25                               | 2,298                           |
| •                                       | escribe in Schedule O)                                  | _                                     | <del>,_</del> .            |                | 26                               | 0                               |
| *************************************** | d balances (line 27 of column (B) must agree with line  |                                       |                            | 0              | 27                               | 2,298                           |
|   | ement of Program Service Accomplishme                   | •                                     | •                          |                |                                  | penses                          |
|   | k if the organization used Schedule O to respond        | to any question in this f             | Part III                   | X              |                                  | for section                     |
| •                                       | on's primary exempt purpose?                            |                                       |                            | ł              |                                  | and 501(c)(4)                   |
| See Schedule O                          |   | <del></del>                           | <del></del>                | _              | -                                | ons and section                 |
|   | hieved in carrying out the organization's exempt purpos |                                       |                            |                |                                  | trusts; optional                |
|   | the number of persons benefited, or other relevant info |                                       |                            | -              | for others.                      | )                               |
|   | Jewish unity and Jewish identity, and to                | deepen the connecti                   | on                         | -              |                                  |                                 |
| between the                             | people of Israel and the land of Israel                 |                                       |                            |                |                                  |                                 |
| (Grants \$                              | ) If the amount in the desired a few and                |                                       | <b>.</b> 1                 | ا <sub>-</sub> |                                  |                                 |
| 29                                      | ) If this amount includes foreign gra                   | ints, cneck nere                      |                            | - 4-           | 28a                              |                                 |
| 23                                      |   |                                       |                            |                |                                  |                                 |
|   |   |                                       |                            |                |                                  |                                 |
| (Grants \$                              | ) If this amount includes foreign gra                   | anta ahaak hara                       | <b>.</b> (                 | I .            | 20-                              |                                 |
| 30                                      | ) it tills amount includes foreign gra                  | ints, check here                      |                            | <del>-+</del>  | 29a                              |                                 |
| 30                                      |   |                                       |                            |                |                                  |                                 |
|   |   |                                       |                            |                |                                  |                                 |
| (Grants \$                              | ) If this amount includes foreign gra                   | ents chack hara                       | <b>►</b> [                 | ᠳ I .          | 30a                              |                                 |
| *                                       | vices (describe in Schedule O)                          | ins, check here                       |                            | ٠+             | 304                              |                                 |
| (Grants \$                              | ) If this amount includes foreign gra                   | ents check here                       | ▶ [                        | ¬   .          | 31a                              |                                 |
| *                                       | rvice expenses (add lines 28a through 31a)              | mo, oncok norc                        |                            | . —            | 32                               |                                 |
|   | f Officers, Directors, Trustees, and Key Employees.     | List each one even if no              | ot compensated             |                |                                  | ons for Part IV )               |
|   | k if the organization used Schedule O to respond        |                                       | -                          | ,              |                                  |                                 |
| <u></u>                                 |   | (a) Title and average                 | (c) Compensation           |                | ontributions to                  | (e) Expense                     |
|   | (a) Name and address                                    | hours per week<br>devoted to position | (If not paid,<br>enter -0) |                | e benefit plans & d compensation | account and<br>other allowances |
| MINDY ROLLER                            | BROOKLYN  | DIRECTOR                              |                            |                |                                  |                                 |
| 825 EAST 17TH ST                        | REET NY 11230   | 5.00                                  | 0                          |                | 0                                | 0                               |
| JONATHAN ROLLER                         | BROOKLYN  | DIRECTOR                              |                            |                |                                  |                                 |
| 825 EAST 17TH ST                        | REET NY 11230   | 5 00                                  | o                          |                | ٥                                | 0                               |
