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Department of the Treasury

Return of Organization Exempt From Income Tax
Under section 501(c), 527, 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.

OMB No 1545-0047 Open to Public

intern	al Reve	Information about Form 950 and its instructions is a	at www.ir	s.gov/10/m990.	Inspection
A F	or the	2013 calendar year, or tax year beginning and en	nding		
B	heck if pplicabl	AMERICAN FRIENDS OF SANHEDRIA JERUSALES	M	D Employer identifi	cation number
$\vdash$	_ichang ∃Name				004500
$\vdash$	_chang				094503
<u> </u>	_iretum	V	oom/suite	E Telephone numbe	
L	Termir ated	1121 WEST LAURELTON PKWY		<u> 212-</u>	476-9084
	Amen	City or town, state or province, country, and ZiP or foreign postal code		G Gross receipts \$	205,295.
	Applie tion	TEANECK, NJ 07666		H(a) is this a group re	eturn
	pendii	F Name and address of principal officer: ELLIOT ROTHCHILD		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
1 1	ax-ex	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	If "No." attach a	list. (see instructions)
		te: NA		H(c) Group exemption	•
		organization: X Corporation Trust Association Other	I Year o		M State of legal domicile: NY
	rt I	Summary	<u> </u>	51 (c) (11 (c)	VI CULTO OF TOGUL CONTIONO. 242
		Briefly describe the organization's mission or most significant activities: FINANC	CTAT.	ATD FOR ORP	HANG AND
Activities & Governance	1	NEEDY PEOPLE	<u> </u>	HID I ON ONL	IIIIIO IIIO
퍨		Check this box if the organization discontinued its operations or disposed	od of more	than 25% of to not a	neote .
ş	I —	· · · · · · · · · · · · · · · · · · ·	d of more	1	2
Ĝ		Number of voting members of the governing body (Part VI, line 1a)		<u>3</u>	3
ᅄ		Number of independent voting members of the governing body (Part VI, line 1b)			3
ě		Total number of individuals employed in calendar year 2013 (Part V, line 2a)	• • • •		
Ž		Total number of volunteers (estimate if necessary)		<u>6</u>	0
Ą	1	Total unrelated business revenue from Part VIII column (19) ine 12			0.
	b	Net unrelated business taxable income from Form 990 T, line 34	<del>-                                    </del>		0.
	i	Contributions and grapts (Bost VIII line 1b) 8 0 2018   8	ļ	Prior Year	Current Year
Revenue	ł .	Contributions and grants (Part VIII, Jine 11)		<u>172,158.</u>	205,295.
		Program service revenue (Part VIII, line 29)			0.
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		172,158.	205,295.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u> 177,800.</u>	202,890.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	L	0.	0.
Ş	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
8	ь	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ū	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,821.	2,202.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		181,621.	205,092.
	19	Revenue less expenses. Subtract line 18 from line 12		<9,463.	
Net Assets or Fund Balances	<u> </u>		Ber	inning of Current Year	End of Year
쫎	20	Total assets (Part X, line 16)		9,260.	9,463.
& 888 888	21	Total liabilities (Part X, line 26)		0.	0.
三三	22	Net assets or fund balances. Subtract line 21 from line 20		9,260.	9,463.
	rt II	Signature Block	··	7,200.	7,103.
		alties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents and to the hest of m	y knowledge and helief it is
	-	ct, and complete. Declaration of preparer (other than <u>offi</u> cer) is based on all information of which			y knowicage and penel, it is
11 40,	COLLEC	A and domplete. Declaration property (outer than onject) to based on an information of which	on preparer		12014
۵.		Signature of officer		Date	72019
Sig		• · · · · · · · · · · · · · · · · · ·		Duto	
Her	0	ELLIOT ROTHCHILD, DIRECTOR  Type or print name and title			<del></del>
		<u> </u>	10	ate Check	DTIN
_		Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature	Į.		PTIN
Paid				5/30/14 setf-employ	red P01472938
	arer	Firm's name J. GLIKSMAN CPA PC		Firm's EIN	
Use	Only	Firm's address 5417 18TH AVENUE		<u> </u>	
_		BROOKLYN, NY 11204		Phone no. <b>71</b>	8-234-8181
May	the !	BS 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.

# AMERICAN FRIENDS OF SANHEDRIA JERUSALEM Form 990 (2013) INC 20-3094503 Page 2 Part III Statement of Program Service Accomplishments

	Check if Schedule O contains a respo	onse or note to any line in this Part III	<u> </u>	<u> </u>
1	Briefly describe the organization's mission:	NONE		
-				
•				······································
•				
	Did the organization undertake any significa	int program services during the year wh		
	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Sc			Yes X No
	Did the organization cease conducting, or n		ucts, any program conjects?	Yes X No
	If "Yes," describe these changes on Schedu		ucis, any program services r	Lies Laine
	Describe the organization's program service		largest program services, as measured	d by expenses.
;	Section 501(c)(3) and 501(c)(4) organization	s are required to report the amount of g	grants and allocations to others, the to	tal expenses, and
	revenue, if any, for each program service re		200 000	<del></del>
	(Code:) (Expenses \$20 PROVIDED GRANTS TO ORE	12,890. including grants of \$	202,890.) (Revenue \$	
	PROVIDED GRANIS TO ORE	HANAGE IN UERUSALEM		
•			******************************	
		***************************************		
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•	· · · · · · · · · · · · · · · · · · ·			<del></del>
•				<del></del>
4b (	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
			· · · · · · · · · · · · · · · · · · ·	
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•				
4c (	(Code) (Expenses \$	including grants of \$	) (Payanus \$	)
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-	<del> </del>			<del>.</del> .
•				·
	Other program services (Describe in Schedu	ıle O.)		
		luding grants of \$	) (Revenue \$	)
	Total program service expenses	202,890.		

