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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 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.

2013

Open to Public
Inspection

OMB No 1545-0047

For the 2013 calendar year, or tax year beginning and ending C Name of organization VAAD HARABBANIM L'INYANEI TZEDUKA Employer identification number Check if applicable INC. Address change Doing Business As 37-1456890 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return 877-722-2606 221 REGENT DRIVE Terminated City or town, state or province, country, and ZIP or foreign postal code Amended return LAKEWOOD 08701 4,849,62 G Gross receipts \$ Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? YESOCHER D. GREEN 221 REGENT DRIVE H(b) Are all subordinates included? LAKEWOOD NJ 08701 If "No," attach a list (see instructions) X 501(c)(3) Tax-exempt status 501(c) (insert no 527 Website: N/A H(c) Group exemption number X Corporation Form of organization Year of formation 2003 M State of legal domicile Association Partil Summary 1 Briefly describe the organization's mission or most significant activities: TO PROMOTE THE RELIGIOUS, INTELLECTUAL, MORAL, PHYSICAL, DEVELOPMENTAL AND SOCIAL WELFARE AMONG THE PEOPLE OF THE UNITED STATES OF AMERICA AND ISRAEL, WHO ADHERE TO THE JEWISH FAITH, TRADITIONS AND PRINCIPALS. 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) 5 7 6 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 3,056,502 4,849,62 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,056,502 4,849,62 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,057,245 4,743. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 21,449 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 304,996 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 469,095 363,108 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,547,789 5,132,83 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 508,713 -283,210 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 746,288 463,078 20 Total assets (Part X, line 16) NOV 2 0 2014 21 Total liabilities (Part X, line 26) 746 288 463 Net assets or fund balances. Subtract line 21 from line 20 OCOEN 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 Øeclaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 11 Signature of officer Sign EXECUTIVE DIRECTOR NAFTALI M. WEISZ Here Type or print name and title Preperer's signatore Print/Type preparer's name P0073202 Deutsel Paid self-emoloved Preparer Firm's EIN ▶ 2118-58 15street Use Only · Bluddyn, NY 11204 Firm's address May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$

) (Revenue \$

e Total program service expenses ▶

4,759,041

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Pe	成队 Checklist of Required Schedules			
			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 (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for 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 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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to 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		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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X as applicable]	
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	х	
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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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 (see instructions)	17		х
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		

_0_0	digity Checklist of Reduired Schedules (Continued)			
	P. W		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		x	
		21	^	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States	22	- 1	x
23	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-	
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			x
24-	employees? If "Yes," complete Schedule J	23		
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	24-		x
h		24a		
		24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24.		
а		24c 24d	 -	
	· · · · · · · · · · · · · · · · · · ·	24U		
2Ja	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25.		x
b	with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		
U	year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ?			
		25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
	current or former officers, directors, trustees, key employees, highest compensated employees, or		ŀ	
		26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
		27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	ŀ	1	
а		28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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		X
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 contributions? If "Yes," complete Schedule M	30	ł	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
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, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable	- 1		
	related organization? 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		ŀ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		l	
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	_	,	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

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Form 990 (2013) VAAD HARABBANIM L'INYANEI TZEDUKA

PE	Check if Schedule O contains a response or note to any line in this Part V					
	One of the Contention of the C				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	16			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c		
2 a	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	2a	3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			. 2b	X	
	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		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b	<u> </u>	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authors.	ority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other finance	ıal				
	account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶			•		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Acc	ounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	1?		. <u>5b</u>		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?					<u> </u>
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?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or		0.5		
-	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	46		į		
а	and services provided to the payor?	12		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1.5		
•	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contri			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8	3899 a	s required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	file a	Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			_9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations.Enter	1 1	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations.Enter	المما	1			
a	Gross income from embers or shareholders	11a			. '	
b	Gross income from other sources (Do not net amounts due or paid to other sources	11b				
12a	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts.ls the organization filing Form 990 in lieu of Form 10			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b]	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZU				
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
-	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
-	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c		į	<u>}</u>	
l4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b		

Form 990 (2013) VAAD HARABBANIM L'INYANEI TZEDUKA 37-1456890 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 Section A. Governing Body and Management Yes 3 Enter the number of voting members of the governing body at the end of the tax year 1a 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. 3 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 3 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body? X 8b Each committee with authority to act on behalf of the governing body? 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 Section 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? 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 X 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 444 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 16a with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available 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)

> 221 REGENT DRIVE MR. Y. GREEN NJ 08701

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

State the name, physical address, and telephone number of the person who possesses the books and records of the

financial statements available to the public during the tax year

19

20

organization:

LAKEWOOD

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any 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.

K Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

	week (list any	bo of	x, unl ficer a	ess pe	erson	than one is both an or/trustee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) HAIM GEFNER									
	5.00	l				1 1			
PRESIDENT	0.00	X		X		\vdash	0	0	0
(2) MENDEL FUCHS	- 00								
	5.00								
VICE PRESIDENT	0.00	X	-	X	<u> </u>	\vdash	0	0	0
(3) CHAIM Y COHEN	F 00					1 1			
6767777 DV	5.00	 •		x			o	o	0
SECRETARY (4) YESOCHER D. GREI	0.00	X		^	_		0		0
(4) IESOCHER D. GREI	10.00		l	l					
PRESIDENT	0.00	x	ļ	x		1 1	l	o	o
(5) CHAIM STERN	0.00	1	├	_	┢			<u> </u>	<u> </u>
(5) CHAIM SIER	5.00								
SECRETARY	0.00	x	ŀ	x			0	o	0
(6) NAFTALI M. WEIS:		+	 			1			
(6,5000 0000 0000 00000	15.00	1	1						
EXECUTIVE DIRECTOR	0.00			X			0	0	0
(7)		1					•		
• •									
		-	ļ	<u> </u>	┡				
(8)									
(9)		+-		\vdash					
-									
(10)									
(11)									
DAA	<u> </u>								- 000

	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	loyee	es, a	and Highest Compensated	l Employee(continued)	r age o
	(A) Name and title	(B) Average hours per week (list any	bo	x, un!	Pos check ess pe	erson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12)											40-2
(13)	· · · · · · · · · · · · · · · · · · ·										
(14)						-					
(15)	- A#-										
(16)											
(17)											
(18)	-										
(19)							<u> </u>				· · · · · · · · · · · · · · · · · · ·
1b c d	Sub-total Total from continuation she Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion	A.	<u> </u>		▶ ▶			
2	Total number of individuals (increportable compensation from			to th	ose	liste	d abo	ove)	who received more than \$1	00,000 in	
3	Did the organization list any fo employee on line 1a? If "Yes,"	complete Schedi	ule J	for s	uch	ındiv	/idual	1			Yes No
4 5	For any individual listed on line organization and related organ individual Did any person listed on line 1	nizations greater t	han	\$150	0,000)? If '	"Yes,	," co	omplete Schedule J for such		4 X
Sect	for services rendered to the or tion B. Independent Contracte	ganization? If "Ye									5 X
1	Complete this table for your five compensation from the organization	e highest compe	nsat mpe	ed ın nsati	depe	ende or the	nt co	ntra enda	ar year ending with or within	the organization's tax year.	
		(A) d business address						\perp	Descrip	(B) otton of services	(C) Compensation
		<u></u> ,						-			
2	Total number of independent or received more than \$100,000								e listed above) who	0	, ,
DAA											Form 990 (2013)

function revenue revenue	(D) Revenue excluded from tax under sections 512-514
b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Busn. Code Busn. Code	
No. No.	
2a Busn. Code C C C C C C C C C C C C C C C C C C C	
e f All other program service revenue g Total. Add lines 2a–2f	
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents b Less rental exps	
c Rental inc or (loss)	
d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis & sales exps c Gain or (loss)	
d Net gain or (loss)	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses b	
c Net income or (loss) from fundraising events	
9a Gross income from gaming activities See Part IV, line 19 b Less' direct expenses b	
c Net income or (loss) from gaming activities	
10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b	
C Net income or (loss) from sales of inventory Miscellaneous Revenue Busin. Code	
Miscellaneous Revenue Busn. Code	
b c	
d All other revenue	
e Total. Add lines 11a–11d 12 Total revenue. See instructions. 4,849,621 0 0	0