| DOV GOLDMAN                             | BROOKLYN  | DIRECTOR                              |                            |                |                                  |                                 |
| 677 EAST 17TH ST                        | REET NY 11230   | 5.00                                  | o                          |                | o                                | 0                               |
|   |   |                                       |                            |                |                                  |                                 |
|   |   |                                       |                            |                |                                  |                                 |
| · · · · · · · · · · · · · · · · · · ·   |   | -                                     |                            |                |                                  |                                 |
|   |   |                                       |                            |                |                                  |                                 |
|   |   |                                       |                            |                |                                  |                                 |
|   |   |                                       |                            |                |                                  |                                 |
|   | -   |                                       |                            |                |                                  |                                 |
|   |   |                                       |                            | -              |                                  |                                 |
|   |   |                                       |                            |                |                                  | <u>-</u>                        |
|   |   |                                       |                            |                |                                  |                                 |
|   |   |                                       |                            |                |                                  |                                 |
|   |   |                                       |                            |                |                                  |                                 |
| <del></del>                             |   |                                       |                            |                |                                  |                                 |
|   |   |                                       |                            |                |                                  |                                 |
|   |   |                                       |                            |                |                                  |                                 |
|   |   |                                       |                            |                |                                  |                                 |
|   |   |                                       |                            |                |                                  |                                 |
|   |   |                                       | I                          |                |                                  |                                 |
|   |   |                                       | 1                          |                | ı                                |                                 |
|   |   | <del>-  </del>                        |                            |                |                                  |                                 |

| _   | 1990-EZ (2010) AMERICAN FRIENDS OF PANIM EL PANIM 27-2675230   |         | F        | Page 3 |
|-----|--|---------|----------|--------|
| P   | Other Information (Note the statement requirements in the instructions for Part V.)  |         |          |        |
|     | Check if the organization used Schedule O to respond to any question in this Part V  |         |          | ullet  |
|     |  |         | Yes      | No     |
| 33  | Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed                                   |         |          | ŀ      |
|     | description of each activity in Schedule O   | 33      | <u> </u> | X      |
| 34  | Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed                                     |         | ľ        |        |
|     | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the                                      |         |          |        |
|     | change on Schedule O (see instructions)  | 34      |          | X      |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported |         |          |        |
|     | on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T  |         |          |        |
| а   | Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4),                                    |         |          |        |
|     | 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?                                 | 35a     |          | X      |
| b   | If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?  | 35b     |          |        |
| 36  | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets                                 |         |          |        |
|     | during the year? If "Yes," complete applicable parts of Schedule N   | 36      |          | X      |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions   | _       |          |        |
| b   | Did the organization file Form 1120-POL for this year?   | 37b     |          | X      |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were                                |         |          |        |
|     | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?                                   | 38a     |          | X      |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved   |         |          |        |
| 39  | Section 501(c)(7) organizations. Enter:  |         |          |        |
| а   | Initiation fees and capital contributions included on line 9   |         |          |        |
| b   | Gross receipts, included on line 9, for public use of club facilities  |         |          |        |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  |         |          |        |
|     | section 4911 ▶, section 4912 ▶, section 4955 ▶   |         |          |        |
| b   | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit                                  |         |          |        |
|     | transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been                              |         |          |        |
|     | reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part!   | 40b     |          | X      |
| С   | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on  |         |          |        |
