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OMB No. 1545-0047

2013

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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 627, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990 and its Instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning

and ending

B Check if applicable:	C Name of organization MIKVA USA INC		D Employer identification number 20-2850305	
<input 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	Doing Business As 1451 52ND STREET		Room/suite 1A	E Telephone number 718-437-7873
	Number and street (or P.O. box if mail is not delivered to street address)			G Gross receipts 1,786,598.
	City or town, state or province, country, and ZIP or foreign postal code BROOKLYN, NY 11219			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: SAME AS C ABOVE			H(b) Are all subordinates 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)(1) (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 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

Activities & Governance	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 ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a) RECEIVED	
	4 Number of independent voting members of the governing body (Part VI, line 1b) 3	
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 3	
	6 Total number of volunteers (estimate if necessary) 4	
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 RECEIVED 3	
b Net unrelated business taxable income from Form 990-T, line 34 7a 0.		
8 Contributions and grants (Part VIII, line 1h) RECEIVED 7b 0.		
9 Program service revenue (Part VIII, line 2g) RECEIVED 0.		
10 Investment income (Part VIII, column (A), lines 37-4, and 7d) RECEIVED 293.		
11 Other revenue (Part VIII, column (A), lines 5, 8d, 8c, 9c, 10c, and 11e) RECEIVED 0.		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) RECEIVED 1,212,782.		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) RECEIVED 456,610.		
14 Benefits paid to or for members (Part IX, column (A), line 4) RECEIVED 0.		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) RECEIVED 212,569.		
16a Professional fundraising fees (Part IX, column (A), line 11e) RECEIVED 0.		
b Total fundraising expenses (Part IX, column (D), line 25) ► RECEIVED 415,119.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) RECEIVED 250,543.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) RECEIVED 919,722.		
19 Revenue less expenses. Subtract line 18 from line 12 RECEIVED 1,472,865.		
20 Total assets (Part X, line 16) RECEIVED 293,060.		
21 Total liabilities (Part X, line 26) RECEIVED 380,315.		
22 Net assets or fund balances. Subtract line 21 from line 20 RECEIVED 718,804.		
	Prior Year	Current Year
	1,212,489.	1,777,175.
	0.	0.
	293.	0.
	0.	0.
	1,212,782.	1,777,175.
	456,610.	547,202.
	0.	0.
	212,569.	318,230.
	0.	0.
	415,119.	
	250,543.	607,433.
	919,722.	1,472,865.
	293,060.	304,310.
	Beginning of Current Year	End of Year
	452,877.	718,804.
	72,562.	34,179.
	380,315.	684,625.

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	► Signature of officer <i>J. GLIKSMAN CPA PC</i>	Date <i>06/03/2014</i>
	► Type or print name and title <i>J. GLIKSMAN CPA PC</i>	

Paid Preparer	Print/Type preparer's name <i>J. GLIKSMAN CPA PC</i>	Preparer's signature <i>J. GLIKSMAN CPA PC</i>	Date <i>05/29/14</i>	Check <input type="checkbox"/> PTIN <i>01472938</i>
Use Only	Firm's name J. GLIKSMAN CPA PC		Firm's EIN 11-2014729	
	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)

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED JUL 09 2014

SCANNED FEB 03 2015

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