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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 for private foundation)  
The organization may have to use a copy of this return to satisfy state reporting requirements.

RECEIVED

JAN 22 2015

OMB No. 1545-0047

**2012**

Open to Public Inspection

**A** For the 2012 calendar year, or tax year beginning and ending

**B** Check if applicable:  
☒ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

**C** Name of organization  
**MIKVA USA INC**  
Doing Business As  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1451 52ND STREET 1A**  
City, town, or post office, state, and ZIP code  
**BROOKLYN, NY 11219**

**D** Employer identification number  
**20-2850305**

**E** Telephone number  
**718-437-7873**

**G** Gross receipts **1,217,402.**

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No  
**H(b)** Are all affiliates included? ☐ Yes ☐ No  
If "No," attach a list. (see instructions)  
**H(c)** Group exemption number

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: **MIKVAHUSA.ORG**

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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) **3**

4 Number of independent voting members of the governing body (Part VI, line 1b) **3**

5 Total number of individuals employed in calendar year 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 **0.**  
b Net unrelated business taxable income from Form 990-T, line 34 **0.**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	795,018.	1,212,489.
9 Program service revenue (Part VIII, line 2g)	0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	362.	293.
11 Other revenue (Part VIII, column (A), lines 5, 8d, 8e, 9c, 10c, and 11e)	0.	0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	795,380.	1,212,782.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	548,627.	456,610.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	149,196.	212,569.
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)	0. 263,887.	0. 212,569.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	196,637.	250,543.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	894,460.	919,722.
19 Revenue less expenses. Subtract line 18 from line 12	<99,080.>	293,060.

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	164,051.	452,877.
21 Total liabilities (Part X, line 26)	76,796.	72,562.
22 Net assets or fund balances. Subtract line 21 from line 20	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: **Isaac Distenfeld**  
Signature of officer: **Isaac Distenfeld**  
Type or print name and title: **Isaac Distenfeld**  
Date: **June 1 / 13**

Paid Preparer Use Only:  
Print/Type preparer's name: **J. Glikzman**  
Preparer's signature: **J. Glikzman**  
Date: **05/28/13**  
Check ☐ self-employed ☐ PTIN: **P01472938**  
Firm's name: **J. GLIKSMAN CPA PC**  
Firm's EIN: **718-234-8181**  
Firm's address: **5417 18TH AVENUE BROOKLYN, NY 11204**  
Phone no. **718-234-8181**

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