|     | organization managers or disqualified persons during the year under sections 4912,   |         |          |        |
|     | 4955, and 4958   | _ [     |          |        |
| d   | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c   |         |          |        |
|     | reimbursed by the organization   | _       |          |        |
| е   | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter                                   |         |          |        |
|     | transaction? If "Yes," complete Form 8886-T  | 40e     |          | X      |
| 41  | List the states with which a copy of this return is filed NY   |         |          |        |
| 42a | The organization's books are in care of ▶ ORGANIZATION Telephone no ▶ 6  | 46-45   | 0-5      | 991    |
|     | 26 COURT STREET, STE 1307  |         |          |        |
|     |  | 1242    |          |        |
| b   | At any time during the calendar year, did the organization have an interest in or a signature or other authority                               |         |          |        |
|     | over a financial account in a foreign country (such as a bank account, securities account, or other financial                                  |         | Yes      | No     |
|     | account)?  | 42b     |          | Х      |
|     | 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.  |         |          |        |
| С   | At any time during the calendar year, did the organization maintain an office outside of the U.S.?   | 42c     |          | X      |
|     | If "Yes," enter the name of the foreign country: ▶   | _       |          |        |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here  |         | -        | ▶ -    |
| -   | and enter the amount of tax-exempt interest received or accrued during the tax year  |         |          |        |
|     |  |         |          |        |
|     |  |         | Yes      | No     |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be  |         |          |        |
|     | completed instead of Form 990-EZ   | 44a     |          | X      |
| b   | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be                                       |         |          | I      |
|     | completed instead of Form 990-EZ   | 44b     |          | Х      |
| С   | Did the organization receive any payments for indoor tanning services during the year?   | 44c     |          | Х      |
| d   | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an                                     |         |          |        |
|     | explanation in Schedule O  | 44d     |          |        |
|     |  | Form 99 | n_E7     | /2010  |

| Form   | 990-EZ (20                         | 010)     | AMER          | CICAN      | FRI  | <u>ENDS</u>  | OF       | PAN        | IM EL           | PAI       | MIN                             | 27       | <u>-26752</u>   | 30      |          |                                     |               | F       | Page 4          |
|--|------------------------------------|----------|---------------|------------|--|--------------|----------|------------|-----------------|-----------|---------------------------------|----------|-----------------|---------|----------|-------------------------------------|---------------|---------|-----------------|
|  |                                    |          | _             |            |  | • •          |          |            |                 |           |                                 |          |                 |         |          |                                     |               | Yes     | No              |
| 45   | Is any rela                        | _        | _             |            |  |              |          |            |                 | _         |                                 |          |                 |         |          |                                     | 45            |         | <u>X</u> _      |
| а  |                                    | -        |               | -          |  |              |          |            |                 |           |                                 |          | ity within the  |         |          |                                     |               |         |                 |
|  | meaning o                          |          |               | -          | res, roi                                     | 111 990 a    | iiu St   | riedule    | rt may nee      | ed to be  | complete                        | ea ir    | istead of       |         |          |                                     | 45a           |         | х               |
| Form 990-EZ (see instructions)  46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition |                                    |          |               |            |  |              |          |            |                 | 43a       |                                 | <u> </u> |                 |         |          |                                     |               |         |                 |
| 70   | to candida                         | -        |               |            |  |              |          |            | _               | 1003 011  | benan or                        | O1 11    | торрознасн      |         |          |                                     | 46            |         | X               |
| Par  |                                    |          |               |            |  |              |          |            |                 | a)(1)     | nonexe                          | mp       | t charitab      | le t    | rusts    | only. All se                        | ection        |         |                 |
|  |                                    |          |               |            |  |              |          |            |                 |           |                                 |          | ust answer o    |         |          |                                     |               |         |                 |
|  |                                    |          | 2, and co     | •          |  |              |          |            |                 |           |                                 |          |                 |         |          |                                     |               |         | $\overline{}$   |
|  |                                    | Check    | c if the or   | ganizatio  | on used                                      | Schedu       | ıle O    | to resp    | ond to an       | y ques    | tion in th                      | is F     | Part VI         |         |          |                                     |               |         |                 |
|  |                                    |          |               |            | _  |              |          |            |                 |           |                                 |          |                 |         |          |                                     | <del></del> - | Yes     | No              |
