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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)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
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LUIN
Open to Public
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Inspection

<u> </u>	<u> </u>	or the 2	U11 calendar year, or tax year beginning and	enaing	 			
В	Ch ap	eck if plicable	C Name of organization		D Employer identific	cation number		
3 [X	Address change	KNESET MORDECHAI]			
ာ [Name change	Doing Business As		56-2	417938		
ا ا		Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	,		
		Termin- ated	25 FREEDOM DRIVE		1	394549		
3. [Amended return	City or town, state or country, and ZIP + 4		G Gross receipts \$	484,185.		
ု ကျွဲ		Applica-	LAKEWOOD, NJ 08701		H(a) Is this a group re			
65580 <u>83</u>	,	pending	F Name and address of principal officer.AARON WALKIN		for affiliates?	Yes X No		
8 8			25 FREEDOM DRIVE , LAKEWOOD, NJ 08701		H(b) Are all affiliates incl			
2 g		v-ovem	pt status:		7	list (see instructions)		
			> N/A	01 321	H(c) Group exemption	•		
			panization: X Corporation Trust Association Other	I Vear		State of legal domicile: NY		
			ummary	IL TEAL	or tormation. ZOOJ W	State of legal doffficite. IN 1		
L			efly describe the organization's mission or most significant activities WE A	DE 7 C	ים זמגיידמגעי	DCANT 7 A TOT ON		
	ဗ္ပ							
	Activities & Governance		NGAGED IN FINANCING , FUNDRAISING, AND/O					
	Ē		eck this box if the organization discontinued its operations or dispo	sea or more	1 1	_		
į	ဂ္ဂ		mber of voting members of the governing body (Part VI, line 1a)		3	3		
	بة 18		mber of independent voting members of the governing body (Part VI, line 1b)		4	3		
	Se		tal number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0		
	<u> </u>		tal number of volunteers (estimate if necessary)		6	0		
-	됩		tal unrelated business revenue from Part VIII, column Colline it		7a	0.		
_	4	<u>b</u> Ne	t unrelated business taxable income from Form 9904, the 34			<u> </u>		
	-		. ออ ผ ดิ วิหานี	 	Prior Year	Current Year		
(M)	e		ntributions and grants (Part VIII, line 1h) APR 🔰 2019	<u> </u>	515,003.	484,185.		
\mathbb{Q}	בַּ	9 Pro	ogram service revenue (Part VIII, line 2g)	<u> </u>	0.	<u> </u>		
4	ا <u>ۋ</u>	10 Inv	estment income (Part VIII, column (A), lines 3, 4, ACCOUNT MANAGEMENT	<u> </u>	0.	0.		
\$'	•	11 Otl	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
CANNED	4	12 To	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		515,003.	484,185.		
J	i	13 Gra	ants and similar amounts paid (Part IX, column (A), lines 1-3)	_	602,365.	438,997.		
Ξ.		14 Be	nefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.		
> ≤ -	e l	15 Sa	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
=1	<u>د</u> ا	16a Pro	ofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ر ـ د	ğ.		tal fundraising expenses (Part IX, column (D), line 25) 🕨12,9	<u>00 </u>				
, י	ו"		ner expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	12,920.		
7	- [18 To	tal expenses. Add lines 13·17 (must equal Part IX, column (A) tine 25) venue less expenses. Subtract line 18 from line 12	1	602,365.	<u>451,917.</u>		
		19 Re	venue less expenses. Subtract line 18 from line 12		<u> <87,362.</u>	<u> 32,268.</u>		
ŏ	Fund Balances			Be	ginning of Current Year	End of Year		
Set	aga	20 To	tal assets (Part X, line 16) APR @ 3 2015 tal liabilities (Part X, line 26)		3,639.	<u>35,907.</u>		
t As		21 To	tal liabilities (Part X, line 26)	e col	0.	0.		
Ne	Œ.		t assets or fund balances Subtract line 21 from line 20	[65]	3,639.	<u>35,907.</u>		
	Par	t 11 S	Signature Block					
			s of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is		
tr	ue, c	correct, a	nd complete. Declaration of preparer (other than officer) is based on all information of wi	hich preparer	has any knowledge.			
					10,40	15		
S	ign		Signature of officer .		Date			
Here AARON WALKIN, OFFICER								
_			Type or print name and title					
		Pr	Int/Type preparer's name Preparer's signature	ו	Date Check	PTIN		
P	aid	ΓI	EE HANOVER	0	3/25/15 self-employe	P00182640		
P	repa	rer Fi	m's name HIRSCH OELBAUM BRAM & HANOVER C	PA'S	Firm's EIN	13-3641196		
U	se O	niy Fi	m's address 111 BROADWAY					
_			NEW YORK, NY 10006		Phone no. (212)227-8034		
М	lay 1	the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No		

