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JAN 22 2015

IRS-OSC

Form 990

Department of the Treasury  
Internal Revenue ServiceAmended  
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2011

Open to Public  
InspectionUnder 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.

A For the 2011 calendar year, or tax year beginning

and ending

B Check if applicable	C Name of organization <b>MIKVA USA INC</b> Doing Business As		D Employer identification number <b>20-2850305</b>	
<input type="checkbox"/> Address change	Number and street (or P.O. box if mail is not delivered to street address) <b>1461 42ND STREET</b>		Room/suite	E Telephone number <b>718-438-7873</b>
<input type="checkbox"/> Name change	City or town, state or country, and ZIP + 4 <b>BROOKLYN, NY 11219</b>			G Gross receipts <b>804,326.</b>
<input type="checkbox"/> Initial return	F Name and address of principal officer: <b>SAME AS C ABOVE</b>			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Terminated				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<input type="checkbox"/> Amended return				H(c) Group exemption number ►
<input type="checkbox"/> Application pending				
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(4) <input type="checkbox"/> (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ► <b>NA</b>				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation: <b>2005</b> M State of legal domicile: <b>NY</b>		

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE THE PRACTICE OF TRADITIONAL JEWISH RELIGION BY PROVIDING ASSISTANCE WITH BUILDING</b>	
	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)	<b>5</b>	3
4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	3
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	2
6 Total number of volunteers (estimate if necessary)	<b>6</b>	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>JAN 26 2015</b>	<b>0.</b>
b Net unrelated business taxable income from Form 990-T, line 34		<b>0.</b>

Revenue	8 Contributions and grants (Part VIII, line 1h)	<b>RECEIVED</b>	CB Prior Year <b>581,890.</b>	Current Year <b>795,018.</b>
	9 Program service revenue (Part VIII, line 2g)		0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>149.</b>	<b>362.</b>	
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)		<b>582,039.</b>	<b>795,380.</b>	
Expenses	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)		<b>117,188.</b>	<b>149,196.</b>	
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
b Total fundraising expenses (Part IX, column (B), line 25)	<b>RECEIVED</b>	<b>186,190.</b>		
17 Other expenses (Part IX, column (A), lines 15-24)		<b>133,340.</b>	<b>196,637.</b>	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>439,428.</b>	<b>894,460.</b>	
19 Revenue less expenses. Subtract line 18 from line 12		<b>142,611.</b>	<b>&lt;99,080. &gt;</b>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<b>RECEIVED</b>	Beginning of Current Year <b>188,646.</b>	End of Year <b>164,051.</b>
	21 Total liabilities (Part X, line 26)		22,311.	76,796.
22 Net assets or fund balances. Subtract line 21 from line 20		<b>166,335.</b>	<b>87,255.</b>	

## 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	► <i>Isaac R. Strickley</i>	Date <b>DEC 29 '12</b>			
	► <i>Isaac R. Strickley</i>	Date			
Paid Preparer Use Only	Print/Type preparer's name <i>Isaac R. Strickley</i>	Preparer's signature <i>Isaac R. Strickley</i>	Date <b>12/18/12</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01472938</b>
	Firm's name <b>J. GLIKSMAN CPA PC</b>		Firm's EIN <b>1234567890</b>		
	Firm's address <b>5417 18TH AVENUE BROOKLYN, NY 11204</b>		Phone no. <b>718-234-8181</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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