| 47   | Did the org                        | -        |               | -          |  |              |          |            |                 |           |                                 |          | _               |         |          |                                     | 47            |         | X               |
| 48   | Is the organized Did the organized |          |               |            |  |              |          |            |                 |           |                                 | uie      | E               |         |          |                                     | 48<br>49a     |         | X               |
|  | If "Yes," w                        | _        |               | •          |  | •            |          |            | DIE TEIALEU     | organi    | zauon?                          |          |                 |         |          |                                     | 49a<br>49b    |         | <u> </u>        |
| 50   |                                    |          |               | -          |  |              | _        |            | ed employe      | es (oth   | er than of                      | fice     | rs, directors,  | trust   | ees and  | 1 kev                               | 730           |         | Ь               |
|  |                                    |          |               |            |  | -            |          |            |                 |           |                                 |          | ere is none, e  |         |          | •                                   |               |         |                 |
|  | •                                  |          | Name and      |            |  |              |          |            |                 | (b)       | Title and aver                  | age      | (c) Compens     |         | (d) C    | ontributions to                     |               | Expen   |                 |
|  |                                    |          |               | than \$1   |  |              |          |            |                 |           | ours per week<br>voted to posit |          |                 |         |          | e benefit plans &<br>d compensation |               | count a |                 |
| None   | •                                  |          |               |            |  |              |          |            |                 |           |                                 |          | -               |         |          |                                     |               |         |                 |
|  |                                    |          |               |            |  |              |          |            |                 |           |                                 |          |                 |         | _        |                                     |               |         |                 |
|  |                                    |          |               |            |  |              |          |            |                 |           |                                 |          |                 |         |          |                                     |               |         |                 |
|  |                                    |          |               |            |  |              |          |            |                 | _         |                                 |          | <del></del>     |         | +        |                                     |               |         |                 |
|  |                                    | ď        | •             |            |  |              |          |            |                 |           |                                 |          |                 |         |          |                                     |               |         |                 |
|  |                                    |          |               |            |  |              |          |            |                 | +         |                                 |          |                 |         | +        | ·····                               |               |         |                 |
|  |                                    |          |               |            |  |              |          |            |                 |           |                                 |          |                 |         |          |                                     |               |         |                 |
|  |                                    |          |               |            | •  |              |          |            |                 | <b>—</b>  | -                               |          |                 |         |          |                                     |               |         |                 |
|  |                                    |          |               |            |  |              |          |            |                 |           |                                 |          |                 |         |          |                                     |               |         |                 |
| f  | Total num                          | ber of   | other emp     | oloyees pa | aid over                                     | \$100,000    | 0        |            |                 |           | <b>•</b>                        |          |                 |         |          |                                     |               |         |                 |
| 51   | •                                  |          |               | _          |  | •            |          | •          | •               |           | ntractors                       | who      | each receiv     | ed m    | ore tha  | n                                   |               |         |                 |
|  | \$100,000                          |          |               |            |  |              |          |            |                 | ne."      |                                 |          |                 |         |          |                                     |               |         |                 |
|  |                                    | me and   | address of    | each indep | pendent c                                    | ontractor p  | paid m   | ore than : | \$100,000       |           |                                 | (b)      | Type of service | се      |          | (c) C                               | ompen         | sation  | <del></del>     |
| No   | ne                                 |          |               |            |  |              |          |            |                 |           |                                 |          |                 |         |          |                                     |               |         |                 |
|  |                                    |          |               |            |  |              |          |            |                 | -         |                                 |          |                 |         |          |                                     |               |         |                 |