70	TOTAL PLOYING CAPCINGCS P TOU / J J / 1		0	0 (2011)
4e	Total program service expenses ► 438,997.			
	(Expenses \$ including grants of \$) (Revenue \$		_)	
4d	Other program services (Describe in Schedule O.)			
		·		
				
			· · · · · · · · · · · · · · · · · · ·	
				
4c	(Code) (Expenses \$ including grants of \$)	(Revenue \$)
				
4b	(Code) (Expenses \$ including grants of \$)	(Revenue \$)
		· · · · · · · · · · · · · · · · · · ·		
				
44	(Code) (Expenses \$ 438,997. including grants of \$ 438,997.) GRANTS TO YESHIVAS KNESET MORDECHI IN ISRAEL	/nevenue \$		/
	others, the total expenses, and revenue, if any, for each program service reported. (Code) (Expenses \$438,997. including grants of \$438,997.)	(Payanus *		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	-		
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by	y expenses	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv If "Yes," describe these changes on Schedule O	rices?	∟Yes	X No
	If "Yes," describe these new services on Schedule O.	_		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		Yes	X No
	Did the eventuation undertake any supplicant program control district the year which were not listed any			
			-	
	RAISING FUNDS ON BEHALF OF YESHIVAS KNESET MORDECHAI	IN ISKAEL	<u>'</u>	
1	Briefly describe the organization's mission:	TN TCDART		
	Check if Schedule O contains a response to any question in this Part III	 		
	art III Statement of Program Service Accomplishments			
	m 990 (2011) KNESET MORDECHAI	56-241	<u> 7938 </u>	Page 2

132002 02-09-12

	rt IV Checklist of Required Schedules	<u> </u>	<u> </u>	age S
			Yes	No
1	Js the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_ 1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.		v
_	Part VI	11a	-	X
U	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		42
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	•••		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a		14a	L	X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	ء م		v
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<u> </u>
13	complete Schedule G. Part III	10		x

Form **990** (2011)

20a

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

 $\textbf{20a} \quad \text{Did the organization operate one or more hospital facilities?} \textit{If "Yes," } \textit{complete Schedule H}$

Form 990 (2011) KNESET MORDECHAI Part IV Checklist of Required Schedules (continued)

			163	140
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	ĺ	[
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			х
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		^
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ĺ		
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	Ì		
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	ł		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26_		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, 'Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	ļ		
	instructions for applicable filing thresholds, conditions, and exceptions).	00-		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		Х
_32 .	Did_the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?		ì	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	1		
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	~		v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	Mote, Air onn 330 meis are required to complete Schedule O	Form		2011\
		1 01111	JJ (2	

