

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



EXTENSION GRANTED UNTIL NOVEMBER 15, 2012

Short Form Return of Organization Exempt From Income Tax

Form **990-EZ** Department of the Treasury

Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit frust or private foundation)

Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 1990. 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 2011

Open to Public

2011 Α For the 2011 calendar year, or tax year beginning SEP 26. 2011 and ending DEC 31, Check if applicable D Employer identification number C Name of organization AMERICAN FRIENDS OF MAOZ-SEAL, INC. Address change C/O JEFFREY SWARTZ 45-3412935 Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Room/suite X Initial return 29 MERRILL ROAD 603-785-3305 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return X Application pending NEWTON MA 02459 Number > Cash X Accrual Other (specify) Accounting Method: H Check ▶ lif the organization is not Website: ► N/A required to attach Schedule B Tax-exempt status (check only one) - X 501(c)(3) (insert no.) 4947(a)(1) or 527 ___ 501(c) ((Form 990, 990-EZ, or 990-PF). K Check In the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 150,000. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Part I Check if the organization used Schedule O to respond to any question in this Part I 150,000 Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) 6a **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6Ь 6c Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule 0) SCANNEDSUFE 8 150,000. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule O) 10 10 Benefits paid to or for members 11 11 12 Salaries, other compensation, and employee benefits 12 RECEIVED 15,000. 13 Professional fees and other payments to independent contractors 13 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 53,733 Other expenses (describe in Schedule 0) 16 e 68,733. 17 Total expenses. Add lines 10 through 16 17 OGDEN, UT 81,267. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 0. Other changes in net assets or fund balances (explain in Schedule O) 20 20 81 Net assets or fund balances at end of year. Combine lines 18 through 20 21

132171

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

AMERICAN FRIENDS OF MAOZ-SEAL, INC. C/O JEFFREY SWARTZ

Forn	n 990-EZ		JEFFREY S						<u>45-</u>	34129	35 Page 2
Pa	art II	Balance Sheets							_		
		Check if the orga	anization use	d Scl	hedule O to res	spond to any	questic	n in this Part II			
		•					(,	A) Beginning of year		(B) E	nd of year
22	Cash,	savings, and investment	S					0	. 22		81,267.
23	Land	and buildings							23	<u> </u>	
24	Other	assets (describe in Sche	dule O)						24		
25	Total	assets						0_	. 25		81,267.
26	Total	liabilities (describe in Sc	chedule O)					0	. 26		0.
27	Net as	ssets or fund balances (line 27 of column ((B) mus	t agree with line 21)			0			81,267.
Pá	art III	Statement of Pr	_		-	•		,		Ex	penses
		Check if the orga	anization use	d Sc	<u>hedule O to re</u>	spond to any	questic	n in this Part III	\mathbf{x}		for section
Wha	it is the o	organization's primary ex	empt purpose? <u>S</u>]	EE S	SCHEDULE C)					and 501(c)(4) ons and section
Desc	ribe the or	ganization's program service	accomplishments for	each of	its three largest program	services, as measure	d by expense	s In a clear and concise		4947(a)(1)	trusts; optional
manr	ner, descrit	be the services provided, the	number of persons b	enefited,	and other relevant inform	nation for each progra	m title			for others.)
28	SEE	SCHEDULE O	·		•						
					·-·						
			<u> </u>							1	
	(Grants	\$) If this a	amoun	t includes foreign	grants, check he	re			28a	67,460.
29											
	(Grants	\$) If this a	amoun	t includes foreign	grants, check he	re	>		29a	
30											
					·					1	
	(Grants	\$) If this	amoun	t includes foreign	grants, check he	re			30a	
31	Other p	program services (des	cribe in Schedul	e O)						1	
	(Grants	\$) If this a	amoun	t includes foreign	grants, check he	re			31a	
32	Total p	rogram service expe	enses (add lines	28a th	rough 31a)				▶	32	67,460.
Pa	art IV	List of Officers,								instructions fo	or Part IV)
		Check if the orga	anization use	d Sc	<u>hedule O to re</u>	spond to any	questic	n in this Part IV	<u> </u>		
						(b) Title and ave			(d) He	ealth benefits,	(e) Estimated
		(a) Na	me and address			per week dev		compensation (Forms W-2/1099-MISC)	emp!	oyee benefit and deferred	amount of other
						positio		(if not paid, enter -0-)		npensation	compensation
		Y B. SWART				PRESIDEN		IRECTOR			
		RRILL ROAD,	NEWTON,	MA	02459	2.00		0.		0.	0.
		EL OLSHAN						IRECTOR			
		RRILL ROAD,		MA	02459	1.00		0.		0.	0.
		C. SCHINDEL				CLERK &		TOR			
<u>29</u>	MEF	RILL ROAD,	NEWTON,	MA	02459	1.00)	0.		0.	0.
								:			
	·					7					
						1					
									-		
						1					
					-	1		 			
					****	1					
								†			
						1					
_						 		 			
_						1		1			
						+	_·				
_						-					
1321 02-0	72							<u>i</u>		·- <u>-</u>	200 57
02-0	6-12									Form ^s	990-EZ (2011)