|  |                                    |          |               |            |  |              |          |            |                 |           |                                 |          |                 |         |          |                                     |               |         |                 |
|  |                                    |          |               |            |  |              |          |            |                 |           |                                 |          |                 |         |          |                                     |               |         |                 |
|  |                                    |          |               |            |  |              |          |            |                 |           |                                 |          |                 |         |          |                                     |               |         |                 |
|  |                                    |          |               |            |  |              |          |            |                 |           |                                 |          |                 |         |          |                                     |               |         |                 |
|  |                                    |          |               |            |  |              |          |            | <del></del>     |           |                                 |          |                 |         |          |                                     |               |         |                 |
|  |                                    |          |               |            |  |              |          |            |                 |           |                                 |          |                 |         |          |                                     |               |         |                 |
|  | Total num                          | her of   | other ind     | nendent    | contract                                     | are each     | recei    | vina ovo   | r \$100 000     | 0         |                                 |          |                 |         |          | <u> </u>                            | -             |         |                 |
| 52   | Did the org                        |          |               | -          |  |              |          | -          |                 |           | s and 40/                       | 17/2     | )(1)            |         |          |                                     |               |         |                 |
| <b>-</b>   | nonexemp                           | -        |               | · •        |  |              |          |            |                 | 111241101 | 13 and 45-                      | r        | Λ')             |         |          | ► X                                 | Yes           |         | No              |
| Under  | penalties of                       | pegury,  | , I declare t | han have e | examined                                     | this return  | , ınclu  | ding acco  | mpanying s      | chedule   | s and stater                    | nent     | s, and to the b | est of  | my knov  |                                     |               |         | -               |
| true, c  | orrect, and c                      | omplete  | e Declarați   | au outraba | rer (other                                   | than offic   | er) ıs t | pased on   | all information | on of wh  | ich prepare                     | r has    | any knowledg    | e /     | ·        | ·                                   |               |         |                 |
|  |                                    | . [      | $\nearrow$    | 7          |  |              |          |            |                 |           |                                 |          | 1 8/13          | 1       | <b>.</b> |                                     |               |         |                 |
| Sign   | '   <b>"</b>                       |          | ature of offi |            | $\mathcal{N}$                                |              |          |            |                 |           | D.T.T                           |          | Date            | $T^{-}$ |          |                                     |               |         |                 |
| Here   | ·   •                              | ,        | OV GO         |            | <del></del>                                  |              |          |            |                 |           | DTI                             | ₹E(      | CTOR            |         |          |                                     |               |         |                 |
|  | Por                                |          | preparer's    |            | <u>,                                    </u> | <del>/</del> | Т        | Prepared   | 's∕signatuşe    |           |                                 |          | <u> 1</u>       | Date    | ,        |                                     | PTIN          |         |                 |
| D د: ط   |                                    | • • •    |               | .31110     |  | V            |          | 10         | nisse           |           |                                 |          |                 | Jale    | •        | Check X                             | f             | •       |                 |
| Paid<br>Prep   | SAL                                |          | ISCHNER       | Co '       | ωτ.± = ±                                     |              |          |            | ETSCHNER        | <u> </u>  |                                 |          |                 | 08/     |          | self-employe                        | ed P01        | 0572    | 44              |
| •  | 0-1 <del> </del>                   | n's nam  |               | Sam I      |  |              |          | CPA        | <u> </u>        | <u> </u>  |                                 |          |                 |         | Firm's E | IN ▶                                |               |         |                 |
|  | FIM                                | m's addi | iess F        |            | AST 9†<br>KLYN,                              |              |          |            |                 |           |                                 |          |                 |         | Phone r  | no 718-                             | 250           | -20     | 116             |
| Mav  | the IRS dis                        | cuss t   | his return    |            |  |              |          | ? See in   | structions      |           |                                 |          |                 |         | E HOUSE  | <u>., 179-</u>                      | $\overline{}$ | es [    | No              |
| DAA  |                                    |          |               |            | , =: 31                                      |              |          |            |                 |           |                                 |          |                 |         |          | F                                   |               |         | <b>Z</b> (2010) |

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN FRIENDS OF PANIM EL PANIM INC

Employer Identification number 27 - 2675230

| P                | art I  | Reas  | on for Public Charity   | Status (All organizations                | s must o     | complet      | e this    | part.) :               | See ir   | struct                  | tions.   |               |    |
|------------------|--|---|---|--|--------------|--------------|-----------|------------------------|--|-------------------------|----------|---------------|----|
| The              | orga   | nization is not   | a private foundation because  | e it is: (For lines 1 through 11,        | check only   | y one box    | .)        |                        |  |                         |          |               |    |
| 1                | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). |   |   |  |              |              |           |                        |  |                         |          |               |    |
| 2                | П  | A school des  | scribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)   |  |              |              |           |                        |  |                         |          |               |    |
| 3                | П  | A hospital or   | cooperative hospital service organization described in section 170(b)(1)(A)(iii).   |  |              |              |           |                        |  |                         |          |               |    |
| 4                | П  |   | earch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, |  |              |              |           |                        |  |                         |          |               |    |
|                  |  | city, and stat  |   |  |              |              |           |                        |  |                         |          |               |    |
| 5                |  | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in |   |  |              |              |           |                        |  |                         |          |               |    |
| Ĭ                | لـــا  | _   | b)(1)(A)(iv). (Complete Part  | -  | o. opo.a.    | , u g        |           |                        |  |                         |          |               |    |
| 6                |  | -   |   | overnmental unit described in s          | ection 17    | '0(h)(1)(A   | 1/v1      |                        |  |                         |          |               |    |
| 7                | X  |   | · · · · · · · · · · · · · · · · · · ·   | substantial part of its support fr       |              |              |           | rom the                | cenera   | it oublic               | •        |               |    |
| •                |  |   | section 170(b)(1)(A)(vi). (Co   |  | om a gov     | J            | . a       | 10111 1110             | genere   | ii public               | •        |               |    |
| 8                |  |   |   | 70(b)(1)(A)(vi). (Complete Part          | EILA         |              |           |                        |  |                         |          |               |    |
| 9                |  | •   |   | 1) more than 33 1/3% of its sup          | •            | contribution | ons me    | mhershi                | n fees   | and are                 | nee      |               |    |
| •                | Ш  | _   | ·   | npt functions—subject to certain         | •            |              | •         |                        |  | _                       | <b>,</b> |               |    |
|                  |  | •   |   | nd unrelated business taxable in         | •            | •            | ,         |                        |  |                         |          |               |    |
|                  |  |   | -   | 0, 1975. See section 509(a)(2)           | •            |              |           | .,                     |  | ,,,,                    |          |               |    |
| 10               |  |   |   | exclusively to test for public saf       |              |              |           |                        |  |                         |          |               |    |
| 11               | П  | -   | -   | exclusively for the benefit of, to       | •            |              |           |                        | out the  | ,                       |          |               |    |
|                  | ب  |   |   | ed organizations described in s          |              |              |           |                        |  |                         | 1        |               |    |
|                  |  |   |   | he type of supporting organizati         |              |              |           |                        | •  |                         |          |               |    |
|                  |  | a Type  |   | c Type ill-Function                      |              |              | ď         |                        | e III-Ot   | her                     |          |               |    |
| е                |  |   | <u> </u>  | anization is not controlled direc        | -            |              | ,         |                        |  |                         | ıs       |               |    |
|                  | ш  |   |   | er than one or more publicly sup         | -            |              |           |                        |  | -                       |          |               |    |
|                  |  | or section 50   |   |  |              |              |           |                        |  |                         | •        |               |    |
| f                |  | If the organiz  | ation received a written dete   | rmination from the IRS that it is        | a Type I,    | Type II,     | or Type   | III suppo              | orting   |                         |          |               |    |
|                  |  |   | check this box  |  |              | ••           | • • •     |                        |  |                         |          |               |    |
| 9                |  | Since August  | t 17, 2006, has the organiza  | tion accepted any gift or contrib        | ution from   | n any of th  | ne        |                        |  |                         |          |               | ш  |
| _                |  | following per   | sons?   |  |              | •            |           |                        |  |                         |          |               |    |
|                  |  | (i) A persor  | who directly or indirectly co   | ontrols, either alone or together        | with perso   | ons descr    | ibed in ( | ıı) and                |  |                         |          | Yes           | No |