	Check if Schedule O contains a response to any question in this Part V				
	,			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming		ĺ	
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	18?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions))			ı
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶			İ	ı
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial A	ccounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		_X_
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit	_	}	7.7
	any contributions that were not tax deductible?		6a		<u>X</u>
D	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?	ons or gins	6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.0		
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and contribution and contribution and contribution an	uces provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	provided as and payer	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required	1		
	to file Form 8282?		7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did				
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at a	iny time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?		[1	
a	Did the organization make a distribution to a donor, donor advisor, or related person?		9a- 9b		
10	Section 501(c)(7) organizations. Enter		30		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	İ	ĺ	
11	Section 501(c)(12) organizations. Enter:	<u></u>			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	401		j	
_	organization is licensed to issue qualified health plans	13b			
		13c	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	.0	14a 14b		
<u>u</u>	· · · · · · · · · · · · · · · · · · ·			990 (2011)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No_
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	ĺ	ĺ	
b	Enter the number of voting members included in line 1a, above, who are independent 1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5_		_ <u>X</u> _
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		,,	
а	The governing body?	_8a_	X	
b	Each committee with authority to act on behalf of the governing body?	_8b_	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			A1
40	Did the everywhere have lead shorters because or efficience?	40-	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	х	
11a		1 1a	<u> </u>	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	İ	Х
12a b		12b	_	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
C	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14_		14	_	-X -
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X _
b	Other officers or key employees of the organization	15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	}		
_	taxable entity during the year?	16a		X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NJ			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are considered as a section of the constant	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncıal	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion: 🕨	-	
	THE ORGANIZATION - 6467394549			
13200	25 FREEDOM DRIVE, LAKEWOOD, NJ 08701			
10200		Earm	990/	20111

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

Check if Schedule O contains a response to any question in this Part VII

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

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

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				1 than	one h an	ed any current officer, of (D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	itee or director	T	od a d		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
1) AARON WALKIN	4 00				ĺ					•
OFFICER	1.00		}—	X	-	├		0.	0.	0
2) JACOB EISENTEIN	0.00			х				0.	0.	0
OFFICER 3) NOCHUM ABRAMOWITZ	0.00	 	-	^	-	├~		0.	0.	
OFFICER	1.00			X				0.	0.	0
							_			
	ļ	 								
		_								
						-				
	-									
	 	 		-		 				

132007 01-23-12

Part VII Section A. Officers, Directors, Tru	stees, Key E	mpk	yee			ligh	<u>est</u>	Compensated Employ	ees (continued)				
(A)	(B)			((C)			(D)	(E)			(F)	
. Name and title	Average	(do		Pos.		than •	one	Reportable	Reportable			imated	
	hours per week	box	, unle	ss pe	rson	s bot or/trus	h an	compensation	compensatio			ount o	f
	(describe		7		<u> </u>		,	from the	from related organization	- (other bensat	ion
	hours for	director						organization	(W-2/1099-MIS		•	om the	
	related	96 Or (ge		Į	nsate	ĺ	(W-2/1099-MISC)	(** 27 1033 14110	, ,		ınızatıc	
	organizations	trustee or	Institutional trustee		e e	шфе		(** = *********************************			_	relate	
	in Schedule	Individual	tetbo	. i	Key employee	est co	ner				orga	nızatıo	ns
	O)	亨	Inst	Officer	ě.	Highest compensated employee	퉏						
										ļ			
						L							
		}											
<u> </u>		<u> </u>	<u> </u>		<u> </u>	_		ļ					
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		<u> </u>	<u> </u>										
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		<u> </u>			_								
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	1												
		\vdash											
			ļ										
dh Cub satal	<u> </u>	L	<u></u>		<u> </u>			0.		0.			0.
1b Sub-total	l Castian A							0.		0.			0.
 Total from continuation sheets to Part VI Total (add lines 1b and 1c) 	i, Section A							0.		0.			0.
2 Total number of individuals (including but n	ot limited to th	1056	liete		20VE	a) w/t	00 re		000 of reportable				•
compensation from the organization	or miniou to ti	.000		, G G.	,,,,	·, ···			,ooo or reportable	•			0
componidation from the organization												Yes	No
3 Did the organization list any former officer,	director, or tru	ustee	e. ke	v en	olan	vee.	or i	highest compensated e	mplovee on	-			
line 1a? If "Yes," complete Schedule J for s			-,	,		, ,		g	.,,		3		X
4 For any individual listed on line 1a, is the su			ompe	ensa	tion	and	í oth	her compensation from	the organization	l			
and related organizations greater than \$150									J	ļ	4		X
5 Did any person listed on line 1a receive or a									dual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch_	pers	on					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest con	mpensated inc	depe	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of com	pens	ation fr	om	
the organization Report compensation for	the calendar y	ear e	endı	ng w	vith (<u>or w</u>	thin	the organization's tax	/ear.				
(A)								(B)		_	(C		
Name and business	address	N	INC	<u> </u>		_	_	Description of s	ervices	C	ompen	sation	
]				
							\dashv						
							\dashv	_ 					
							ļ		ļ				
							\dashv						
2 Total number of independent contractors 6	noludina bi + -			d +-	tha	- L-	<u>+~-</u>	I above) who received	uora then				
2 Total number of independent contractors (ii	_	OL III	me	ט נט	tno:	_	เซน	i abovej who received in	iore man				
\$100,000 of compensation from the organiz	alion										Form 9	90 (2)	7111
											COMMIS		J (1)