AMERICAN FRIENDS OF MAOZ-SEAL, INC.

45-3412935

Page 3

Form 990-EZ (2011)

C/O JEFFREY SWARTZ

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V \mathbf{x} Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O X 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) X 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O N 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III X 35c 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 X 36 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 0. b Did the organization file Form 1120-POL for this year? X 37b 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? X 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on line 9 39a **b** Gross receipts, included on line 9, for public use of club facilities 39h N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: **0** • ; section 4912 ► 0. **0** • ; 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 I 40b X c 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 0. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the 0. e 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 41 List the states with which a copy of this return is filed. ▶ MA Telephone no. $\triangleright 603-785-3305$ 42a The organization's books are in care of ► THE ORGANIZATION Located at ≥ 29 MERRILL ROAD, NEWTON, MA ZIP+4 ► 02459 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 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. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here **43** and enter the amount of tax-exempt interest received or accrued during the tax year N/AYes 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 completed instead of Form 990-EZ 44b c Did the organization receive any payments for indoor tanning services during the year? 44c 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 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Form 990-EZ (2011)

AMERICAN FRIENDS OF MAOZ-SEAL, INC.

Form 990-EZ (2	OII) C/O JEFFREY SWA	RTZ				<u>45-3412</u>			age 4	
						1		Yes	<u>No</u>	
	ganization engage, directly or indirectly, in pol	itical campaign activitie	s on behalf of or in	opposition	to candidates for pu	iblic office?				
	omplete Schedule C, Part I						46		<u> </u>	
	Section 501(c)(3) organizations			-		=			(c)(3)	
	organizations and section 4947(a)(1) non					and complete	the ta	bles		
f	or lines 50 and 51. Check if the organiza	tion used Schedule	O to respond to	any quest	on in this Part VI			V1	<u> </u>	
							47	Yes	No X	
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II										
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E										
49a Did the organization make any transfers to an exempt non-charitable related organization?										
 b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who 										
•	-		=	s, airectors,	, trustees and key en	npioyees) wno e	acn red	eivea r	nore	
than \$100	,000 of compensation from the organization.			h T	4-1	(4)	1.			
	(a) Name and address of each employe paid more than \$100,000	е	(b) Title and aver per week devi	- 1	(C) Reportable compensation (Forms	(d) Health benefit contributions to	1) Estimount of		
	• • • • •	1173	position		W-2/1099-MISC)	employee benefi plans, and deferre				
	NON	<u> </u>	<u>-</u>			compensation				
		 .	ł							
							+			
			1							
			 				+			
			†	}						
							+			
			1							
-							+			
			-							
f Total num	ber of other employees paid over \$100,000									
	this table for the organization's five highest co	ahnanahni hateenanme	nt contractors who	each receiv	ed more than \$100	NNN of compens	ation fi	om the		
•	on. If there is none, enter "None." NON		in contractors whe	Cacil Icociv	rea more man proo,	ooo or compens	allon	OIII tile	,	
	address of each independent contractor paid		_	(b) Type of	f service	(c)	Compe	nsatio		
(a) Name and	radaress of each independent contractor pare	111010 (1141) \$100,000		(b) Typo of	1 001 1100	1 107	COMP	mourio	<u> </u>	
-										
						1				
	•									
d Total num	nber of other independent contractors each re	ceiving over \$100,000			>					
52 Did the or	rganization complete Schedule A? Note: All se	ction 501(c)(3) organiz	ations and 4947(a)(1) nonexe	mpt					
	•		•			▶ [X Y	es 🗀	☐ No	
Under penalties o	e trusts must attach a completed Schedule A f perjury, I declare that I have examined this return, inc page (other than officer) is passed on all information of	luding accompanying sche which preparer has any kno	dules and statements wiedge	, and to the be	st of my knowledge and	d belief, it is true, co	rrect, ar	d comp	ete	
	havry Dowarh					11-14-/	-			
Sign Here	Signature of officer	<u> </u>				Date				
		ESIDENT								
	Type or print name and title		•							
	Print/Type preparer's name	Preparer's signature		Date	Check _	if PTIN				
Paid		K min. 1	2	11/01	self- emplo	oyed				
Preparer	JOYCE RIPIANZI	Hya P	yeuz.	11/9/	12	P00	548	581		
Use Only	Firm's name ► MOODY, FAMIO	SLAETTI & A	NDRONICO	, LLP	Firm's Elf	v ▶ 04-30	770	56		
	Firm's address ▶ 1 HIGHWOOD	DRIVE			Phone no	. (978)	557	-53	00	
	TEWKSBURY,	MA 01876								
May the IRS di	scuss this return with the preparer shown abo	ve? See instructions				▶ [X Y	es 🗌	No	
		·	<u></u>				Form 9	90-EZ	(2011)	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number

lame of t	he organization		N FRIENDS OF	' MAOZ	-SEAL	, INC	•	E	mployer i	dentificati	on number
	· <u> </u>		FREY SWARTZ						45	<u>-3412</u>	<u>935</u>
Part I	Reason f	for Public Char	ty Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.			
he organ	zation is not a	private foundation l	because it is (For lines 1	i through 1	11, check o	only one b	ox.)				
1 🔲	A church, cor	nvention of churches	s, or association of chur	ches desci	nbed ın se	ction 170	(b)(1)(A)(i)				
2	A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
з 🗔	A hospital or	a cooperative hospi	tal service organization o	described i	n section	170(b)(1)	(A)(iii).				
4	A medical res	search organization of	perated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(ii	ii). Enter th	ne hospital	's name,
	city, and state	e:							-		
5	An organization	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governr	nental uni	t describe	d in	
	_	(b)(1)(A)(iv). (Comple		•		·	-				
6 🔲			ent or governmental unr	t described	d in sectio	n 170(b)(I)(A)(v).				
7 X		-	eives a substantial part					r from the	general p	ublic desc	nbed in
	_	b)(1)(A)(vi). (Comple									
8 🔲			ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 🔲			eives: (1) more than 33			rom contri	butions, m	embershi	p fees. an	d aross rec	ceipts from
	_	-	nctions - subject to certa						•	•	•
	income and u	Inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	v the orga	anization a	fter June 3	0. 1975.
		509(a)(2). (Complete	·		•		•	, ,			,
10			perated exclusively to te	st for publi	ic safety. S	See sectio	n 509(a)(4	i).			
11 🔲	An organizati	on organized and or	perated exclusively for the	ne benefit d	of, to perfo	rm the fu	nctions of,	or to carr	v out the r	ourposes o	f one or
	-	-	itions described in secti							-	
			organization and compl				•	`			
	a Type I	b	Type II	с 🔲 Тур	e III - Func	tionally in	tegrated		d 🗀	Type III - C	Other
е 🗀	By checking t	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one or	more dis	qualified p	ersons oth	er than
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	tions des	cribed in s	ection 509	9(a)(1) or s	ection 509	(a)(2).
f		_	ten determination from		_						
		rganization, check th									
g	Since August	17, 2006, has the o	rganization accepted ar	ny gift or co	ontribution	from any	of the follo	owing per	sons?		
_	(i) A persor	n who directly or ind	rectly controls, either al	lone or tog	ether with	persons o	lescribed	n (ii) and ((III) below,		Yes No
	the gove	erning body of the si	upported organization?							11g(i)	
	(ii) A family	member of a persor	n described in (i) above?	,						11g(ii)	
	(iii) A 35% d	controlled entity of a	person described in (i)	or (II) above	e?					11g(iii)	
h	Provide the fo	ollowing information	about the supported or	ganızation	(s).						
		-		-							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	organization	(v) Did yo	u notify the	(vi) ls	s the	(vii\ Am	nount of
	anization	(, 2	organization (described on lines 1-9		sted in your			organizati (i) organiz	on in col. zed in the		port
Ū			above or IRC section	governing	document?	(i) of you	r support?	(',' "Ü.S		•	
	i		(see instructions))	Yes	No	Yes	No	Yes	No		
						i.					
		1							1 T		
										-	
				 							
Total			<u></u>			<u> </u>					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

AMERICAN FRIENDS OF MAOZ-SEAL, INC.

Schedule A (Form 990 or 990-EZ) 2011 C/O JEFFREY SWARTZ

45-3412935 Page 2 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.)