Form 990 (2013) INC
Part IV Checklist of Required Schedules

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			Yes	No
1	Is 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	i		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ĺ
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	i		İ
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		X
8	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ł	•	ĺ
	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	Ì	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, for escrow or custodial account liability; 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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X	1,43	<u>ફ</u> ઈ.	·
	as applicable.	- 31g . 1	7 y v	63.3
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	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
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	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
f	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 and XII	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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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 other assistance to or for any			
	foreign organization? 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 other assistance to			
	or for foreign individuals? 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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-=		
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990	2013

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			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	}	X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	•	x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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	1		
	Schedule K. If "No", go to line 25a	24a		X
ь		24b		
C				
	any tax-exempt bonds?	24c		
d		24d		
25a	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		X
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	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			
	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	A * "	5,0	ر* ﴿ وَ
	instructions for applicable filing thresholds, conditions, and exceptions):			, 'à
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
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	İ		
	contributions? If "Yes, " complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	if "Yes," complete Schedule N, Part i	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	i		
	Schedule N, Part II	32		<u> </u>
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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		·	
	Part V, line 1	34		<u> </u>
35a		35a		<u> </u>
þ		İ		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
38	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1	.	
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	] ,		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	l .		
	Note. All Form 990 filers are required to complete Schedule O	_38	X	
		Form	990 (	2013)

Form 990 (2013)

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### 013) INC Statements Regarding Other IRS Filings and Tax Compliance Part V

Enter the number reported in Box 3 of Form 1096. Enter 9-if not applicable   1a		Check if Schedule O contains a response or note to any line in this Part V	<u></u>	· · · · · · · ·	T	
b Enter the number of Forms W-28 included in line 1a. Enter O-8 not applicable	4.0	Enter the number reported in Box 2 of Form 1006. Enter 0, if not applicable	امدا	n Israel	Yes	No
but the organization compty with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  3. If all least on its reported on line 2a, did the organization file all required refeared employment tax returns?  3. Note. If the sum of lines ta and 2a is greater than 250, you may be required to e-file (see instructions)  3. If the sum of lines ta and 2a is greater than 250, you may be required to e-file (see instructions)  3. If the sum of lines ta and 2a is greater than 250, you may be required to e-file (see instructions)  3. If the sum of lines ta and 2a is greater than 250, you may be required to e-file (see instructions)  3. If the sum of lines ta and 2a is greater than 250, you may be required to e-file (see instructions)  3. If the sum of lines ta and 2a is greater than 250, you may be required to e-file (see instructions)  3. If the sum of lines ta and 2a is greater than 250, you may be required to e-file (see instructions)  3. If the sum of lines than 2a to the sum of the	_					137
Gambling) winnings to prize winners?  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  If it is least one is reported on line 2s, did the organization file all required federal employment tax returns?  By If at least one is reported on line 2s, did the organization file all required federal employment tax returns?  By If Yes, 1 and 1 and 2s is greater than 250, you may be required to −file (see instructions).  By If Yes, 1 as it file a form 990 Throw 1 to 1 and 1 and 1 and 2s is greater than 250, you may be required to −file (see instructions).  By If Yes, 1 as it file a form 990 Throw 1 to 1 and 1 and 1 and 1 and 2s is greater than 250.00 or more during the year?  By If Yes, 1 and 1 and 2s is greater than 250.00 or more during the year?  By If Yes, 1 and 2s is the calendar year, did the organization have an interest in, or a signature or other during the calendar year, did the organization shall a twas or is a party to a prohibitorion for filing requirements for Form 15 Foo 22.1, Report of Foreign Bank and Financial Accounts.  By If Yes, 1 and 1 and 2s is greater than 250,000, and did the organization shall at was or is a party to a prohibitorion or gifts and 1 and 2s is greater than 250,000, and did the organization solicit and year orthodocounts of the organization records a charitable contributions or gifts were not tax deductible?  By If Yes, 1 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  By If Yes, 2 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  By If Yes, 3 did the organization contribution of an express statement that such contributions or gifts were not tax deductible?  By If Yes, 3 did the organization notify the office of the year of the year of the year of the year of the year of the year of the year of				비송		
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return.  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a At any time during the calendary year, did the organization are uniterast in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a Yea, 'Insert the name of the foreign country (such as a bank account, securities account, or other financial account)?  5b Was the organization party to a prohibited to shelter transaction at any time during the tax year?  5c Was the organization appropriation that it was or is a party to a full financial account.  6c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions?  6c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charable contributions?  6c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions?  6c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions or the value of the good or services provided?  6c Was the organization shall approach a payment in secess of \$75 made party that general property for which it was required to the Form 8282?  6d If Yea, 'Indicate the number of Forms 8282 filed during the year of the value of the good or services provided?  7d Was in			oportable garriing	40		- 33
field for the calendary year ending with or within the year covered by this returm    A	20		· ·   · · · · · · · · · · · · · · · ·	16	k.	\$ 65 6
b If at least one is reported on line 2a, did the organization file all required federal employment tax returne?  Note, if the sum of lines at and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Diff Yes, 'has it filed a Form 930-Tro this year? If No,' to line 3b, provide an explanation in Schedula O  3b At any time during the calendary year, did the organization have an inforest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a At any time of the foreign country: ►  5b If Yes, 'noter the name of the foreign country: ►  5c In High Interest the name of the foreign country: ►  5c Interest was a bank account, or other financial accounts.  5c Was the organization party to a prohibited tax shelter transaction, at any time during the tax year?  5c Interest Yes, Yes, Yes, Yes, Yes, Yes, Yes, Yes,	24		20		Silvery :	July 250
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b if "Yes," has it filed a Form 990-T for this year? If "No," to fine 3b, provide an explanation in Schedule O  a that any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly of the provision of filing requirements for form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions from the provision of the seed to the provision of the seed of the comparization of the Form 8886-T?  See instructions from the provision of the Foreign Bank and Financial Accounts.  See instructions of the great and the seed of t	<b>h</b>			7	N - CY	خنځانه
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country! ≥ See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accountry?  5a Pass instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5b Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c Pass Pass Pass Pass Pass Pass Pass Pas	D				1 12 14	280
b If "Yes," has it filed a Form 990-T for this year? If "No." to line 3b, provide an explanation in Scinedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?  4	20		9)		3. 3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, sor other financial account)?  b If "Yes," enter the name of the foreign country: ▶  If "Yes," enter the name of the foreign country: ▶  Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction?  5b X  D IV any taxable party notify the organization file Form 18888-7?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  organizations that may receive deductible contributions under section 170(c).  a Did the organization notify the donor of the value of the goods or services provided?  c Did the organization on only the donor of the value of the goods or services provided?  d If "Yes," indicate the number of Forms 8282 filed during the year  b Did the organization receive any funds, directly or indirectly, no pay premiume on a personal benefit contract?  7c IV IV IV Yes, "indicate the number of Forms 8282 filed during the year  b Did the organization received a contribution of cars, botas, airplanes, or other vehicles, did the organization of pays the year, pay premiums, directly or indirectly, or langual property, did the organization file Form 1098-07  7n Spensoring organization make any taxable distributions under section 49667  8 Spensoring organization make any taxable distributions under section 49667  9 Spensoring organization make any taxable distributions under section 49667  9 Section 501(c)(7) organizations. Enter:  indiation fease and capital contributions included on Part VIII, line 12  Gross income from m	-				<del> </del> -	<u> </u>
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Form 990 (2013)