Pa	rt VII	Statement of Reve	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	Federated campaigns	1a			}		}
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	. 1b					
A S	С	Fundraising events	1c			i		1
# is	d	- · · · · · · · · · · · · · · · · · · ·	1d					Ì
S,E	е	Government grants (contribu	tions) 1e			1		
Pis	f	All other contributions, gifts, grai	nts, and					
풀림		similar amounts not included abo		484,185.		ĺ		
E S	g	Noncash contributions included in lines		<u> </u>		ļ		
38	-	Total. Add lines 1a-1f			484,185.			
				Business Code				
ا <u>بو</u>	2 a							
الْ جَ	b							
SE	С							
e a	ď			l				
Program Service Revenue	e							
	f	All other program service reve	enue					
	a	Total. Add lines 2a-2f						
	3	Investment income (including	dıvıdends, ır	nterest, and]
ļ		other similar amounts)		>	_			
Ì	4	Income from investment of ta	x-exempt bo	nd proceeds				
ŀ	5	Royalties	•	>				
ĺ		•	(i) Real	(ıi) Personal				1
	6 a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						}
ĺ	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securiti	es (ii) Other				
j		assets other than inventory						
-	b	Less: cost or other basis				}		}
- 1		and sales expenses						1
ł	С	Gain or (loss)						ł
	d	Net gain or (loss)						<u> </u>
Other Revenue	8 a	Gross income from fundraising sincluding \$	ng events (not of	t -	~			-
ě		contributions reported on line	1c) See					
<u> </u>		Part IV, line 18		a				
美	b	Less direct expenses		ь				
ات	С	Net income or (loss) from fun	draising even	ts				<u> </u>
	9 a	Gross income from gaming a	ctivities. See					
J		Part IV, line 19		a]		
1	b	Less direct expenses		b				
l	С	Net income or (loss) from gan	ning activities	·				ļ <u>-</u>
	10 a	Gross sales of inventory, less	returns					
- 1		and allowances		a]		
	b	Less: cost of goods sold		b				
1	С	Net income or (loss) from sale	es of inventor	у 🕨	• • •			
Į		Miscellaneous Revenu	ie	Business Code				
}	11 a						 	
	þ							
ľ	c							
	d	All other revenue						1
ĺ	е	Total. Add lines 11a-11d		>				ļ
12000	12	Total revenue See instructions.		_ _	484,185.	0.	0,	
13200 01-23	- 12							Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<u> </u>	Check if Schedule O contains a respon	nse to any question in th	s Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			3	
•	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	438,997.	438,997.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees			Ì	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				-
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)		į		
а	Management				
b	Legal				
С	Accounting				
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties		·-·		
16	Occupancy Travel	12 900		-,	12-,900
18	Payments of travel or entertainment expenses	<u> </u>			12-, 000 -
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	BANK CHARGES	20.		20.	
b		,			
c					
ď					
е	All other expenses				
<u>25</u>	Total functional expenses. Add lines 1 through 24e	451,917.	438,997.	20.	12,900.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		ļ	J	
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		3,639.	1	35,907.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, direct	ors, trustees, key			
		employees, and highest compensated employees	Complete Part II			
	}	of Schedule L.			5	
	6	Receivables from other disqualified persons (as def	ined under section			
		4958(f)(1)), persons described in section 4958(c)(3)((B), and contributing			
		employers and sponsoring organizations of section				
		employees' beneficiary organizations (see instruction	ons)		6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use			8	
-	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D 10	Da			
	b	Less accumulated depreciation 10	Ob		10c	_
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal lines 1)	ne 34)	3,639.	16	35,907.
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete Part	IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, t	rustees, key employees,			
ab		highest compensated employees, and disqualified	persons. Complete Part II			
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated	third parties		23	
	24	Unsecured notes and loans payable to unrelated th	ird parties		24	
	25	Other liabilities (including federal income tax, payab				
	ļ	_parties,.and_other_liabilities_not_included_on_lines_ <u>17</u>	24). Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
	}	Organizations that follow SFAS 117, check here	and complete			
es		lines 27 through 29, and lines 33 and 34.				
and	27	Unrestricted net assets			27	
Bal	28	Temporarily restricted net assets		· · · · · · · · · · · · · · · · · · ·	28	
5	29	Permanently restricted net assets	, [29	
Ŀ.		Organizations that do not follow SFAS 117, chec	k here ▶ LX and			
ŏ		complete lines 30 through 34.	-		_	
set	30	Capital stock or trust principal, or current funds	0.	30	0.	
Asi	31	Paid-in or capital surplus, or land, building, or equip		0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated incon	ne, or other funds	3,639.	32	35,907.
_	33	Total net assets or fund balances		3,639.	33	35,907.
	34	Total liabilities and net assets/fund balances		3,639.	34	<u>35,907.</u>