Sec	tion A. Public Support									
Cale	ndar yêar (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	include any "unusual grants.")					150,000.	150,000.			
2	Tax revenues levied for the organ-									
	ization'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	_				150,000.	150,000.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included				1					
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4						150,000.			
Sec	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
7	Amounts from line 4	·				150,000.	150,000.			
8	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						150,000.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12				
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)				
	organization, check this box and stop	here			<u>.</u>		<u> </u>			
260	tion C. Computation of Publ	c Support Pe	rcentage			, . ,				
14	Public support percentage for 2011 (I	ine 6, column (f) d	ivided by line 11,	column (f))		14	%			
	Public support percentage from 2010				•	15	%			
16a	33 1/3% support test - 2011. If the o				14 is 33 1/3% or i	more, check this bo	x and			
	stop here. The organization qualifies		•	•	-					
b	33 1/3% support test - 2010. If the c	-			d line 15 is 33 1/3%	% or more, check th	nis box			
	and stop here. The organization qual						. ▶□			
17a	10% -facts-and-circumstances tes									
	and if the organization meets the "fac					art IV how the organ	nization			
	meets the "facts-and-circumstances"	_			_					
b	10% -facts-and-circumstances tes	_				•				
	more, and if the organization meets the				•		,			
	organization meets the "facts-and-circ				_		. ▶∐_			
<u>18</u>	18 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) 2011

Schedule A (Form 990 or 990-EZ) 2011 Part III | 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.)

Section A. Public Support	ow, piease com	piete i ait ii.j				
Calendar yéar (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 per-						
formed, 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 bus-						
iness under section 513		<u> </u>				
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf					<u> </u>	
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		 			 	
c Add lines 7a and 7b		 				
8 Public support (Subtract line 7c from line 6)			L	<u> </u>	<u> </u>	
Section B. Total Support		1		1		
Calendar year (or fiscal year beginning in) 🕨 🗀	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						ļ
10a Gross income from interest,			[
dividends, payments received on securities loans, rents, royalties				1		
and income from similar sources				1		
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975				1		
c Add lines 10a and 10b					<u> </u>	
11 Net income from unrelated business						
activities not included in line 10b,		İ				Ì
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)			<u> </u>	<u> </u>		<u> </u>
14 First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organ	ization,
check this box and stop here .	<u></u>			<u></u>		
Section C. Computation of Publi	c Support Pe	ercentage				
15 Public support percentage for 2011 (lii	ne 8, column (f) o	divided by line 13,	column (f))		15	%
16 Public support percentage from 2010	Schedule A, Par	t III, li <u>ne 15</u>			16	%
Section D. Computation of Inves	tment Incom	ne Percentage	ı			
17 Investment income percentage for 20	11 (line 10c, colu	ımn (f) dıvided by lı	ne 13, column (f))		17	%
18 Investment income percentage from 2	•	•	. (7)	• •	18	%
19a 33 1/3% support tests - 2011. If the			on line 14 and lin	e 15 is more than		
more than 33 1/3%, check this box ar						▶ □
	•	-		•		
b 33 1/3% support tests - 2010. If the	-					
line 18 is not more than 33 1/3%, che		-			=	n ▶⊣
20 Private foundation. If the organization	n did not check a	<u>a box on line 14, 19</u>	a, or 19b, check	this box and see in	structions	▶∟

AMERICAN FRIENDS OF MAOZ-SEAL, INC. Schedule A (Form 990 or 990 EZ) 2011 C/O JEFFREY SWARTZ 45-3412935 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 Also complete this part for any additional information (See instructions) THE FIRST YEAR OF OPERATION, THE YEAR ENDED DECEMBER 31, 2011 WAS A SHORT YEAR THAT STARTED ON 9.26.11, THE DATE OF INCORPORATION.

SCHEDULE 0

(Form 990 or 990-EZ)

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.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN FRIENDS OF MAOZ-SEAL, INC.

