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IRS-OSC

Form **990****Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

2013Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ 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 or town, state or province, country, and ZIP or foreign postal code
BROOKLYN, NY 11219
F Name and address of principal officer:
SAME AS C ABOVE

D Employer identification number
20-2850305

E Telephone number
718-437-7873

G Gross receipts \$ **1,786,598.**

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates 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 2013 (Part V, line 2a) **6**

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

7a Total unrelated business revenue from Part VIII, column (C), line 12 **0.**

7b Net unrelated business taxable income from Form 990-T, line 34 **0.**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) 1,212,489.	1,212,489.	1,777,175.
9 Program service revenue (Part VIII, line 2g) 0.	0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 293.	293.	0.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0.	0.	0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,212,782.	1,212,782.	1,777,175.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 456,610.	456,610.	547,202.
14 Benefits paid to or for members (Part IX, column (A), line 4) 0.	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 212,569.	212,569.	318,230.
16a Professional fundraising fees (Part IX, column (A), line 11a) 0.	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 415,119.	415,119.	607,433.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 250,543.	250,543.	607,433.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 919,722.	919,722.	1,472,865.
19 Revenue less expenses. Subtract line 18 from line 12 293,060.	293,060.	304,310.
20 Total assets (Part X, line 16) 452,877.	452,877.	718,804.
21 Total liabilities (Part X, line 26) 72,562.	72,562.	34,179.
22 Net assets or fund balances. Subtract line 21 from line 20 380,315.	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 **ISAAC BISKIN** Date **06/03/2014**
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name **J. GLIKSMAN** Preparer's signature **J. Gliksm** Date **05/29/14** Check ☐ PTIN **P01472938**
 Firm's name **J. GLIKSMAN CPA PC** Firm's EIN
 Firm's address **5417 18TH AVENUE** Phone no. **718-234-8181**
BROOKLYN, NY 11204

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

☐ Yes ☒ No

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

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