Form **990** (2011)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

tion or a section 2011

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

OMB No 1545-0047

		KNESET	MORDECHAI.						56	<u> -2417</u>	938	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions				
The organ	nization is not a	a private foundation !	because it is. (For lines	1 through	11, check	only one b	ox)					
1 🛄	A church, co	nvention of churches	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)).				
2	A school des	cribed in section 17	' 0(b)(1)(A)(ii). (Attach Sc	chedule E)	1							
з 🔛			tal service organization									
4	A medical re	search organization o	operated in conjunction	with a hos	spital desci	ribed in se	ction 170	(b)(1)(A)(i	ii). Enter th	ne hospital'	's name	Э,
	city, and stat											
5 📖	An organizat	ion operated for the	benefit of a college or u	niversity o	wned or op	perated by	a governi	mental un	nt describe	d in		
	section 170(b)(1)(A)(iv). (Complete Part II)											
6 🖳	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 X												
	section 170(b)(1)(A)(vi). (Complete Part II)											
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 📖	-	-	eives (1) more than 33									
		•	nctions - subject to certa		-					=		
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization a	fter June 3	0, 1975	5.
		509(a)(2). (Complete				_						
10	_	_	perated exclusively to te								_	
11	•	•	perated exclusively for the		-				•	· •		r
		· · · · ·	itions described in secti				2) See seo	ction 509((a)(3). Che	ck the box	that	
			organization and compl		-					-		
	a Type		• •	• •	e III - Func	•	_			Type III · C		_
e	-		t the organization is not									1
		-	han one or more publicly		_				9(a)(1) or s	ection 509	(a)(2)	
f	_		ten determination from t	the IRS th	atitisa iy	pe i, Type	ii, or Type) III				Γ
-	• • •	rganization, check th	iis oox organization accepted ar	ov aft or c	ontribution	from any	of the follo	owing per	eone?			L
g	•		rectly controls, either al			-				1	Yes	No
	• •		upported organization?	ione or tog	jetijei witii	persons	escribed	in (ii) and i	(III) DEIOW,	11g(i)	163	140
	_		n described in (i) above?	,						11g(ii)		
			person described in (i)		e?					11g(iii)		
h_		·	about the supported or							(119(11))		
**-	i ionac mo i	onowing impiritation	about the supported of	garnzanon	(0).	-					_	
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did voi	notify the	(vi) !	s the	(vii) Am	ount of	
• •	anization	(11) 514	organization	En and 4th leatest in your Corporation in and Orga		l organizati	ation in col. I		port			
0. g.	ameano		(described on lines 1-9 above or IRC section			(i) of your support?		(i) organized in the U.S.?		0.04	••••	
			(see instructions))	Yes	No	Yes	No	Yes	No			
]						ĺ	1 1			
						_						_
]			
											· _ -	
							<u></u>	<u> </u>				
							}					
Total			<u></u>	<u></u>	L		<u> </u>	L				
LHA For F	Paperwork Re	duction Act Notice,	, see the Instructions f	or				Schedu	le A (Form	990 or 99	(0-EZ)	2011