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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 or note to any line 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	3		:					
	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.	1, .	1.20						
b	Enter the number of voting members included in line 1a, above, who are independent	3	3						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1.33							
	officer, director, trustee, or key employee?	2	Param'	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	İ	Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5									
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									
	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:	27.	19.	133.3					
а	The governing body?	8a	X	in asset in a					
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								
	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.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	ĺ						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	الد فائعد	1849z	rili sek					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	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?	- 04 	1. 3.						
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).	- 4	会	, F.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	ا د دست							
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	14							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	Sal.	20.						
	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 ▶NY								
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)	availab	le						
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finan	cial						
	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 <sup>.</sup>	·						
	THE ORGANIZATION - 212-476-9084								
	1121 WEST LAURELTON PKWY, TEANECK, NJ 07666								

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Part VII Compensation	on of Officers, I	Directors, Tru	stees	s, Key Employ	ees, Highest Cor	npensated	
Employees, a	and Independer	nt Contractor	3				
Check if Schedul	e O contains a resp	onse or note to ar	ıy line	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.

X Check this box if neither the organization (A) Name and Title	(B) Average hours per week	(C) Position (do not check more than box, unless person is bo officer and a director/trus			l than	one than	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ELLIOT ROTHCHILD DIRECTOR	0.00							0.	0.	0.
(2) BRUCE KLEIN DIRECTOR	0.00							0.	0.	0.
(3) NACHUM FEINTUCH	0.00							0.	0.	0.
DIRECTOR								<b>U</b> •		0.
		-								
										<del></del>
								· · · · · · · · · · · · · · · · · · ·		