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must cor Check if Schedule O contains a respon			te column (A).	
<u> </u>	·	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1	Grants and other assistance to governments and		expenses	general expenses	expenses
'	organizations in the U.S. See Part IV, line 21	742,724	742,724		
2	Grants and other assistance to individuals in	, , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
~	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	4,000,800	4,000,800		
4	Benefits paid to or for members	, ,			
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	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	23,385		23,385	·
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,814		2,814	
11	Fees for services (non-employees):				
а	Management				·
b	Legal	10.000		10.000	
C	Accounting	18,000		18,000	·
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
T	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
12	(A) amount, list line 11g expenses on Schedule ()	171,501		n.,	171 501
12 13	Advertising and promotion Office expenses	105,928		11,589	171,501 94,339
14	Information technology	103,320		11,303	94,339
15	Royalties				
16	Occupancy				
17	Travel	39,156			39,156
	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	3,437		3,437	
23	Insurance	278		278	
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 O.)	45 545	45 545		
a		15,517	15,517	0.570	· · · · · · · · · · · · · · · · · · ·
b	TELEPHONE	8,578 713		8,578	
C	MISCELLANEOUS	/13		713	
d	All albanasana				
e 25	•	5,132,831	4,759,041	68,794	304 000
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	3,132,031	7,133,041	00,194	304,996
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 732,967 453,194 Cash-non-interest bearing 1 Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 17,189 other basis. Complete Part VI of Schedule D 10a 7,305 13,321 9,884 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 Other assets. See Part IV, line 11 15 15 746,288 463,078 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 0 0 Total liabilities. Add lines 17 through 25 26 X and Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 746,288 463,078 27 27 Unrestricted net assets Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 746,288 463,078 33 Total net assets or fund balances 33 746,288 463,078 Total liabilities and net assets/fund balances

	990 (2013) VAAD HARABBANIM L'INYANEI TZEDUKA 37-1456890			Pag	ge 12
Pa	rt;XII Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		·		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,8		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,1	32,	831
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	83,	210
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	46,	288
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	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	4	63,	078
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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				-
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 separate basis, consolidated basis, or both:				35.34
	Separate basis Consolidated basis Both consolidated and separate basis				
b	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		433	- AN	
	separate basis, consolidated basis, or both:		1		
	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 audit, 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	•			100
	Schedule O.				1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Cırcular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audite, explain why in Schedule O and describe any stone taken to underes such audite		26		

Form **990** (2013)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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.