132021 01-24-12

Form 990 or 990-EZ.

13

18180325 807829 KNESETMORDEC 2011.05090 KNESET MORDECHAI

(Form 990 or 990-EZ) 2011 KNESET MORDECHAI 56-2417938 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and		•				
	membership fees received (Do not						
	include any "unusual grants ")	556,771.	432,821.	459,822.	515,003.	484,185.	2448602.
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	556,771.	432,821.	459,822.	515,003.	484,185.	2448602.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly		ľ				
	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		_				2448602.
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	556,771.	432,821.	459,822.	515,003.	484,185.	2448602.
8	Gross income from interest,					<u>'</u>	
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business					ĺ	
	activities, whether or not the						
	business is regularly carried on		. <u> </u>				·
10	Other income Do not include gain						
	or loss from the sale of capital					3	
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						2448602.
	Gross receipts from related activities,	- · ·	·		İ	12	
13	First five years. If the Form 990 is for	-	first, second, third	d, fourth, or fifth ta	ix year as a section	n 501(c)(3)	
500	organization, check this box and stop ction C. Computation of Publi	here	-contono				
			· · · · · · · · · · · · · · · · · · ·		_ _		100 00 **
	Public support percentage for 2011 (,	•	olumn (f))			100.00 %
	Public support percentage from 2010			- l 40	14 00 1/00/	15	<u>%</u>
16a	33 1/3% support test - 2011. If the contract to a support test - 2011.				14 IS 33 1/3% OF IT	nore, check this bo	x and ►X
L	stop here. The organization qualifies		•		lung 15 to 22 1/20/	or more about th	
D	33 1/3% support test - 2010. If the condition have				III 15 IS 33 1/3%	or more, check if	IIS DOX
47-	and stop here. The organization qual	• •	•		12 160 or 16b o	and line 14 is 100/	~ — — — — — — — — — — — — — — — — — — —
1/a	10% -facts-and-circumstances test	•					·
	and if the organization meets the "fac					t to now the organ	
_	meets the "facts-and-circumstances"	-			_	170 and has 15 in	10% or
D	10% -facts-and-circumstances test	_					
	more, and if the organization meets the						,
12	organization meets the "facts-and-circ Private foundation. If the organization						
	ate roundation. ii the organizatio	,, ale not elleer a	OON OFF INTE TO, 100	a, 100, 11a, 01 17C		dule A (Form 990	

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 failed	s to
qualify under the tests listed below, places complete Part II \	