INC

								<u> 20-309</u>	4503	Page 8
stees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)		
(B) Average hours per week	Average Position (do not check more that box, unless person is bofficer and a director/to					h an	(D) Reportable compensation from	(E) Reportable compensation from related	Est am	(F) imated ount of other
hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)		fro orga and	ensation om the nization related nizations
VII, Section A							0.	0	•	0.
						no re		<del></del>	<u></u>	<u> </u>
							<del></del>	<del></del>		Yes No
			-	•	-		•	· ·	3	X
								_	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X
				-		elate	ed organization or indiv	idual for services	5 . 5	· id (b) i
									nsation fro	om
s address	N	ONI	8				(B) Description of s	services	(C) Compen	
							·			
_	not li	mıte	d to	tho (	se li: O	sted	l above) who received n	nore than		
	(B) Average hours per week (list any hours for related organizations below line)  VII, Section A  not limited to the such individual sum of reportabe somplete Schedul compensated in or the calendar yes address	Average hours per week (list any hours for related organizations below line)  WII, Section A  Tot limited to those such individual such individual sum of reportable compensated indeport the calendar year as address No.	Average hours per week (list any hours for related organizations below line)  VII, Section A  not limited to those lister such individual sum of reportable compostration or the calendar year endings address  (including but not limited in the calendar year endings address NON)	(B) Average hours per week (list any hours for related organizations below line)  VII, Section A  Tot limited to those listed allowing for such individual sum of reportable compensation from implete Schedule J for such corresponding to the calendar year ending was address  Including but not limited to the calendar year ending was address  NONE	Average hours per week (list any hours for related organizations below line)  VII, Section A  The provided individual sum of reportable compensation from any mplete Schedule J for such personal and restrict the calendar year ending with as address  NONE  (including but not limited to those is address NONE)	Average hours per week (list any hours for related organizations below line)  WII, Section A  The provided individual sum of reportable compensation and source compensated independent contract or the calendar year ending with or west address  NONE  (including but not limited to those list address)  (including but not limited to those list address)	Average hours per week (list any hours for related organizations below line)  VII, Section A  Total limited to those listed above) who resuch individual sum of reportable compensation and otto 50,000? If "Yes," complete Schedule J for such person  Tompensated independent contractors to the calendar year ending with or withing a director to those listed above)  (including but not limited to those listed a director to the calendar year ending with or withing the calendar year ending with or withing the calendar year ending with or withing the calendar year ending with or withing the calendar year ending with or withing the calendar year ending with or withing the calendar year ending with or withing the calendar year ending with or withing the calendar year ending with or withing the calendar year ending withing the calendar year ending withing the calendar year ending withing the calendar year ending withing the calendar year ending	Average hours per week (list any hours for related organizations) below line)  VII, Section A  O.  not limited to those listed above) who received more than \$100 or related organization from the organization with limited to those listed above) who received more than \$100 or related organizations.  In the organization or related organization or individual sum of reportable compensation and other compensation from 50,000? If "Yes," complete Schedule J for such individual sum of reportable compensation from any unrelated organization or individual sum of reportable compensation from any unrelated organization or individual sum of reportable compensation from any unrelated organization or individual sum of reportable compensation from any unrelated organization or individual for the calendar year ending with or within the organization is tax.  In compensated independent contractors that received more than or the calendar year ending with or within the organization is tax.  In cliculating but not limited to those listed above) who received in the calendar year ending with or within the organization is tax.  In cliculating but not limited to those listed above) who received in the calendar year ending with or within the organization is tax.  In cliculating but not limited to those listed above) who received in the calendar year ending with or within the organization is tax.  In cliculating but not limited to those listed above) who received in the calendar year ending with or within the organization or individual in the calendar year ending with or within the organization or individual in the calendar year ending with or within the organization or individual in the calendar year ending with or within the organization or individual in the calendar year ending with or within the organization or individual in the calendar year ending with or within the organization or individual in the calendar year ending with or within the organization or individual in the calendar year ending with or within the organization or indivi	(including but not limited to those listed above) who received more than \$100,000 of compensation from the com	Column   C

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AMERICAN FRIENDS OF SANHEDRIA JERUSALEM Form 990 (2013) INC 20-3094503 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D)
Revenue excluded from tax under sections 512 - 514 (A) (B) Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns b Membership dues 1b c Fundraising events ..... 1c d Related organizations ..... 1d Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 205,295 S Noncash contributions included in lines 1a-1f \$ Total, Add lines 1a-1f Business Code Program Service Revenue All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) .... ...... Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) .................. 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 .. . b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from garning activities. See Part IV, line 19 . . . . . b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances . . . . c Net income or (loss) from sales of inventory Miscellaneous Revenue\_ **Business Code** 11 a

205,295

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions.

Form 990 (2013)

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Part IX Statement of Functional Expenses	<u>orm 990</u>		<u> </u>		 	 <u> </u>
	Part IX	Statement	of Functional	Expenses		

	Check if Schedule O contains a respons			<u>(C)</u>	·····
	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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and			~	Service of the servic
	organizations in the United States. See Part IV, line 21			of the second	Section 1
2	Grants and other assistance to individuals in			, ,	
	the United States. See Part IV, line 22			<u> તાલુકા કે તે તે તે તે તે તે તે તે તે તે તે તે તે</u>	- 1.00 ( # 1.00 ) ( # 1.00 )
3	Grants and other assistance to governments,		•		人名英马拉斯马克
	organizations, and individuals outside the			and the second second	في شواهدا المامية من
	United States. See Part IV, lines 15 and 16	202,890.	202,890.	STAR LATER	112 32 32 20 75
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees		L		
8	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 salanes and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	· - · <del>- · -</del>			
10	Payroli taxes				
11	Fees for services (non-employees):				
а	Management	···			
b	Legal				
C	Accounting	1,800.		1,800.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		16 15 61 19 19		
f	Investment management fees				- <del></del> -
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel			<u></u>	
18	Payments of travel or entertainment expenses				
	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.)				
_	BANK FEES AND MISCELLAN	402.		402.	, , , , , , , , , , , , , , , , , , , ,
a		404.		402.	
b				·	
C					
d	All other areas				
9	All other expenses	205 002	202 900	2,202.	0.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	205,092.	202,890.	4,404.	J
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here rf following SOP 98-2 (ASC 958-720)		E .	1	