|                  |  | (III) belov   | w, the governing body of the  | supported organization?                  |              |              |           |                        |  |                         | 11g(i)   |               |    |
|                  |  | (ii) A family   | member of a person describ  | ped in (i) above?                        |              |              |           |                        |  |                         | 11g(ıı)  |               |    |
|                  |  | (III) A 35% c   | ontrolled entity of a person of   | described in (i) or (ii) above?          |              |              |           |                        |  |                         | 11g(ıı   | $\overline{}$ |    |
| h                |  | Provide the f   | following information about t   | he supported organization(s).            |              |              |           |                        |  |                         |          | •             |    |
| (1)              | Name   | e of supported  | (ii) EIN  | (iii) Type of organization               | (iv) Is the  | organization | (v) Did y | ou notify              | (vi) I   | s the                   | (viı) An | nount of      | _  |
|                  | org  | anization   |   | (described on lines 1–9                  |              | sted in your |           | iization in<br>of your | organizat  | on in col<br>zed in the |          | port          |    |
|                  |  |   |   | above or IRC section (see instructions)) | governing    | document?    |           | ort?                   |  | S ?                     |          |               |    |
|                  |  |   |   |  | Yes          | No           | Yes       | No                     | Yes  | No                      |          |               |    |
| (A)              |  |   |   |  |              |              |           |                        |  |                         |          |               |    |
|                  |  |   |   |  | ļ            |              |           |                        |  |                         |          |               |    |
| (B)              |  |   |   |  |              |              |           |                        |  |                         |          |               |    |
|                  |  | <del></del>   |   |  |              |              | ļ         |                        |  |                         |          |               |    |
| (C) <sup>-</sup> | 9  |   |   |  |              |              |           |                        |  |                         |          |               |    |
| -                |  |   |   |  | <b>_</b>     |              |           |                        |  |                         |          |               |    |
| (D)              |  |   |   |  |              |              |           |                        |  |                         |          |               |    |
| (E)              |  |   |   | <del></del>                              | <del> </del> | <del> </del> |           |                        | <del>                                     </del> |                         |          |               |    |
| ,                |  |   |   |  |              |              |           |                        |  |                         |          |               |    |
|                  |  |   |   |  |              |              |           |                        |  |                         |          |               | _  |
|                  |  |   | Ē   | E  | E            | Ŧ.           | 3         | 1                      | 1  | Į                       | ı        |               |    |

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Cale  | dar year (or fiscal year beginning in)  | (a) 2006           | (b) 2007             | (c) 2008               | (d) 2009                                | (e) 2010  | (f) Total |
|-------|---|--------------------|----------------------|------------------------|---|-----------|-----------|
| 1     | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  |                    |                      |                        |   | 6,218     | 6,218     |
| 2     | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |                    |                      |                        |   |           |           |
| 3     | The value of services or facilities furnished by a governmental unit to the organization without charge   |                    |                      |                        |   |           |           |
| 4     | Total. Add lines 1 through 3  |                    |                      |                        | Ü.                                      | 6,218     | 6,218     |
| 5     | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |                    |                      |                        |   |           | · ·       |
| 6     | Public support. Subtract line 5 from line 4   |                    |                      |                        |   |           | 6,218     |
|       | tion B. Total Support   |                    |                      |                        | * · · · · · · · · · · · · · · · · · · · |           |           |
| Caler | dar year (or fiscal year beginning in) ▶  | (a) 2006           | (b) 2007             | (c) 2008               | (d) 2009                                | (e) 2010  | (f) Total |
| 7     | Amounts from line 4   |                    |                      |                        |   | 6,218     | 6,218     |
|       | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | _                  |                      |                        |   |           |           |
| 9     | Net income from unrelated business activities, whether or not the business is regularly carned on   |                    |                      | ,                      |   |           |           |
| 10    | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   |                    |                      |                        |   |           |           |
| 11    | Total support. Add lines 7 through 10   |                    |                      |                        |   |           | 6,218     |
| 12    | Gross receipts from related activities, etc.  | ,                  |                      |                        |   | 12        | 5         |
| 13    | First five years. If the Form 990 is for the  |                    | t, second, third, fo | urth, or fifth tax yea | ar as a section 50°                     | I(c)(3)   | . —       |
| Sec   | organization, check this box and stop here tion C. Computation of Public Su   | pport Porcon       | taga                 | <del></del>            | <del></del>                             |           |           |
| 14    | Public support percentage for 2010 (line 6  |                    |                      | (f)                    |   | 144       |           |