Section A. Public Support	now, please com	piete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and		(5) 2000	(0) = 0.00	(5) = 0.10	10/201	(7.000
membership fees received. (Do not			J		j	1
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 organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities		 		 -		
furnished by a governmental unit to the organization without charge			_			
6 Total. Add lines 1 through 5						
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)				<u> </u>		<u> </u>
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🖊	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6				<u> </u>		
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 businessesacquired after_June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried 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!	e first second the	d fourth or fifth to	av vear on a contin	n 501(a)(3) arga=:-	zation.
check this box and stop here	trie Organization	o mot, second, thir	a, rourin, or mill t	an year as a section	ni so i(c)(s) organiz	Lation,
Section C. Computation of Publi	c Support Pe	rcentage			·	
15 Public support percentage for 2011 (li			column (fl)		15	%
16 Public support percentage from 2010	• •	-	(1)		16	%
Section D. Computation of Inves					. · · · · · · · · · · · · · · · · · · ·	
17 Investment income percentage for 20			ne 13, column (f))		17	%
18 Investment income percentage from 2	•	•	-, -,		18	%
19a 33 1/3% support tests - 2011. If the			on line 14, and line	e 15 is more than :		
more than 33 1/3%, check this box an	=					▶□
b 33 1/3% support tests - 2010. If the line 18 is not more than 33 1/3%, chec	organization did i	not check a box or	line 14 or line 19a	a, and line 16 is me	ore than 33 1/3%,	. —
20 Private foundation. If the organization		-				

SCHEDULE D

(Form 990),

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011 Open to Public Inspection

Name of the organization

KNESET MORDECHAI Employer identification number 56-2417938

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)	-	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
3	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		
0	for charitable purposes and not for the benefit of the donor of		
	• •	r donor advisor, or for any other purpose	Yes No
Pa	impermissible private benefit? It II Conservation Easements. Complete if the org	ranization answered "Ves" to Form 990. I	
			at iv, me 7.
1	Purpose(s) of conservation easements held by the organization		stampally important land area
	Preservation of land for public use (e.g., recreation or e	· —	storically important land area
	Protection of natural habitat		tified historic structure
_	Preservation of open space .		-f
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form	or a conservation easement on the last
	day of the tax year		Hold same Fod of the Ton Your
_	Total more than af a consequence of the consequence		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stri	• •	2c
d		after 8/17/06, and not on a historic structi	1 1
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year -		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per	• • • • • • • • • • • • • • • • • • • •	FT., FT.,
	violations, and enforcement of the conservation easements if		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	_	
. 8	Does each conservation easement reported on line 2(d) abov	e satisty the requirements of section 170	——————————————————————————————————————
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	•	
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	the organization's accounting for
Dai	conservation easements rt III Organizations Maintaining Collections of	Art Historical Treasures or O	ther Similar Assets
Га	Complete if the organization answered "Yes" to Form		the offinal Assets.
			ment and balance sheet wades of set
ıa	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public exh	•	ince of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri		
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treating	asures, or other similar assets for financia	ıl gaın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

Part VII	Investments - Other Securities	 See Form 990, Part X, In 	e 12		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua or end-of-year mar	
(1) Financ	al denvatives				
	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)		~ <u> </u>			
(E)					
(F)		- 		_ ,	
(G) (H)					
(I)		· · ·		_	
	b) must equal Form 990, Part X, col (B) line 12.)				
	Investments - Program Related		ne 13.		
	(a) Description of investment type	(b) Book value	((c) Method of valua or end-of-year mark	
(1)					
(2)					
(3)					
(4)					- <u></u>
(5)					
(6)					
(7)					
(8)					
(9)					
(10)	h) must squal Form 000. Part V sol (P) line 12 \				
Part IX	b) must equal Form 990, Part X, col (B) line 13.) Other Assets. See Form 990, Part X,		 		
		(a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					· · · · · · · · · · · · · · · · · · ·
					