Form 990 (2013)
Part X Balance Sheet

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		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	9,260.	1	9,463.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		00	N 6 4 1 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
		trustees, key employees, and highest compensated employees. Complete	The state of the s		
		Part II of Schedule L		_ 5	
	6	Loans and other receivables from other disqualified persons (as defined under		v .c. V , carv	The state of the state of
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary	المستراكية المستراكية	. 4	المستعدد الم
र्घ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	<u></u>
	10a	,		ر ان ا	the state of the state of
		basis. Complete Part VI of Schedule D 10a	Like Strain States	1. No. 1.	第二十分以外上的建筑。
	b	Less: accumulated depreciation 10b		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 line 34)	9,260.	16	9,463.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ø	22	Loans and other payables to current and former officers, directors, trustees,	この作権についい	p) (32.7.	
Liabilities		key employees, highest compensated employees, and disqualified persons.	Such the series		
.g		Complete Part II of Schedule L	Carried Control of the Control of th	22	pan h no 211 av nother o manne.
=	23	Secured mortgages and notes payable to unrelated third parties		23	····-
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	1 37 14 14 14		
ø		complete lines 27 through 29, and lines 33 and 34.		100	
ဦ	27	Unrestricted net assets		بد <b>27</b>	
쿊	28	Townsorship restricted not seems		28	
Ö	29	Permanently restricted net assets		29	
Š		Organizations that do not follow SFAS 117 (ASC 958), check here		-20	j k ja ja ja ja
LL Je	ł	and complete lines 30 through 34.		3	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	0.	30	
3	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	<u>30</u> 31	0.
<b>₹</b>	i		9,260.		9,463.
Ž	32	Retained earnings, endowment, accumulated income, or other funds		32	
=	33	Total liabilities and not coasts/fund belances	9,260.	33	9,463.
	34	Total liabilities and net assets/fund balances	9,260.	34	9,463.

Form	99 <u>0 (2013) INC</u>	<u> 20-309</u>	<u>4503</u>	Pag	<sub>1e</sub> 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	···· · · · · · · · · · · · · · · · · ·	<u> </u>		
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)				<u>95.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	205	<u>0, 0</u>	<u>92.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	<del></del>		<u>03.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> </u>	, 2	<u>60.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	9	, 4	63.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		2.5	, '	• • •
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		3(	`
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	<u> </u>	. 3	17.18
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			3	
ь	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat		2 7	*5 2,3	, , ' ¦
	consolidated basis, or both:	,	ς j'	- 2	
	Separate basis Consolidated basis Both consolidated and separate basis		~ ·	, '	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.	2	ارد کی	
_	review, or compilation of its financial statements and selection of an independent accountant?	•	2c	·	,, ,
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	: .	-	<u>, 1</u>
38	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				-
	Act and OMB Circular A-133?		3a	**************************************	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
-	or quilitie explain why in Schedule O and describe any steps taken to undergo such guidite		25		

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Püblic:

Name of the organization

AMERICAN FRIENDS OF SANHEDRIA JERUSALEM

m990. Inspection

20-3094503

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c \_\_\_\_ Type III - Functionally integrated \_\_l Type I Type II Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? ... ... ... ... ... ... ... ... ... 11g(iii) Provide the following information about the supported organization(s). h (vi) is the organization in col. (iii) Type of organization (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of monetary in col. (i) listed in your organization in col. (described on lines 1-9 organization (i) organized in the support governing document? above or IRC section (i) of your support? (see instructions)) Yes No Yes No

AMERICAN FRIENDS OF SANHEDRIA JERUSALEM Schedule A (Form 990 or 990-EZ) 2013 INC 20-3094503 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") <u>150,870.</u> 143,308. 172,158. 205,295. 105,951. 777,582. 2 Tax revenues levied for the organization'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 3 143,308 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6,396. 6 Public support. Subtract line 5 from line 4 771,186. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4 .... 105,951 150,870. 143,308. 172,158. 205,295. 777,582. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital

	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		True 1	X + X + 15 1	10 VA 1 80		777,582.
12	Gross receipts from related activities,	etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is for	the organization	s first, second, th	ird, fourth, or fifth t	ax year as a section	on 501(c)(3)	
_	organization, check this box and stor	here					▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (I	ine 6, column (f) c	livided by line 11	, column (f))		14	99.18 %
15	Public support percentage from 2012	Schedule A, Part	t II, line 14			15	100.00 %
b	33 1/3% support test - 2013. If the c stop here. The organization qualifies 33 1/3% support test - 2012. If the c and stop here. The organization qual	as a publicly supported as a publicly side of the second as a publicly	oorted organization ot check a box of supported organ	on n line 13 or 16a, and ization			eck this box
	10% -facts-and-circumstances test and if the organization meets the "fact meets the "facts-and-circumstances" 10% -facts-and-circumstances test more, and if the organization meets the organization meets the "facts-and-circumstances" and circumstances test organization meets the "facts-and-circumstances" and circumstances test organization meets the "facts-and-circumstances" and circumstances test organization meets the "facts-and-circumstances" and circumstances test organization meets the "facts-and-circumstances" and circumstances test organization meets the "facts-and-circumstances" and circumstances test organization meets the "facts-and-circumstances" and circumstances test organization meets the "facts-and-circumstances" and circumstances test organization meets the "facts-and-circumstances" and circumstances test organization meets the "facts-and-circumstances" and circumstances test organization meets the "facts-and-circumstances" and circumstances test organization meets the "facts-and-circumstances" and circumstances test organization meets the "facts-and-circumstances" and circumstances test organization meets the "facts-and-circumstances" and circumstances test organization meets the "facts-and-circumstances" and circumstances test organization meets the "facts-and-circumstances" and circumstances test organization meets the "facts-and-circumstances" and circumstances test organization meets the "facts-and-circumstances" and circumstances test organization meets the "facts-and-circumstances" and circumstances test organization meets the "facts-and-circumstances" and circumstances test organization meets the "facts-and-circumstances" and circumstances test organization meets the "facts-and-circumstances" and circumstances test organization meets the "facts-and-circumstances" and circumstances test organization meets the circumstances test organization meets the circumstances test organization meets the circumstances test organization meets organization meets organization meets organization meets orga	ts-and-circumstar test. The organiza t - 2012. If the org ne "facts-and-circu	nces" test, check ation qualifies as ganization did not umstances" test,	this box and stop I a publicly supported check a box on line check this box and	here. Explain in Pa d organization e 13, 16a, 16b, or stop here. Explair	rt IV how the	organization 15 is 10% or
18	Private foundation. If the organizatio				•		uctions