| 15    | Public support percentage from 2009 Scho  |                    |                      | III (1 <i>))</i>       |   | 14        | 100 00%   |
| 16a   | 33 1/3% support test—2010. If the organi  | •                  |                      | 13 and line 14 is 3    | 33 1/3% or more o                       |           |           |
|       | box and stop here. The organization quali   |                    |                      |                        | 50 170 70 OI 111010, C                  | ancon una | ► X       |
| b     | 33 1/3% support test—2009. If the organi  |                    |                      |                        | 5 is 33 1/3% or m                       | ore,      | , ,       |
|       | check this box and stop here. The organiz   |                    |                      |                        |   |           | ▶ □       |
| 17a   | 10%-facts-and-circumstances test—201  |                    |                      |                        |   |           | _         |
|       | 10% or more, and if the organization meets Part IV how the organization meets the "fa   |                    |                      |                        |   |           |           |
| b     | organization  10%-facts-and-circumstances test—200  15 is 10% or more, and if the organization Explain in Part IV how the organization me   | meets the "facts-a | and-circumstances    | s" test, check this b  | oox and stop here                       | i         | . ▶-∐     |
|       | supported organization  |                    |                      |                        |   |           | ▶ 🗌       |
| 18    | Private foundation. If the organization did instructions  | not check a box o  | on line 13, 16a, 16  | b, 17a, or 17b, che    | eck this box and se                     | ee        | ▶ 🗌       |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec    | tion A. Public Support   |                      |                     |                       |                       |             |             |
|--------|--|----------------------|---------------------|-----------------------|-----------------------|-------------|-------------|
| Cale   | ndar year (or fiscal year beginning in)  | (a) 2006             | (b) 2007            | (c) 2008              | (d) 2009              | (e) 2010    | (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<br>organization's benefit and either paid<br>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 from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |                      |                     |                       |                       |             |             |
| 8      | Add lines 7a and 7b  Public support (Subtract line 7c from line 6)   |                      |                     |                       |                       |             |             |
| Sec    | tion B. Total Support  | <u> </u>             | <u> </u>            |                       |                       | 1           |             |
|        | ndar year (or fiscal year beginning in)  | (a) 2006             | (b) 2007            | (c) 2008              | (d) 2009              | (e) 2010    | (f) Total   |
| 9      | Amounts from line 6  | (0) 2000             | (5) 2001            | (0) 2000              | (d) 2009              | (e) 2010    | (I) Total   |
| 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 carned 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.)   |                      |                     |                       |                       |             |             |
| 14     | First five years. If the Form 990 is for the   | organization's first | socood third for    | uth or fifth tox year |                       | (-)(2)      | <del></del> |
|        | organization, check this box and stop here   |                      | , second, tring, lo | лит, от шит сах уеа   | ir as a section 501   | (C)(3)      | . □         |
| Sec    | tion C. Computation of Public Su   |                      | tage                |                       |                       |             |             |
| <br>15 | Public support percentage for 2010 (line 8   |                      |                     | in (fl)               |                       | 15          |             |
| 16     | Public support percentage from 2009 Sche   |                      | •                   | (7)                   |                       | 16          | %           |
| Sec    | tion D. Computation of Investme  |                      |                     |                       |                       |             | 70          |
| 17     | Investment income percentage for 2010 (li  |                      |                     | , column (f))         | <del></del>           | 17          | %           |
| 18     | Investment income percentage from 2009   |                      | •                   | .,,                   |                       | 18          | %           |
| 19a    | 33 1/3% support tests—2010. If the organ   | nization did not che | eck the box on line | 14, and line 15 is    | more than 33 1/39     | %, and line |             |
|        | 17 is not more than 33 1/3%, check this bo   | ox and stop here.    | The organization of | jualifies as a public | cly supported orga    | nızatıon    | ▶ [         |
| b      | 33 1/3% support tests—2009. If the organ   |                      |                     |                       |                       |             |             |
|        | line 18 is not more than 33 1/3%, check th   |                      |                     |                       |                       |             | ▶ [         |
| 20     | Private foundation. If the organization did  | not check a box o    | n line 14, 19a, or  | 19b, check this box   | k and see instruction | ons         |             |

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. Also complete this part for any additional information. (See instructions).

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

AMERICAN FRIENDS OF PANIM EL PANIM INC

Employer identification number 27 - 2675230

Form 990-EZ, Part I, Line 16 - Other Expenses

| Description               | A     | Amount |       |  |
|---------------------------|-------|--------|-------|--|
| Expenses                  |       |        |       |  |
| Advertising and Promotion |       | \$     | 360   |  |
| Postage and Freight       |       | \$     | 73    |  |
| Bank Charges              |       | \$     | 150   |  |
| Office Expense            |       | \$     | 30    |  |
| Travel                    |       | \$     | 652   |  |
|                           | Total | \$     | 1,265 |  |

Form 990-EZ, Part III - Primary Exempt Purpose

To promote Jewish unity and Jewish identity, and to deepen the connection between the people of Israel and the land of Israel.