<u>(8)</u>		 			
(9)					
(10)	umn (b) must equal Form 990, Part X, col (B,	1 line 15)			
Part X	Other Liabilities. See Form 990, Par				
1.	(a) Description of liability	77,	(b) Book value		············
	deral income taxes		-		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
<u>(8)</u>					
<u>(9)</u>					
(10)			 		
(11) Tet-1 (Cot	imp (h) must squal Farm 000 5 1 V	Mana OF)			
Z. FIN 48 (A)	umn (b) must equal Form 990, Part X, col (B, SC 740) Footnote In Part XIV, provide the text of the footn SC 740)	ote to the organization's financial s	tatements that reports the organiza	tion's liability for uncertain	tax positions under
132053 01-23-12				Sche	edule D (Form 990) 2011

	dule D (Form 990) 2011 KNESET MORDECHAI			56-24	17938 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fina	ncial Sta	tements	
1	Total revenue (Form 990, Part Vill, column (A), line 12)		1		484,185.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		451,917.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		32,268.
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net) Add lines 4 through 8		9		
10_	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10		32,268.
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	nts With Reve	enue per	Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
а	Net unrealized gains on investments	2a		_	
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				-
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Par	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Exp	enses pe	r Return	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c		_	
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	'	_	
Ç.	Add lines 4a and 4b			4c	<u>-</u>
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		_	5	
Par	t XIV Supplemental Information		·		<u> </u>
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comple				
		<u> </u>			
_					
_					

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

KNESET MORDECHA	ΔI		•	56-24179	38
		ctivities Ou	tside the United States. Comple	ete if the organization answered	"Yes"
<u>to Form 990, Par</u>					
<u> </u>	-		ds to substantiate the amount of its gra		- —
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance?	Yes No
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance or	itside the
	he following Part	: I. line 3 table ca	an be duplicated if additional space is n	needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	1	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
MIDDLE EAST AND			GRANTS TO YESHIVAS TO SUPPORT RELIGIOUS STUDIES		
NORTH AFRICA	 	1	AND EDUCATION		438,997.
		<u> </u>			
3 a Sub-total	1	1			438 997,
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	1			438,997.
LHA For Paperwork Reduct	tion Act Notice.	see the Instruc	tions for Form 990.	Schedule F	(Form 990) 2011

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56-2417938

KNESET MORDECHAI

Schedule F (Form 990) 2011

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed. (i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (g) Amount of non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by of cash grant | cash disbursement (f) Manner of 438,997 (e) Amount the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter EDUCATIONAL ACTIVITES (d) Purpose of TO SUPPORT THE OF THE YESHIVA grant RELIGIOUS & MIDDLE EAST AND (c) Region NORTH AFRICA Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) (a) Name of organization က

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Schedule F (Form 990) 2011

KNESET MORDECHAI Schedule F (Form 990) 2011

Page 3

56-2417938

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2011
(g) Description of non-cash assistance					Schedu
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients	 	 	 	 	
assistance (b) Region					
(a) Type of grant or assistance					

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Schedule F (Form 990) 2011

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 Employer identification number 56-2417938 KNESET MORDECHAI FORM 990, PART I, DESCRIPTION OF ORGANIZATION MISSION: LINE 1, EXCLSIVELY FOR RELIGIOUS ACTIVITIES. OUR MAIN ACTIVITIES CONSIST OF RAISING FUNDS FOR DISTRIBUTION TO OTHER NON-PROFITS TO ASSIST THEM IN THEIR NON PROFIT GOALS FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS MADE AVAILABLE TO MEMBERS OF THE BOARD EITHER VIA EMAIL OR IN PAPER BEFORE FILING. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATIONS GOVERNING DOCUMENTSARE AVAILABLE UPON REQUEST IN WRTIING FROM THE ORGANIZATION