# Schedule A (Form 990 or 990-EZ) 2013 [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 fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		İ	}			
	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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			Ì			•
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7:	Amounts included on lines 1, 2, and				Ţ		
	3 received from disqualified persons						
ŀ	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		<del> </del>		<del>                                     </del>	<u> </u>	
	Add lines 7a and 7b	·	May 3 of Story	. 1 / 1	10 1 February 150	0 - 3 1 2 1 2	
	Public support (Subtract line 7c from line 6 ) ction B. Total Support	L	1 47.74	<u> </u>	15 x 1 x 2 x 3 x	v > , <	<u> </u>
	andar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(-) 2011	(4) 2012	(=) 2012	(O Total
		(a) 2009	(0) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses		ŀ		İ		
	acquired after June 30, 1975						
	Add lines 10a and 10b						
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)						
	First five years, If the Form 990 is for	the organization	's first, second, thir	d, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here	<u> </u>		· · · · · · · · · · · · · · · · · · ·	-	····	<b> &gt;</b>
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2013 (			column (f))		15	%
16						16	%
Se	ction D. Computation of Inve						
17	Investment income percentage for 20	13 (line 10c, colu	mn (f) divided by lis	ne 13, column (f))		17	%
18	Investment income percentage from		-			18	<del>%</del>
	33 1/3% support tests - 2013. If the						
.50	more than 33 1/3%, check this box a						▶ [ ]
	33 1/3% support tests - 2012. If the	•	-		• •		and
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization					_	
	- Corato reginaduoti, ii uio organizatio						· · · · P '

# AMERICAN FRIENDS OF SANHEDRIA JERUSALEM Schedule A (Form 990 or 990-EZ) 2013 INC 20-3094503 Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. 20-3094503 Page 4 Also complete this part for any additional information. (See instructions).

### **SCHEDULE F** (Form 990)

**Statement of Activities Outside the United States** 

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

**Employer identification number** 

MERICAN INC	FRIEND	S OF SAN	HEDRIA J	ERUSALEM		20-309450	13
	neral Info	rmation on A	ctivities Ou	tside the United States. Comple	ete if the organiz		
	n 990, Part I						
1 For grantn	nakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other a		
the grantee	es' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assis	stance? X	Yes No
2 For grantn United Sta		ribe in Part V the	organization's	procedures for monitoring the use of it	ts grants and oth	ner assistance out	side the
3 Activities p	er Region. (T	he following Par		an be duplicated if additional space is			<del>,</del>
(a) Reg	ion	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prog describe	ity listed in (d) ram service, specific type e(s) in region	(f) Total expenditures for and investments in region
IDDLE EAST A	AND			GRANTS TO RECIPIENTS			200 200
ORTH AFRICA			0	LOCATED IN REGION	<del> </del>		202,890
					}		
		,					
					<u> </u>		
		<del>                                     </del>				·	
3 a Sub-total			)0	. 1.			202,890
b Total from sheets to f	Partl		0				0
c Totals (ada	d lines 3a		00	, , , , , , , , , , , , , , , , , , ,	,	, 	202 890

Page 2

20-3094503

AMERICAN FRIENDS OF SANHEDRIA JERUSALEM

Schedule F (Form 990) 2013

Part II

INC

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

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(d) Purpose of

grant

(c) Region

and EIN (if applicable) (b) IRS code section

(a) Name of organization

(e) Amount

of cash grant

202,890, CHECKS

OR ORPHANS

MIDDLE EAST AND

NORTH AFRICA

cash disbursement

(f) Manner of

(g) Amount of non-cash assistance

assistance

(i) Method of valuation (book, FMV, appraisal, other)