2013

Internal Revenue Service

Name of the organization

VAAD HARABBANIM L'INYANEI TZEDUKA

Employer identification number 37-1456890

			<u> </u>											143	0030		
<u>, P</u>	art I	🖰 Rease	on for Pu	<u>ıblic Cha</u>	rity S	Status	(All orgai	nizations	must cor	nplete t	nis par	<u>t.) See</u>	instru	ctions			··
The	orgar	nzation is not a	a private fou	ındatıon be	cause	it is: (For	lines 1 thro	ough 11, ch	eck only or	ne box.)							
1		A church, con	vention of o	churches, o	rasso	ciation of	churches o	described in	section 1	70(b)(1)(۹)(i).						
2		A school desc	inbed in se	ction 170(I	b)(1)(A	\)(ii) .(Atta	ich Schedu	ule E.)									
3	П	A hospital or a	a cooperativ	e hospital :	service	organiza	ition descri	ibed in sect	ion 170(b)	(1)(A)(iii)	١.						
4	П	A medical res)(A)(iii).	Enter th	e hospi	tal's name,		
	ш	city, and state	_	•		•		•						·			
5		An organization		I for the her	nefit of	a college	or univers	ity owned o	r operated	by a gove	rnmenta	ıl unit de	scribed	in			
•	Ш	section 170(0. 0	,		_,							
_		A federal, sta					al unit deci	enhad in ea	ction 170/	hV4VAV	۸						
6	v	•		•	•				•		•	the ger	oral au	blio			
7	X	An organization		•			-	support iron	n a govern	mental un	it or iron	i uie ger	ierai pu	DIIC			
_		described in s			, .	•											
8	\vdash	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															
9		_															
	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																
		• •	•								1 tax) fr	om busir	nesses				
		acquired by the	•			•			•	•							
10		An organization	_			-		-	-	-							
11		An organization															
		purposes of o												tion			
		509(a)(3). Ch	eck the box	that descr	ibes th	e type of	supporting	organizatio	n and com	plete lines	11e thr	ough 11	ո.				
	_	a Type	l b	Туре	e II	С	Туре	III-Function	ally integra	ted	d [Тур	e III–No	n-function	onally integra	ted	
е		By checking t	his box, I ce	ertify that th	e orga	nization I	s not contro	olled directly	y or indirec	lly by one	or more	dısquali	fied per	sons			
		other than for	ındation ma	inagers and	dother	than one	or more p	ublicly supp	orted orgai	nizations o	describe	d in sect	on 509	(a)(1)			
		or section 509	9(a)(2).														
f		If the organiza	ation receiv	ed a writter	n deterr	mination f	from the IR	S that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
		organization,	check this I	oox													
g		Since August	17, 2006, ł	nas the orga	anizatio	on accept	ed any gift	or contribut	tion from a	ny of the							
_		following per	sons?														
		(i) A persor	who direct	dy or indired	ctly cor	ntrols, eith	ner alone o	r together w	th person:	s describe	d in (iı) a	and				Yes	No
				ming body (11g(i))	
		(ii) A family	-				-								11g(ii	1	
		(iii) A 35% c		-				above?							11g(i		1
h		Provide the f		•			., .,								(<u></u>		
	(i) Nam	e of supported	T T	(iı) EIN	0000	1	i) Type of orga		(iv) Is the	organization	(v) Did v	ou notify	(vi)	s the	(vii) Amoun	t of mon	etarv
	• •	ganization		(, =		1	lescribed on la			sted in your	the organ	nization in	organizat	ion in col		port	,
							above or IRC		governing	document?		of your port?		zed in the			
							(see instruct	ions)	Yes	No	Yes	No	Yes	No			
(A)			 			-			1	 	· • •	 					
(~)											l L						
<u> </u>													 				
(B)																	
			 						+					-		——	
(C)																	
			<u> </u>			 _			_		<u> </u>						
(D)																	
						_			+				-				
(E)]			
				100				S. 74.2 Mar		100	15.5	25.00	12.30	- X			
Tot	al			* / * *				是學和關		第 次	海岭	P. Sec					
<u>. U</u>	CI)		Page 10 State Stat	CONTRACTOR OF THE PARTY OF	ベクスラブル	日本日本のなる。日本の日本	*************************************	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	一、 八年、科明 日本計	LAN AL	F 44	17.7	14 T. M.	47 4 4			

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 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2,661,397 1,928,526 1,940,868 3,056,502 4,849,621 14,436,914 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 2,661,397 1,928,526 1,940,868 3,056,502 4,849,621 14,436,914 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) 2,235,059 Public support. Subtract line 5 from line 4 12,201,855 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Amounts from line 4 2,661,397 1,928,526 1,940,868 3,056,502 4,849,621 14,436,914 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carned 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 14,436,914 12 12 Gross receipts from related activities, etc. (see instructions) First five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 14 84.52% 15 Public support percentage from 2012 Schedule A, Part II, line 14 15 100.00% 16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

supported organization

instructions

Page 3

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.)

Sec	tion A. Public Support	quality diluci ti	ie tests listed b	elow, please co	implete i art ii.,	<u> </u>	
	idar 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.")			V			(,)
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 business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						_
b	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)		 	[[] [] 		
	tion B. Total Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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,			1		1	
	and 12.)						
14	First five years. If the Form 990 is for the	-	second, third, four	th, or fifth tax year	as a section 501(c)	(3)	,
	organization, check this box and stop here				 		
	tion C. Computation of Public Su		-			1451	
15	Public support percentage for 2013 (line 8,	• • •	•	(1))	•	15	<u>%</u>
16 Soc	Public support percentage from 2012 Sche tion D. Computation of Investment					16	
				oolumn (fl)		17	
17 18	Investment income percentage for 2013 (line Investment income percentage from 2012)			wanii (i <i>))</i>		18	<u>%</u> %
19a	33 1/3% support tests—2013. If the organ			14 and line 15 is ~	nore than 33 1/2%		
ıJa	17 is not more than 33 1/3%, check this bo						▶ □
ь	33 1/3% support tests—2012. If the organ		-		-		. • _
~	line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did	=	=				