Employer identification number

C/O JEFFREY SWARTZ	45-3412935
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
CATERING	20,297.
TRANSPORTATION	5,758.
LODGING	25,040.
GIFTS	1,365.
OFFICE SUPPLIES & POSTAGE	954.
PARKING	307.
BANK FEES	12.
TOTAL TO FORM 990-EZ, LINE 16	53,733.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ORGAL	NIZATION'S PRIMARY
PURPOSE IS TO STRENGTHEN ISREAL'S PUBLIC SECTOR BY EDUCA	TION AND
EMPOWERING THE NATION'S SOCIAL AND PROFESSIONAL LEADERS I	WITH SKILLS
THAT PROMOTE ETHICAL, VALUES-BASED LEADERSHIP PERFORMED I	WITH INTEGRITY,
HONESTY AND TRANSPARENCY.	
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLIS	SHMENTS:
IN THE INTIAL YEAR OF OPERATIONS, THE BOARD OF DIRECTORS	
COMPLETED ALL OF THE NECESSARY GOVERNANCE PAPERWORK TO	
ACQUIRE TAX EXEMPT STATUS AND BEGAN HOLDING EVENTS IN THE	€
U.S. AND ISREAL TO EDUCATION INTERESTED PARTIES ABOUT TH	E
ORGANZIATION'S MISSION.	
FORM 990-EZ, PART V LINE 33, ACTIVITIES NOT PREVIOUSLY R	EPORTED:

THIS IS THE INITIAL YEAR OF OPERATIONS, ALL ACTIVITIES ARE NEW

SCHEDULE 0

(Form 990 or 990-EZ)

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.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN FRIENDS OF MAOZ-SEAL, INC. C/O JEFFREY SWARTZ

Employer identification number 45-3412935

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.
ON THE PROPERTY OF THE PROPERT

Form 8868 (Rev 1-2012)					Page 2		
If you are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II and check this	box		X		
Note. Only complete Part II if you have already been granted an a	utomatic	3-month extension on a previously fil	ed Form 8	3868.			
 If you are filing for an Automatic 3-Month Extension, complet 							
Part II Additional (Not Automatic) 3-Month Ex	xtensio	n of Time. Only file the origin	al (no ce	opies needed	<u> </u>		
· · · · · · · · · · · · · · · · · · ·		Enter filer's	identifyin	g number, see ir	structions		
Type or Name of exempt organization or other filer, see instruction			Employer	identification nur	nber (EIN) or		
print AMERICAN FRIENDS OF MAOZ-SEA	AL, II	NC.	<u> </u>				
File by the C/O JEFFREY SWARTZ			X	45-34129	35		
due date for Number, street, and room or suite no. If a P O. box, se	ing your I Number, Street, and 100m of Suite no. If a P.O. box, see instructions.						
return See 29 MERRILL ROAD							
City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.					
NEWTON, MA 02459							
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 1		
Application	D-4:	[Amalianation			Detum		
Application	Return	Application			Return		
Is For	Code	Is For		· · · · · · · · · · · · · · · · · · ·	Code		
Form 990	01 02	Form 1041-A			08		
Form 990-BL	02	Form 4720			09		
Form 990-EZ Form 990-PF	04	Form 5227			10		
Form 990-PF Form 990-T (sec. 401(a) or 408(a) trust)	Form 6069			11			
Form 990-T (trust other than above)	05 06	Form 8870			12		
STOP! Do not complete Part II if you were not already granted			ioucly filo	d Form 9969	12		
 THE ORGANIZATIO The books are in the care of ► 29 MERRILL ROAI Telephone No. ► 603-785-3305 If the organization does not have an office or place of business 	D - N	FAX No. ▶			· 🗆		
If this is for a Group Return, enter the organization's four digit			f this is for	the whole group	, check this		
box . If it is for part of the group, check this box	7	· · · · · · · · · · · · · · · · · · ·					
•		BER 15, 2012.					
5 For calendar year, or other tax year beginning	SEP 2	6, 2011 , and ending	DEC	31, 2011			
6 If the tax year entered in line 5 is for less than 12 months, c Change in accounting period		[Final r	eturn			
7 State in detail why you need the extension							
ADDITIONAL TIME IS NEEDED TO (ENSURE A COMPLETE AND ACCURATE		•	THIR	D PARTIES	<u> TO </u>		
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,		antor the tentative toy loss on					
	Or 6069, e	onter the tentative tax, less any	0-	.	0.		
nonrefundable credits. See instructions.			8a	\$	<u> </u>		
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	_						
tax payments made. Include any prior year overpayment all previously with Form 8868.	iowed as a	a credit and any amount paid	8b	\$	0.		
c Balance due. Subtract line 8b from line 8a. Include your pa	ayment wi	th this form, if required, by using			<u>~</u>		
EFTPS (Electronic Federal Tax Payment System) See instru	-		8c	\$	0.		
_		st be completed for Part II o	•				
Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this form		panying schedules and statements, and to	the best o	f my knowledge and	d belief,		
Signature ► Title ► 1	PRESI	DENT	Date	>			

Form **8868** (Rev. 1-2012)