(h) Description of non-cash

Schedule F (Form 990) 2013

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

က

Page 3

20-3094503

Schedule F (Form 990) 2013

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

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (c) Number of recipients cash grant Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2013

		orm 990) 2013		<u> 20-3094503</u>	Page 4
Part	IV. F	Foreign Form	s		
1	organi	ization may be rec	U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the quired to file Form 926, Return by a U.S. Transferor of Property to a Foreign ctions for Form 926)	Yes	X No
2	Did th	e organization ha	eve an interest in a foreign trust during the tax year? If "Yes," the organization		
	may b	e required to file i	Form 3520, Annual Return to Report Transactions with Foreign Trusts and		
	Recei	pt of Certain Fore	ign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With		
	a U.S.	. Owner (see Instr	uctions for Forms 3520 and 3520-A)	Yes	X No
3			we an ownership interest in a foreign corporation during the tax year? If "Yes,"		
		-	e required to file Form 5471, Information Return of U.S. Persons With Respect To	<b>—</b>	<b>□■</b> 1
	Certai	in Foreign Corpor	ations. (see Instructions for Form 5471)	L Yes	X No
4	Was t	he organization a	direct or indirect shareholder of a passive foreign investment company or a		
	•	•	during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Inform	nation Return by a	a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.		
	(see Ir	nstructions for Fo	rm 8621)	. L Yes	X No
5	Did th	ne organization ha	eve an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the or	ganization may be	e required to file Form 8865, Return of U.S. Persons With Respect To Certain		
	Foreig	gn Partnerships. (s	see Instructions for Form 8865)	Yes	X No
6	Did th	ne organization ha	eve any operations in or related to any boycotting countries during the tax year? If		
	"Yes, '	the organization	may be required to file Form 5713, International Boycott Report. (see Instructions		
	for Fo	orm 5713)		Tyes	X No

Schedule F (Form 990) 2013 INC	20-3094503 Page 5
Part V Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (estimated number of recipients), as applicable. Also complete this part to provide a	column (f) (accounting method; amounts of I (accounting method); and Part III, column (c)
PART I, LINE 2:	
EXPLANATION: ALL GRANTEES COMPLETE A DETAILED AP	DITCAMION SMAMING DIPPOSE
AND NEED, AND MUST SUPPLY AN TAX EXEMPT ENTITY C	
ARE REVIEWED BY THE BOARD OF DIRECTORS AND APPRO	VED BASED ON AVAILABILITY
OF FUNDS. ANNUAL REPORT BY GRANTEES ON USE OF FU	NDS ARE REQUIRED.
	<del></del>

Schedule F (Form 990) 2013

332075 10-03-13

### **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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule Q (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 AMERICAN FRIENDS OF SANHEDRIA JERUSALEM

Inspection. **Employer identification number** 20-3094503

INC FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: PRIOR TO RELEASE OF 990 IT IS REVIEWED FOR CORRECTNESS BY THE BOARD OF TRUSTEES FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: AT EACH BOARD MEETING EACH BOARD MEMBER IS ASKED IF ANY CONFLICTS OF INTEREST HAVE ARISEN SINCE THE PREVIOUS MEETING. FORM 990, PART VI, SECTION B, LINE 15A: EXPLANATION: NO COMPENSATION WAS PAID AS IS ACCEPTED NORM FOR SIMILAR ORGANIZATIONS THIS SIZE FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: AVAILABLE FROM ORGANIZATION UPON REQUEST

## Form **8868**

(Rev. January 2014)

Department of the Treasury

### Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

Internal Reve	nue Service	▶ Information about Form 886	8 and its	instructions is at www.irs.gov/fon	n8868.			
• If you a	re filing for an Aut	omatic 3-Month Extension, complete	te only Pa	rt I and check this box			<b>▶</b> X	
		litional (Not Automatic) 3-Month Ex			this form).			
		ess you have already been granted a				m 8868.		
		u can electronically file Form 8868 if y					omoration	
	_	or an additional (not automatic) 3-mor			•		=	
		ns listed in Part I or Part II with the exc		<del>-</del>		·=		
	=							
		which must be sent to the IRS in pap		(see instructions). For more details of	ou fue elec	tronic ming of t	iis iorm,	
Part I		ick on e-file for Charities & Nonprofits c 3-Month Extension of Time		ubmit original (no copies ne	eded)	<del></del>		
		Form 990-T and requesting an autor				<del></del>		
	•	From 950-1 and requesting an autor	nauc omo	onth extension - check this box and	complete			
Part I only			••••					
	corporations (includ ome tax retums.	ling 1120-C filers), partnerships, REM	ics, and ti	rusts must use Form 7004 to reques	_			
	T					r's identifying		
Type or		t organization or other filer, see ınstru			Employer	identification n	umber (EIN) or	
print	1	FRIENDS OF SANHED	KIA JI	ERUSALEM				
File by the	INC					20-3094	503	
due date for filing your	I	and room or suite no. If a P.O. box, s T LAURELTON PKWY	ee instruct	tions.	Social sec	curity number (S	SN)	
return See instructions		st office, state, and ZIP code. For a fo	reign add	ress, see instructions.				
Enter the	Return code for th	e return that this application is for (file	a separa	te application for each return)			01	
Applicati	on		Return	Application	· · -		Return Code	
ls For			Code	Is For				
	or Form 990-EZ	<del></del>	01	Form 990-T (corporation)				
Form 990	-BL		02	Form 1041-A				
Form 472	0 (individual)		03	Form 4720 (other than individual)				
Form 990	-PF		04	Form 5227				
Form 990	-T (sec. 401(a) or 4	08(a) trust)	05	Form 6069 11				
Form 990	-T (trust other than	above)	06	Form 8870			12	
		THE ORGANIZATION	-					
<ul><li>The bo</li></ul>	ooks are in the care	of ▶ 1121 WEST LAURI	LTON	PKWY - TEANECK, N	J 076	56		
Teleph	one No. ► <u>212</u>	-476-9084		Fax No.				
• If the c	organization does r	ot have an office or place of business	in the Un	ited States, check this box			. ▶ □	
<ul><li>If this i</li></ul>	is for a Group Retu	m, enter the organization's four digit	Group Exe	mption Number (GEN) . I	f this is for	the whole grou	p, check this	
box 🕨	If it is for part	of the group, check this box	and atta	ch a list with the names and EINs of	f all membe	rs the extensio	n is for.	
	quest an automatic	3-month (6 months for a corporation	required f	to file Form 990-T) extension of time	until			
-	AUGUST 15		t organiza	tion return for the organization name	ed above.	ne extension		
	or the organization							
<b>P</b> [	X calendar year	<del></del>						
►l	tax year begin	ining	, an	d ending	<del></del>	_· •		
2 If th	<b>–</b> , •	in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final return	•		
	Change in acco							
3a If th	nis application is fo	r Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any				
	<u>rrefundable credits</u>				3a	\$	<u> </u>	
b If th	nis application is fo	r Forms 990-PF, 990-T, 4720, or 6069	, enter any	y refundable credits and				
est	imated tax paymer	its made. Include any prior year overp	ayment a	lowed as a credit.	3b	\$	0.	
c Bal	ance due. Subtrac	et line 3b from line 3a. Include your pa	yment wit	h this form, if required,				
by	using EFTPS (Elect	ronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.	
		make an electronic funds withdrawal				d Form 8879-E0		
				•		_		

