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IRS-OSC

Form **990**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.

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning

and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Name of organization

MIKVA USA INC

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

1461 42ND STREET

Room/suite

City or town, state or country, and ZIP + 4

BROOKLYN, NY 11219

F Name and address of principal officer:

SAME AS C ABOVE

D Employer identification number

20-2850305

E Telephone number

718-438-7873

G Gross receipts \$

804,326.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ NA**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 2005 **M** State of legal domicile: NY**Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities: TO PROMOTE THE PRACTICE OF TRADITIONAL JEWISH RELIGION BY PROVIDING ASSISTANCE WITH BUILDING						
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.						
3	Number of voting members of the governing body (Part VI, line 1a)	3					
4	Number of independent voting members of the governing body (Part VI, line 1b)	3					
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	2					
6	Total number of volunteers (estimate if necessary)	0					
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.					
7b	Net unrelated business taxable income from Form 990-T, line 34	0.					
8	Contributions and grants (Part VIII, line 1h)	581,890.		795,018.			
9	Program service revenue (Part VIII, line 2g)	0.		0.			
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	149.		362.			
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.		0.			
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	582,039.		795,380.			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	188,900.		548,627.			
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.		0.			
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	117,188.		149,196.			
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.		0.			
16b	Total fundraising expenses (Part IX, column (B), line 25)	186,190.					
17	Other expenses (Part IX, column (A), lines 12-14, 16, 17, 18, 19, 20, 21, 22, 23, 24, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100)	133,340.		196,637.			
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	439,428.		894,460.			
19	Revenue less expenses. Subtract line 18 from line 12	142,611.		<99,080.>			
20	Total assets (Part X, line 16)	188,646.		164,051.			
21	Total liabilities (Part X, line 26)	22,311.		76,796.			
22	Net assets or fund balances. Subtract line 21 from line 20	166,335.		87,255.			

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: **Dr. B. Bistritzky** Signature of officer **DEC 29 '12** Date
KRAC BISTRITZKY Type or print name and title **PRES**

Paid Preparer Use Only
 Print/Type preparer's name: **J. GLIKSMAN CPA PC** Preparer's signature: **[Signature]** Date: **12/18/12** Check ☐ self-employed PTIN: **P01472938**
 Firm's name: **J. GLIKSMAN CPA PC** Firm's EIN: **[Blank]**
 Firm's address: **5417 18TH AVENUE** Phone no.: **718-234-8181**
BROOKLYN, NY 11204

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2011)

19

9

SCANNED FEB 03 2015

SCANNED JAN 16 2013