Schedule A (Form 990 or 990-EZ) 2013 VAAD HARABBANIM L'INYANEI TZEDUKA

37-1456890

Page 4

Paridi

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public!

	of the organization AAD HARABBANIM L'INYANEI TZEDUKA		Employer i	dentification number
	AAD HARABBANIM L'INIANEI 12EDURA NC.		37-1	456890
	rt I : Organizations Maintaining Donor Advised F			
Га	Complete if the organization answered "Yes" to	Form 990, Part IV, line 6.	ounts.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			-
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing the	at the assets held in donor advised		
	funds are the organization's property, subject to the organization's exc			☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors ii			
•	only for charitable purposes and not for the benefit of the donor or dor	•		
	conferring impermissible private benefit?			Yes No
Pa	rt 🔯 Conservation Easements.			
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (chec	k all that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically impor	tant land	area
	Protection of natural habitat	Preservation of a certified historic st	tructure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conservation	n	
	easement on the last day of the tax year.		24	Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure inc	cluded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17	7/06, and not on a	1	
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, e	xtinguished, or terminated by the organization d	uring the	
	tax year ▶			
4	Number of states where property subject to conservation easement is	located >		
5	Does the organization have a written policy regarding the periodic mo	nitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfor	rcing conservation easements during the year		
	•			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year		
	▶ \$			
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)		
	(i) and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easer	nents in its revenue and expense statement, an	d	
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that describ	es the	
	organization's accounting for conservation easements.			
Pa	organizations Maintaining Collections of Ar		nilar As	sets.
	Complete if the organization answered "Yes" to			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),			
	works of art, historical treasures, or other similar assets held for public		æ of	
	public service, provide, in Part XIII, the text of the footnote to its finance			
b	If the organization elected, as permitted under SFAS 116 (ASC 958),	-		
	works of art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furtherand	e of	
	public service, provide the following amounts relating to these items:		_	_
	(i) Revenues included in Form 990, Part VIII, line 1		>	\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical treasures, or		the	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		
а	Revenues included in Form 990, Part VIII, line 1		>	\$
	Assets included in Form 990, Part X			\$
FOL	Panerwork Reduction Act Notice, see the Instructions for Form !	aun		Schedule D (Form 990) 2013

4	Describe	<u>ın Part XII</u>	i tne intende	<u>a uses or</u>	tne organiz	<u>auon s eno</u>	owment i	unas
Pa	rít Wĭ	Land. I	Buildinas.	and E	guipmen	t.		

	Yes	No
3a(i)		
3a(ii)		
3b		

	Complete if the organization	answered "Yes" to Form	m 990, Part IV, line 11	a. See Form 990, Part	X, line 10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
		(investment)	(other)	depreciation	
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment		17,189	7,305	9,884
е	Other				
Total	I. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X, column	n (B), line 10(c),)	>	9.884

Schedule D (Fo		ANEI TZEDUKA	37-1456890	Page 3
Part VII	Investments—Other Securities.	Form 000 Dort IV line:	11h Coo Form 000 Dort V li	no 12
	Complete if the organization answered "Yes" to I (a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)	(D) BOOK VAIDS	Cost or end-of-year market	
(1) Financial de	envatives			•
• •	d equity interests			
(3) Other				
(A)				
(B)				
(C)	•	·		
(D)				
(E)				
(F)				•
(G) (H)	•	•		
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related.	•		·
	Complete if the organization answered "Yes" to	Form 990, Part IV, line	11c. See Form 990, Part X, lii	ne 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market	t value
(1)			-	
(2)				
(3)	***			
(5)				
(6)		•		
(7)				
(8)				
(9)				
	ı (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.	5 000 D 1 D 1 D 1 D 1	441.0 5 000.5 17.1	4.5
	Complete if the organization answered "Yes" to (a) Description	Form 990, Part IV, line	11d. See Form 990, Part X, III	(b) Book value
(1)	(a) Description		· · · · ·	(b) book vaide
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)	(1) 15 000 D 1V 11 (D)1 1 45)			
Part X	n (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities.		<u> </u>	
FaitA	Complete if the organization answered "Yes" to	Form 990 Part IV line	11e or 11f See Form 990 Pa	art X
	line 25.	7 01111 000, 1 011111, 11110		,
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
_(3)	-1		4	
(4)			4	
(5)			4	
(6)			┪	
<u>(7)</u> (8)		 	1	
(9)			†	
	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶		1	
	uncertain tax positions. In Part XIII, provide the text of the foot	note to the organization's fina	ancial statements that reports the	
-	liability for uncertain tax positions under FIN 48 (ASC 740). Ch			

Sche	dule D (Form 990) 2013 VAAD HARABBANIM L'INYANEI TZ	EDUKA	37-1456890	Page 4
PE	Reconciliation of Revenue per Audited Financial Stateme	nts With F	Revenue per Return.	
	Complete if the organization answered "Yes" to Form 990, Pa	art IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments .	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
¢	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
_ Pह	Reconciliation of Expenses per Audited Financial Statem		• •	
	Complete if the organization answered "Yes" to Form 990, Pa	art IV, line	12a.	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c	!	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	,
3	Subtract line 2e from line 1	r 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
(2)	vii: XIII Supplemental Information			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2013 VAAD HARABBANIM L'INYANEI TZEDUKA

37-1456890

Page 5

Supplemental Information (continued)

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

▶ Attach to Form 990.▶ See separate instructions.

OMB No 1545-0047

Name of the organization

INC.

VAAD HARABBANIM L'INYANEI TZEDUKA

Employer identification number 37-1456890

Pariti General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other

assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes No

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Re (a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	e duplicated if additional space is not (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) if activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total		 	promise and the second	ing to the second section of the contract of t	
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

Part II

Page 2

Schedule F (Form 990) 2013 VAAD HARABBANIM L'INYANEI TZEDUKA

37-1456890

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.

	Part IV, line	⇒ 15, for any recip	Dient who recei	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed	an be duplicated if	additional space	s is needed.		
1 (g)	(a) Name of	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method of valuation
20	organization	section and EIN		grant	cash grant	cash	non-cash	of non-cash	(book, FMV,
		(if applicable)		•		disbursement	assistance	assistance	appraisal, other)
				EXEMPT	3,359,800	CHECK/WIRE			
(1)			ISRAEL						
				EXEMPT	140,000	CHECK/WIRE			
(2)			ISRAEL						
				EXEMPT	26,000	CHECK/WIRE			
(3)			ISRAEL						
				EXEMPT	20,000	CHECK/WIRE			
(4)			ISRAEL						
				EXEMPT	10,000	CHECK/WIRE			
(2)			ISRAEL						
				EXEMPT	10,000	CHECK/WIRE			
(9)			ISRAEL						
				EXEMPT	265,000	CHECK/WIRE			
(3			ISRAEL						
				EXEMPT	000′09	CHECK/WIRE			
(8)			ISRAEL						
				EXEMPT	10,000	CHECK/WIRE			
(6)			ISRAEL						
				EXEMPT	10,000	CHECK/WIRE			
(10)	7		ISRAEL						•
				EXEMPT	20,000	CHECK/WIRE			
(11)			ISRAEL						
(12)									
(13)									
(14)									
(15)									
(16)									

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

Schedule F (Form 990) 2013

1

for Form 5713)

Did the organization have 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

Schedule F (Form 990) 2013

X No

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

0042VAAD 11/17/2014 1 30 PM

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047

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

Open to Public

Š Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance **Employer identification number** X Yes 37-1456890 13 EXEMPT EXEMPT EXEMPT EXEMPT EXEMPT EXEMPT EXEMPT EXEMPT EXEMPT non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 25,000 25,000 82,500 127,995 88,954 172,000 30,875 38,600 70,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant VAAD HARABBANIM L'INYANEI TZEDUKA (c) IRC section if applicable 11-2687367 501C3 11-2929285| 501C3 11-3049033 501C3 501C3 11-2558749 501C3 501C3 13-2856490 501C3 **501C3** 11-2524537 501C 11-3025459 22-3585752 20-0703181 General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? (6) GEMACH KEREN AVROHOM VESHIFRA CORP NY 11204 NY 11204 NY 11219 NY 11204 NY 11219 (9) CONGREGATIOPN MACHZIKEI HADAS NY 11204 NJ 08401 NY 10952 NY 11211 (a) Name and address of organization (4) KOLLEL OHR YAAKOV YOSEF (5) AHAVAS TZEDUKA VCHESDED or government EAST (2) MESIVTA KOL YAKOV (1) CHASDEI YITZCHOK 5323-12TH AVENUE 5109-18TH AVENUE 169 HEWES STREET 1601 42ND STREET 5109-18TH AVENUE 1472-41ST STREET 5111-18TH AVENUE 55 DYKSTRAS WAY (8) CHAIM V'CHESED (7) AHAVAS CHESED (3) NOTZER CHESED ATLANTIC CITY Name of the organization BROOKLYN BROOKLYN BROOKLYN BROOKLYN BROOKLYN BROOKLYN BROOKLYN MONSEY Part Part II

Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

0042VAAD 11/17/2014 1 30 PM

SCHEDULEI (Form 990)

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

OMB No 1545-0047

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

VAAD HARABBANIM L'INYANEI TZEDUKA

Department of the Treasury Internal Revenue Service

e.4 Open to Public

Employer Identification number

Name of the organization VAAD HARABBANIM L'INYANEI T'ZEDUKA	INYANEI TZ	SEDUKA				<u></u> 一	Employer Identification number 37-1456890
Partil General Information on Grants and Assistance	d Assistance						
selecti	he amount of the grance?	rants or assignant funds	stance, the grantees' on the United States	eligibility for the grant	s or assistance, an	O	Yes No
圆	overnments an received more t	d Organi than \$5,00	zations in the Un	ited States. Com	plete if the orgaional space is n	anization ansvieeded.	Organizations in the United States. Complete if the organization answered "Yes" to Form 990, an \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) YESHIVA MAMAR MORDECHAI NADVORNA 4802 19TH AVENUE							EXEMPT
BROOKLYN NY 11204	20-4881284	501C3	18,000				
(2) KOLEL MATEH EFRAIM 1264 56TH STREET PROCETEN	11-2831693	50103	5 500				EXEMPT
IEZER 26TH STREET NY	11-2586342	50103	10,000				EXEMPT
MEHARAM BRISK ISH PKWY ALLEY	20-3974493	50103	28,500			:	EXEMPT
(5)							
(9)							
(1)							
(8)							
(6)							
2 Enter total number of section 501(c)(3) and government organizations listed 3 Enter total number of other organizations listed in the line 1 table	organizations listed	In the line 1 table	1 table				A A

Schedule I (Form 990) (2013)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

37-1456890 Schedule | (Form 990) (2013) VAAD HARABBANIM L'INYANEI TZEDUKA

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance (b) Number of	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
-						
2						
~			i			
4						
2						
,						
9						
7						
	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the information rec	uired in Part I, line	2. Part III. column (b)	and any other additional	information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE ORGANIZATION PERFORMS ONGOING REVIEWS OF GRANTEES TO ENSURE THAT THEY

ARE PROPERLY RECOGNIZED TAX-EXEMPT ENTITIES. IN ADDITION, THE ORGANIZATION

MAY REVIEW THE BOOKS AND RECORDS OF THE GRANTEE TO SUBSTANTIATE THAT

GRANTED FUNDS ARE EXPENDED FOR THEIR INTENDED EXEMPT PURPOSES.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

Internal Revenue Service ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013
Oper to Public Inspection

OMB No 1545-0047

Name of the organization

VAAD HARABBANIM L'INYANEI TZEDUKA INC. Employer Identification number

37-1456890

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A DRAFT COPY OF THE TAX RETURN IS FORWARDED TO THE BOARD OF DIRECTORS

FOR THEIR REVIEW AND COMMENT. AFTER THE BOARD OF DIRECTORS

APPROVES THE TAX RETURN THE TAX RETURN IS THEN FINALIZED. THE TAX RETURN

IS SIGNED AND MAILED. IF TAX RETURN IS BEING E-FILED THEN IT

GETS SUBMITTED VIA ELECTRONICLLY.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICT

OF INTEREST. FAILURE TO DISCLOSE A POTENTIAL CONFLICT OF INTEREST OR

ENGAGING IN A PRACTICE DETERMINED TO BE A CONFLICT OF INTEREST MAY RESULT

IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
UPON REQUEST THE PUBLIC MAY VIEW THE ORGANIZATION'S GOVERNING DOCUMENTS AND
RELATED DOCUMENTS AT THE ADDRESS LOCATED ON PAGE 1 OF FORM 990.

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Name(s) shown on return

(99) VAAD HARABBANIM L'INYANEI TZEDUKA

Identifying number

	INC.							<u> </u> 37-	-145	6890
	ess or activity to which this form relates NDIRECT DEPRECIAT	ION								
Pe	Election To Expen									" \
	Note: If you have a		<u>, complete Par</u>	t V befor	re you co	mplete	Part I.			
1	Maximum amount (see instructions	s)							1	500,000
2	Total cost of section 179 property	placed in service (see	instructions)						2	
3	Threshold cost of section 179 prop	erty before reduction	ın limıtatıon (see in	structions))				3	2,000,000
4	Reduction in limitation. Subtract lin	e 3 from line 2. If zero	or less, enter -0-						4	
_5	Dollar limitation for tax year Subtract lin	e 4 from line 1. If zero or	less, enter -0- If mar	rried filing se	eparately, sec	e instructi	ons		5	<u> </u>
6	(a) Description	n of property		(b) Cost	(business use	only)	(c) E	lected cost		
				ļ						
						, 				
7	Listed property Enter the amount to	from line 29				7			, ,	
8	Total elected cost of section 179 p	roperty. Add amounts	ın column (c), lines	s 6 and 7					8	
9	Tentative deduction. Enter the small	aller of line 5 or line 8							9	
10	Carryover of disallowed deduction	from line 13 of your 20	012 Form 4562						10	
11									11	
12									12	
13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V.									<u> </u>	
ع ح	ார் 🎚 📗 Special Depreciati						de listed	prope	<u>rty.) (\$</u>	See instructions.)
14	-F									
	during the tax year (see instructions) 5. Property subject to section 168(f)(1) election								14	
15									15	
16										
ا ا	MACRS Depreciation (Do not include listed property.) (See instructions.) Section A									
									1 1	2 425
17	MACRS deductions for assets place	•						, \Box	17	3,437
<u>18</u>	If you are electing to group any assets place						ant Dana		Cueter	<u> </u>
	Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery									
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investme only-see instruct	ent use	(d) Recovery penod	(e) Co	nvention	(f) Meth	nod	(g) Depreciation deduction
<u>19a</u>	3-year property									
<u> </u>	5-year property									
<u>C</u>	7-year property									
d	10-year property									
<u>e</u>	15-year property					ļ				·
f	20-year property									
g_	25-year property				25 yrs.	ļ		S/l		
h	Residential rental				27.5 yrs	N	IM	S/l		
	property				27 5 yrs.	N	IM	S/l		
i	Nonresidential real				39 yrs.	N	!M	S/l	-	
	property						1M	S/L		
	Section C—A	ssets Placed in Ser	vice During 2013	Tax Year	Using the	Altern	ative De _l	preciatio	n Syste	em
20a	Class life							S/I]	
b	12-year				12 yrs.	<u> </u>		S/I		
	40-year				40 yrs.	N	1M	S/I]	
Pe	Summary (See ins	tructions.)								
21	Listed property. Enter amount from	n line 28			<u> </u>				21	

portion of the basis attributable to section 263A costs

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here

and on the appropriate lines of your return. Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

3,437

23