Form-8868 (Rev. 1-2014)				Page			
• If you are filing for an Additional (Not Automatic) 3-	Month Extension.	complete only Part II and check th	is box	<b>▶</b> X			
Note. Only complete Part II if you have already been gri							
If you are filing for an Automatic 3-Month Extension							
Part IN Additional (Not Automatic) 3-h			nai (no copies need	ed).			
Type or Name of exempt organization or other filer,	ene inetane		identifying number, se				
File by the INC thus date for Abumbles street and many or with no Ma R	20-309						
Ming your Publisher, Surger, Mild room or Suite no. If a P.	· ·	ctions.	Social security number	(SSN)			
	m See 1121 WEST LAURELTON PKWY						
City, town or post dires, state, and zir cod	e. For a foreign add	iresa, see instructions.					
TEANECK, NJ 07666			<del></del>				
				( <del>-1</del> -1			
Enter the Return code for the return that this application	is for (file a separa	ite application for each return)		01			
			<del></del>				
Application	Return	Application		Return			
la For	Code	le For		Code			
Form 990 or Form 990-EZ	01						
Form 990-BL	02	Form 1041-A		08			
Form 4720 (Individual)	03	Form 4720 (other than individual)		09			
Form 990-PF	04	Form 5227		10			
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069					
Form 990-T (trust other than above)	06	Form 8870		12			
STOPI Do not complete Part II if you were not already		natic 3-month extension on a prev	iously filed Form 8868.				
THE ORGANI							
<ul> <li>The books are in the care of ➤ 1121 WEST</li> </ul>	<u>Laurblton</u>	PKWY - TEANECK, N.	J 07666				
Telephone No. ➤ 212-476-9084		Fax No	<del></del>				
<ul> <li>If the organization does not have an office or place of</li> </ul>	business in the Un	ited States, check this box	***************************************	<b>▶</b> □			
<ul> <li>If this is for a Group Return, enter the organization's for</li> </ul>	our digit Group Exe	mption Number (GEN) If	this is for the whole grou	p, check this			
box 🕨 🔲 . If it is for part of the group, check this box			all members the extension	n is for.			
4 I request an additional 3-month extension of time u		BBR 15, 2014.					
8 For calendar year 2013, or other tax year begin	-	, and ending		<del></del> ·			
6 If the tax year entered in line 5 is for less than 12 m	onths, check reasc	on: initial return	Final return				
Change in accounting period							
7 State in detail why you need the extension							
AWAITING THIRD PARTY INFO	RMATION NE	CBSSARY TO FILE A	COMPLETE RET	URN.			
	·		<del></del>				
			<del></del>				
8a If this application is for Forms 990-BL, 990-PF, 990-	T, 4720, or 6069, e	nter the tentative tax, less any					
nonrefundable credits. See instructions.		<del></del>	8a 8	<u> </u>			
b If this application is for Forms 990-PF, 990-T, 4720,	or 6069, enter any	refundable credits and estimated					
tax payments made, include any prior year overpay	ment allowed as a	credit and any amount paid	EAST.				
previously with Form 8868.			8b \$	0.			
<sup>Q</sup> Balance due, Subtract line 8b from line 8a, include	your payment with	this form, if required, by using					
EFTPS (Electronic Federal Tax Payment System). S	ee Instructions.		80 S	0.			
Signature and Ve	rification musi	be completed for Part II or	ıly.				
Inder penalties of perjur - I deniere that I have examined this form	n, including accompa	nying schedules and statements, and to t		d belief,			
is true, correct, and	re this form.						
ignature > /// /// Ti	itle 🕨	- CPA	Oate ▶ 8//3/	14			
		<u> </u>	Erom cocc	(Pay 1,2014)			