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Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2013**

**Open to Public Inspection**

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-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning **SEPTEMBER 1**, 2013, and ending **AUGUST 31**, 20 **14**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: **AREYVUT, INC**  
 Number and street (or P O box, if mail is not delivered to street address) Room/suite: **147 SOUTH WASHINGTON AVENUE**  
 City or town, state or province, country, and ZIP or foreign postal code: **BERGENFIELD, NJ 07621**

**D** Employer identification number: **37-1463393**

**E** Telephone number: **201-244-6702**

**F** Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ▶ **WWW.AREYVUT.ORG**

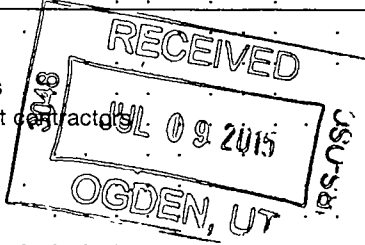
**J** Tax-exempt status (check only one) --  501(c)(3)  501(c)( ) (insert no)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																								\$92,813.68			
	2	Program service revenue including government fees and contracts																								\$48,597.70			
	3	Membership dues and assessments																								0			
	4	Investment income																								0			
	5a	Gross amount from sale of assets other than inventory																								0			
	b	Less: cost or other basis and sales expenses																								0			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																								0			
	6	Gaming and fundraising events																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																								0			
	b	Gross income from fundraising events (not including \$46,275.91 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																											
c	Less: direct expenses from gaming and fundraising events																								\$38,506.85				
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																								\$7,769.06				
7a	Gross sales of inventory, less returns and allowances																								0				
b	Less: cost of goods sold																								0				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																								0				
8	Other revenue (describe in Schedule O)																								\$4,426.28				
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																								\$153,606.72				
Expenses	10	Grants and similar amounts paid (list in Schedule O)																								0			
	11	Benefits paid to or for members																								0			
	12	Salaries, other compensation, and employee benefits																								\$97,370.91			
	13	Professional fees and other payments to independent contractors																								0			
	14	Occupancy, rent, utilities, and maintenance																								\$9,543.70			
	15	Printing, publications, postage, and shipping																								\$4,514.76			
	16	Other expenses (describe in Schedule O)																								\$38,004.47			
	17	<b>Total expenses.</b> Add lines 10 through 16																								\$149,433.84			
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																								\$4,172.88			
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																								\$4,446.28			
	20	Other changes in net assets or fund balances (explain in Schedule O)																								0			
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																								\$8,619.16			



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For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2013)

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**Part II Balance Sheets** (see the instructions for Part II)  
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	\$4,446 28	\$1,749 13
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets		
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	\$4,446 28	\$1,749 13

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)  
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? TO TEACH ABOUT CHESED, TZEDAKAH & TIKKUN OLAM  
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
28 MITZVAH CLOWNING IS A CARING OR MEDICAL CLOWNING PROGRAM THAT TEACHES PARTICIPANTS A SKILL THEY CAN USE THROUGHOUT THEIR LIVES WHILE BRINGING JOY TO SENIORS AND OTHERS IN NEED OF HEALING AND A FRIENDLY VISIT (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a \$5,714 07
29 ONGOING PROGRAMS INCLUDING TEEN PHILANTHROPY THAT TEACHES PARTICIPANTS ABOUT THE NONPROFIT WORLD AND GRANTMAKING AND BNAI MITZVAH FAIRS, HANDS ON PROJECTS THAT BENEFIT LOCAL AGENCIES AND A NATIONAL MITZVAH DAY (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a \$15,860 87
30 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32 \$21,574.94

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)  
 Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DANIEL ROTHNER, FOUNDER & DIRECTOR 147 S WASHINGTON AVENUE, BERGENFIELD, NJ 07621	40	0	0	0
ALAN LEVINE, DIRECTOR 131 RYNDA ROAD, SOUTH ORANGE, NJ 07079	1	0	0	0
ANNETTE PRAGER, DIRECTOR 37 LEE PLACE, BERGENFIELD, NJ 07621	1	0	0	0
MARK HIRSCHBERG, DIRECTOR 14 FOREST AVENUE, TENAFLY, NJ 07670	1	0	0	0
JASON TUVEL, DIRECTOR 549 ELM AVENUE, RIDGEFIELD, NJ 07657	1	0	0	0
BRUCE LISH, DIRECTOR 73-47 183RD ST, FRESH MEADOWS, NY 11366	1	0	0	0
MICHAEL BAER, DIRECTOR 25-32 URBAN PLACE, FAIR LAWN, NJ 07410	1	0	0	0
JESSICA JACOBS, DIRECTOR 51 CANTERBURY LANE, NEW MILFORD, NJ 07646	1	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
<b>33</b>	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		<input checked="" type="checkbox"/>
<b>34</b>	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		<input checked="" type="checkbox"/>
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		
<b>c</b>	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		<input checked="" type="checkbox"/>
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		<input checked="" type="checkbox"/>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<input checked="" type="checkbox"/>
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> 0		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> 0		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> 0		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ . . . . .		
<b>b</b>	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		<input checked="" type="checkbox"/>
<b>c</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
<b>e</b>	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		<input checked="" type="checkbox"/>
<b>41</b>	List the states with which a copy of this return is filed ▶ <u>NEW YORK AND NEW JERSEY</u>		
<b>42a</b>	The organization's books are in care of ▶ <u>AREYVUT, INC.</u> Telephone no ▶ <u>201-244-6702</u> Located at ▶ <u>147 SOUTH WASHINGTON AVENUE, BERGENFIELD, NJ 07621</u> ZIP + 4 ▶ <u>07621</u>		
<b>b</b>	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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	Yes	No
<b>42b</b>			<input checked="" type="checkbox"/>
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶		<input checked="" type="checkbox"/>
<b>42c</b>			<input checked="" type="checkbox"/>
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
<b>c</b>	Did the organization receive any payments for indoor tanning services during the year? . . . . .		<input checked="" type="checkbox"/>
<b>d</b>	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		<input checked="" type="checkbox"/>
<b>44d</b>			<input checked="" type="checkbox"/>
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		<input checked="" type="checkbox"/>
<b>45b</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .		<input checked="" type="checkbox"/>
<b>45b</b>			<input checked="" type="checkbox"/>

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

	Yes	No
46		✓

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 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 . . . . .

	Yes	No
47		✓
48		✓
49a		✓
49b		✓

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

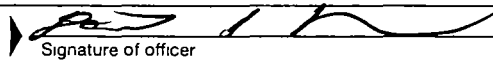
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here** Signature of officer:  Date: 7-6-15  
 Type or print name and title: DANIEL ROTHNER, FOUNDER & DIRECTOR

**Paid Preparer Use Only** Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_  
 Firm's address: \_\_\_\_\_ Phone no: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

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

**Public Charity Status and Public Support**

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**2013**

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/form990).

**Open to Public Inspection**

Name of the organization  
AREVVUT, INC.

Employer identification number  
37-1463393

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1  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)**.
- 4  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
- 5  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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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)**.
- 11  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.
  - a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated
- e  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).
- f 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
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) 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? 

	Yes	No
11g(i)		
  - (ii) A family member of a person described in (i) above? 

	Yes	No
11g(ii)		
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**Part II 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	\$105,784 00	\$90,662 00	\$98,354 30	\$87,630 00	\$92,813 68	\$475,243 98
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	\$105,784 00	\$90,662 00	\$98,354 30	\$87,630 00	\$92,813 68	\$475,243 98
<b>5</b> 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) . . . . .						\$160,517 68
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						\$314,726 30

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 . . . . .	\$105,784 00	\$90,662 00	\$98,354 30	\$87,630 00	\$92,813 68	\$475,243 98
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	\$21,822 17	\$26,647 86	\$43,323 04	\$61,544 48	\$87,104 55	\$240,442 11
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						\$715,686 08
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	43 98 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	<b>15</b>	47 28 %
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test—2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

AREYVUT, INC

Employer identification number

37-1463393

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		BREAKFAST (event type)	CARNIVAL (event type)	2 (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts . . . . .	\$21,228 00	\$24,001 44	\$971 47	\$46,200 87
	2	Less. Contributions . . . . .				
	3	Gross income (line 1 minus line 2) . . . . .	\$21,228 00	\$24,001 44	\$971 47	\$46,200 87
Direct Expenses	4	Cash prizes . . . . .	0	0	0	
	5	Noncash prizes . . . . .	0	0	0	
	6	Rent/facility costs . . . . .	0	\$15,291 18	0	
	7	Food and beverages . . . . .	\$2,280	\$233 28	0	
	8	Entertainment . . . . .	0	\$9,247 30	0	
	9	Other direct expenses . . . . .	\$3,791 99	\$11,860 83	\$619 20	
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶					\$2,877 09

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Revenue	1	Gross revenue . . . . .				
Direct Expenses	2	Cash prizes . . . . .				
	3	Noncash prizes . . . . .				
	4	Rent/facility costs . . . . .				
	5	Other direct expenses . . . . .				
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	8	Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				

- 9 Enter the state(s) in which the organization operates gaming activities:
- a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No
- b If "No," explain:
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No
- b If "Yes," explain:

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
AREYVUT, INC.

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Employer identification number  
37-1463393

AREYVUT CONTINUES TO FOCUS ON THE CORE JEWISH VALUES OF CHESED, TZEDAKAH AND TIKKUN OLAM IN ALL OF ITS PROGRAMS THANKS TO A PARTNERSHIP WITH GOODS DEEDS DAY OUR A KINDNESS A DAY CALENDAR IS REACHING AS MANY AS 60,000 PEOPLE DAILY WE ARE PLEASED TO BE A PART OF J-LINC, A UNIQUE EARLY CHILDHOOD FAMILY EDUCATION PROGRAM AND THE LEADING EDUCATIONAL PROVIDER IN THE WJTLI, A POST BNAI MITZVAH PROGRAM UNDER THE AUSPICES OF THE JEWISH EDUCATION PROJECT WE CONTINUE TO HELP CELEBRANTS AND FAMILIES INFUSE THEIR BNAI MITZVAH CELEBRATION WITH MEANING BY PERSONALIZING MITZVAH PROJECTS THAT ADD TO THEIR CELEBRATION WHILE ACTIVELY MAKING THE WORLD A BETTER PLACE AND HAD OUR LARGEST AND MOST SUCCESSFUL SUCH PROGRAM ON MEMORIAL DAY WE HAD OUR LARGEST GROUP FOR TEEN PHILANTHROPY AND ARE EXCITED BY ALL WE HAVE ACHIEVED THIS YEAR

IN PART 1 LINE 16 WE LISTED \$38,004 47 IN OTHER EXPENSES WHICH COVERS ATTENDING CONFERENCES, WORKSHOPS AND SEMINARS, MAINTAINING AND HOSTING OUR WEBSITE WWW AREYVUT ORG, FEES TO PROCESS CREDIT CARDS, ALL PROGRAM RELATED EXPENSES INCLUDING SUPPLIES FOR MITZVAH CLOWNING, NATIONAL MITZVAH DAY, J-LINC AND THE VARIOUS HANDS ON AND MOITZVAH PROJECTS WE FACILITATED ADDITIONALLY, THIS INCLUDES OUR INSURANCE, PHONE, OFFICE SUPPLIES AND PAYROLL EXPENSES OF THE \$38,004 47 IN OTHER EXPENSES \$22,910 22 IS FOR PROGRAM RELATED EXPENSES AS OUTLINED ABOVE

WE BEGAN THE FISCAL YEAR WITH \$4,446 26 AND CONCLUDED IT WITH \$1,749 13

ALL OF OUR DIRECTOR ARE VOLUNTEERS AND AT PRESENT THE FOUNDER AND DIRECTOR DOES NOT RECEIVE A SALARY

WE HAVE STARTED TO PLAY A MORE PROMINENT ROLE IN COMMUNITYWIDE EVENTS FOR EXAMPLE, IN THE FALL WE WILL BE COSPONSORING ISRAEL FAIRS TO BENEFIT 30 VENDORS FROM SOUTHERN ISRAEL WHO WERE ADVERSELY IMPACTED BY OPERATION PROTECTIVE EDGE LATER IN THE YEAR WE WILL BE FACILITATING LOCAL EFFORTS FOR THE SHABBOS PROJECT AND ARE GLAD THAT WE CAN CONVENE, LEAD AND HELP OTHERS GET INVOLVED

Name	A 2009	B 2010	C 2011	D 2012	E 2013	F Total	G Excess - 2%
Atied Associates			5,000			5,000	
Meyer & Ellen Koplow	10,000		25,000	\$10,000	\$10,000	45,000	30,686.28
Omnicare Foundation	12,000	10,000				22,000	7,686.28
Eric Rothner	30,000	30,000	25,000	\$15,000	\$25,000	125,000	110,686.28
Targum Shlishi	5,000	2,500				7,500	
Morton Terrace Care Center				\$25,000		25,000	10,686.28
Sidney & Lisa Glenner Found	14,400					14,400	\$86.28
Special Assets		5,000	5,000	5,000		15,000	\$686.28
Sterling Park Group					5,000	5,000	
Eli & Harley Ungar					7,500	7,500	
WPI Countryside LLC					10,000	10,000	
						<b>281,400</b>	<b>160,518</b>

Assumption. 2% of the amount on Schedule A (Form 990 or 990-EZ), Part II, line 11, column (f) is \$14,313.72