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Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

RECEIVED

780

JAN 22 2015

S-OSC

OMB No 1345-0047

2012

Open to Public  
Inspection

A For the 2012 calendar year, or tax year beginning

and ending

B Check if applicable	C Name of organization		D Employer identification number	
<input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	MIKVA USA INC Doing Business As		20-2850305	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	1451 52ND STREET	1A	718-437-7873	
	City, town, or post office, state, and ZIP code		F Gross receipts \$ 1,217,402.	
	BROOKLYN, NY 11219		G Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	F Name and address of principal officer: SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(4) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ►	
J Website: ► MIKVAHUSA.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►			L Year of formation: 2005 M State of legal domicile: NY	

## Part I Summary

1 Briefly describe the organization's mission or most significant activities: **TO PROMOTE THE PRACTICE OF TRADITIONAL JEWISH RELIGION BY PROVIDING ASSISTANCE WITH BUILDING**

2 Check this box ►  if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **STATUTE UNLIMTED**

4 Number of independent voting members of the governing body (Part VI, line 1b) **EXCLVED**

5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) **6**

6 Total number of volunteers (estimate if necessary) **0**

7 a Total unrelated business revenue from Part VIII, column (C), line 12 **JAN 26 2015**

b Net unrelated business taxable income from Form 990-T, line 34 **0**

JUL 03 2013 Activities &amp; Governance

SCANNED

Expenses

Net Assets or Fund Balances

	RECEIVED	IRS-OSC	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0	795,018.	1,212,489.
9 Program service revenue (Part VIII, line 2g)	0	0	0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, 5, 6, 7a, and 7b)	362.	362.	362.	293.
11 Other revenue (Part VIII, column (A), lines 5, 8d, 8c, 9c-10c, and 11e)	0.	0.	0.	0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	795,380.	795,380.	1,212,782.	1,212,782.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	548,627.	548,627.	548,627.	456,610.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	149,196.	149,196.	149,196.	212,569.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ► 263,887.	263,887.	263,887.	263,887.	263,887.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	196,637.	196,637.	196,637.	250,543.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	894,460.	894,460.	894,460.	919,723.
19 Revenue less expenses. Subtract line 18 from line 12	<99,080.	<99,080.	<99,080.	293,060.
			Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	164,051.	164,051.	164,051.	452,877.
21 Total liabilities (Part X, line 26)	76,796.	76,796.	76,796.	72,562.
22 Net assets or fund balances. Subtract line 21 from line 20	87,255.	87,255.	87,255.	380,315.

## Part II Signature Block

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

Sign Here	► <i>Isaac Biskerky</i>	Date <i>June 1 13</i>			
	Signature of officer Isaac Biskerky				
	Type or print name and title J. GLIKSMAN CPA PC				
Paid	Print/Type preparer's name J. GLIKSMAN CPA PC	Preparer's signature <i>J. GLIKSMAN</i>	Date <i>05/28/13</i>	Check <input type="checkbox"/> self-employed	PTIN <i>P01472938</i>
Preparer	Firm's name ► J. GLIKSMAN CPA PC		Firm's EIN ►		
Use Only	Firm's address ► 5417 18TH AVENUE BROOKLYN, NY 11204		Phone no. <i>718-234-8181</i>		

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

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION