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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.

2014 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions.

For the 2014 calendar year, or tax year beginning 03/05/14, and ending 12/31/14D Employer identification number BAIS YAAKOV MACHON ORA A NJ NON-C Name of organization Check if applicable: PROFIT CORPORATION Address change Doing business as 46-4996058 Name change Room/suite Number and street (or P.O. box if mail is not delivered to street address) 180 PASSAIC AVENUE X Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ lerminated 190,910 PASSAIC 07055 G Gross receipts \$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Yes Application pending ERIC GREENBERGER H(b) Are all subordinates included? 396 SOUTH PARKWAY if "No," attach a list (see instructions) 07014 CLIFTON NJ 4947(a)(1) or X 501(c)(3) (insert no.) 501(c) Tax-exempt status H(c) Group examplion number Wabsite: Year of formation: 2014 M State of legal domicile Olher > X Corporation Form of organization: Part I Summary 1 Briefly describe the organization's mission or most significant activities: PROVIDE STUDENTS WITH A HIGH SCHOOL EDUCATION 시 PR 속 도 20개요 Activities & Governance 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) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 6 0 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** SCALL TED Revenue 95,000 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) 34, 500 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 68,699 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professionat/fundralsing/fees (Part IX, column (A), line 11e) b Totel fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A) Alines 11a–11d, 11f–24e)
18 Total expenses (Adg lines 13617 (must equal Part IX, column (A), line 25) 55,466 124,165 19 Revenue less expenses. Subtract line 18 from line 12 66,745 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 328 0 0 21 Total liabilities (Part X, line 26) 0 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Part II Under penalties of penury, 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 preparemother than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer OFFICER ERIC GREENBERGER Here Type or print name and title Preparer's signature Print/Type preparer's name Check Paid P00171670 03/11/16 Jerald Berger Jerald Berger 22-3205307 Preparer Berger & Co., Firm's EIN Firm's name Use Only 95 Thames Boulevard 201-384-6667 Bergenfield, NJ 07621-3912 Firm's address Yes No May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2014) Part IV 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,"		1	
	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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	l		
	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 98-197 If "Yes," complete Schedule C,	ļ	-	
	Part III	_5_		<u>X</u>
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		1	
	"Yes," complete Schedule D, Part I	_6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		1	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
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		: I	
	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		1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		٠,	
	complete Schedule D, Part VI	11a	X	
p	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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	44.		v
٦	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		<u>X</u>
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	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	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	-'''		
120	Schedule D, Parts XI and XII	12a		Χ
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120		
	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	Х	-21
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.	, ,,,,		
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	:		<u> </u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		20b		
			000	1

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1		١,,
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			.,
240	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	_23		X
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	1		_V
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		<u>X</u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1 70		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		-
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Χ
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
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		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I			,
24		33	_	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	١.,		v
35a	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a	 	
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	254		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	\vdash	
50	related organization? If "Yes," complete Schedule R, Part V, line 2	25		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u>X</u>
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1		
	Part VI	37		Х
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		Х
		1 50	990	

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******	irt V Statements Regarding Other IRS Filings and Tax Compliance		<u> </u>	age
ı a	Check if Schedule O contains a response or note to any line in this Part V			Г
	Officers in defication of defination at responde of viete to any limit in and it are		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		103	<u> </u>
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
J	reportable gaming (gambling) winnings to prize winners?	1c		Ì
2a	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 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		***	<u> </u>
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		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			\vdash
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ŀ
	account)?	4a		X
h	If "Yes," enter the name of the foreign country	70.1		<u>├^</u>
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		\vdash^{\wedge}
с 6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-30		
ua	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 or	J Ga	<u> </u>	
b	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	- OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
ь	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	-"		\vdash
Ü	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	/ -		\vdash
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		\vdash
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		┢
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0			┢
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			<u> </u>
-	sponsoring organization have excess business holdings at any time during the year?	8		Ì
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		\vdash
10	Section 501(c)(7) organizations. Enter			_
а	Initiation fees and capital contributions included on Part VIII, line 12			
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			
'' a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
b	against amounts due or received from them)			
12a		12a	1	
b		120		<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ıs a	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	+
a	Note. See the instructions for additional information the organization must report on Schedule O	,32		
h	Enter the amount of reserves the organization is required to maintain by the states in which		1	

14a

13b

13c

the organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

c Enter the amount of reserves on hand

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

4 RAVONA STREET

State the name, address, and telephone number of the person who possesses the organization's books and records >

financial statements available to the public during the tax year

20

DAA

YEHUDA FRIEDMAN

CLIFTON

Form 990 (2014

973-471-4160

NJ 07012

Transfer of the second	<u>14) BAIS YAAK</u>										Page 7
Part VII			Dire	ecto	rs,	Tru	ıste	es,	Key Employees, Hig	hest Compensated	Employees, and
	Independent Co										
									o any line in this Part		
Section A.									t Compensated Employee		
organization's	tax year								on for the calendar year er	•	
compensation	Enter -0- in columns	(D), (E), and (F)	ıf no	cor	nper	ısatı	on w	as p	aid	s), regardless of amount of	
									ons for definition of "key em		
who received		on (Box 5 of Fo							er than an officer, director, rm 1099-MISC) of more tha		
\$100,000 of	reportable compensation	on from the orga	nizat	tion :	and a	any i	elate	ed or	<u> </u>		
organization, List persons i	more than \$10,000 of r n the following order in	eportable comp idividual trustee	ensa	tion	from	the	orga	anıza	in the capacity as a former ition and any related organ trustees, officers, key empl	ızatıons	
	employees, and forme	-		. 4 4		_:	4				
es check thi		<u>-</u>	у ген Т	sie0		-	uon	com	pensated any current office		
N	(A) lame and Title	hours per (do not che week box, unless officer and bours for		Position ot check more than one unless person is both an or and a director/furstee)				(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) ELIES	ZER GREENBER	GER					 	 			
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		15.00		l							
PRESIDEN	1T	0.00			X				0	0	0
(2) YEHUI	DA FRIEDMAN				1						
		10.00	1				ł				
TREASURE	ER	0.00			X				0	\ 0	0
(3) ZEV I	KARPEL										
		5.00						1			
SECRETAR		0.00	 	ļ	X	├	<u> </u>	<u> </u>	0	0	0
(4) 乙比V:	SHIFFMAN	3.00									
BOARD ME	MDCD	0.00			X				0		0
(5)	SHIDEK	0.00	+	1	$\uparrow \uparrow$		\vdash	├		0	0
(0)											
(6)			-	-	 	-					
(7)											
			ļ		_			_			
(8)					ļ.	!					
(9)			-	+			-				
			_	_			<u> </u>				
(10)		I	1	i	1	1	1	1	1	i l	

(11)

Par	VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)		_	
	(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson ı	than o s both r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F Estim amou oth comper	ated int of er	
		hours for related organizations below dotted fine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from organi; and re organiz	zation lated	
(12)						_							
(13)					-								
(14)													
(15)					-								
(16)													
(17)	-				_								
(18)													
(19)													
1b c d	Sub-total Total from continuation she Total (add lines 1b and 1c)	eets to Part VII,	Sect	ion .	Α	ı	<u> </u>	> >					
2	Total number of individuals (i reportable compensation from	ncluding but not n the organizatio	lımıte n ▶	ed to	thos	se lis	ted a	abo	ve) who received more than	\$100,000 of		Tù	
3	Did the organization list any f employee on line 1a? If "Yes, For any individual listed on line 1a".	" complete Sche	dule	J fo	rsuc	h in	dividi	ual	-		3	Yes	X
5	organization and related organization and related organization and related organization line organization and related org	inizations greate	r thai	n \$1	50,00 pens	002 i satio	lf "Ye n froi	es," m a	complete Schedule J for su	ch	4		Х
Socti	for services rendered to the con B. Independent Contract		Yes,	con	nplet	e Sc	hedu	ıle 、	J for such person		5		X
1	Complete this table for your f compensation from the organ	ive highest comp	oens:	ated ensa	ınde atıon	pend for t	dent the c	con aler	ndar year ending with or with	nin the organization's tax yea			
	Name an	(A) d business address				-			Descrip	(B) otion of services		(C) compens	ation
				<u> </u>						·			
		 						+					
	Total number of independent												
DAA	received more than \$100,000	or compensation	ın t r o	ım th	e or	yanı	zatioi	n P		0	Fr	orm 99	0 (2014)

Form 990 (2014) BAIS YAAKOV MACHON ORA A NJ NON-46-4996058 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (C) Unrelated (D) Revenue Total revenue exempt business excluded from tax function revenue under sections revenue 512-514 Gifts, Grants ilar Amounts 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 10 d Related organizations 1d Contributions, and Other Simi 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 95,000 1f g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 95,000 Revenue Busn Code 2a TUITION 52,235 52,235 b REGISTRATION 6,500 6,500 Program Service APPLICATION & ACTIVITY FEES 2,675 2,675 f All other program service revenue g Total. Add lines 2a-2f ▶ 61,410 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds ▶ 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 (i) Securities (II) Other 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 Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Þ Miscellaneous Revenue Busn Code 11a DONATIONS 26,485 26,485 b OTHER REVENUE 8,015 8,015 С

•

34,500

95,910

190,910

0

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

Part IX Statement of Functional Expenses

7b, 8b	Check if Schedule O contains a response tinclude amounts reported on lines 6b, b, 9b, and 10b of Part VIII Grants and other assistance to domestic organizations	(A) Total expenses	(B) Program service	(C)	(D)
7b, 8b	, 9b, and 10b of Part VIII	Total expenses		Managarian i	
1 2			expenses	Management and general expenses	Fundraising
2 9	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
3	and domestic governments. See Part IV, line 21		•		
3	Grants and other assistance to domestic				
3	individuals See Part IV, line 22		-		
	F				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
	Benefits paid to or for members	<u> </u>			
	Compensation of current officers, directors,				
	trustees, and key employees			<u></u> _	
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	63,193	63,193		
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,506	5,506		
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
ď	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	3,127		3,127	
13	Office expenses	15,270	8,219	7,051	
14	Information technology	1,872		1,872	
15	Royalties				
16	Occupancy	14,483		_14,483	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,508	2,508		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,481	11,481		
23	Insurance	6,725		6,725	
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)				
а					
b					
С					
d					·
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	124,165	90,907	33,258	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ 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 (A) (B) Beginning of year End of year Cash-non-interest bearing 1 60,983 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 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 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 17,245 other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 16,347 10c 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 0 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 *77,* 328 28 Temporarily restricted net assets 28 Net Assets or Fund Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 0 33 Total liabilities and net assets/fund balances 01 34

Form	990 (2014) BAIS YAAKOV MACHON ORA A NJ NON- 46-4996058			Page	12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19	0,9	10
2	Total expenses (must equal Part IX, column (A), line 25)	2		24,1	
3	Revenue less expenses Subtract line 2 from line 1	3		56 <u>, 7</u>	<u>45</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
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	1	0,5	83
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		77,3	28
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			[
				Yes I	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		Χ
	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				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	ĺ	Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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				
	Schedule O				
За	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 Circular A-133?		_ 3a	:	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Forn	990 (2	2014)

SCHEDULE A

(Form 990 or 990-EZ)

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.

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BAIS YAAKOV MACHON ORA A NJ NON-PROFIT CORPORATION

Employer identification number 46-4996058

Pa	irt l	Reaso	on for Public Charity S	Status (All organizations i	<u>must co</u>	<u>mplete</u>	this part) See instruction	ns			
The	orga	nization is not	a private foundation because	e it is (For lines 1 through 11, c	heck only	one box)				
1		A church, cor	ention of churches, or asso	ociation of churches described in	n section	170(b)(1)(A)(i).				
2	X	A school desc	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E)							
3		A hospital or	a cooperative hospital servic	e organization described in sec	tion 170(b)(1)(A)(iii).				
4		A medical res	search organization operated	in conjunction with a hospital d	escribed	ın sectio	n 170(b)(1)(A)(iii). Enter the h	ospital's name,			
		city, and state	e								
5		An organizati	on operated for the benefit o	f a college or university owned o	or operate	ed by a go	overnmental unit described in				
	_	section 170(b)(1)(A)(iv). (Complete Part	II)							
6		A federal, sta	te, or local government or go	overnmental unit described in se	ection 17	0(b)(1)(A)(v).				
7				substantial part of its support fro				;			
	ر	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	П	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross									
				pt functions—subject to certain			•				
		support from	gross investment income an	d unrelated business taxable in	come (les	s section	i 511 tax) from businesses				
		acquired by the	- he organization after June 30), 1975 See section 509(a)(2).	(Complet	te Part III)				
10		An organizati	on organized and operated e	exclusively to test for public safe	ty See s	ection 50	09(a)(4).				
11	\Box	An organizati	on organized and operated e	exclusively for the benefit of, to p	erform th	e functio	ns of, or to carry out the purpo	ses of			
		one or more	oublicly supported organizati	ons described in section 509(a)(1) or se	ction 509	(a)(2). See section 509(a)(3).	Check			
		the box in line	es 11a through 11d that desc	cribes the type of supporting org	anızatıon	and com	plete lines 11e, 11f, and 11g				
а		the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving									
		the supported	d organization(s) the power to	o regularly appoint or elect a ma	ijority of t	he directo	ors or trustees of the supporting	g			
		organization	You must complete Part IV	/, Sections A and B.							
b		Type II. A su	pporting organization superv	ised or controlled in connection	with its s	upported	organization(s), by having				
		control or ma	nagement of the supporting	organization vested in the same	persons	that cont	rol or manage the supported				
		organization(s) You must complete Par	t IV, Sections A and C.							
С		Type III func	tionally integrated. A suppo	orting organization operated in c	onnection	n with, an	d functionally integrated with,				
		its supported	organization(s) (see instruct	ions) You must complete Par	t IV, Sect	ions A, [D, and E.				
d		Type III non-	functionally integrated. A	supporting organization operate	d in conne	ection wit	h its supported organization(s)				
		that is not fur	nctionally integrated. The org	anızatıon generally must satısfy	a distribi	ition requ	irement and an attentiveness				
		requirement ((see instructions) You must	complete Part IV, Sections A	and D, a	nd Part \	V .				
е		Check this bo	ox if the organization received	d a written determination from t	ne IRS tha	atıtısa 7	ype I, Type II, Type III				
			-	ictionally integrated supporting of	organizati	on					
f			r of supported organizations								
g	Pro	ovide the follow	ving information about the su	ipported organization(s)	т						
(e of supported	(II) EIN	(iii) Type of organization	(iv) is the o		(v) Amount of monetary	(vi) Amount of			
	or	ganization		(described on lines 1–9 above or IRC section	listed in you docur	n governing nent?	support (see instructions)	other support (see			
				(see instructions))			,				
					Yes	No					
(A)											
(B)					-						
(C)											
(D)											
(E)	_										
Tota	al										

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)

Sec	tion A. Public Support										
Caler	idar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total				
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")										
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
3	The value of services or facilities furnished by a governmental unit to the organization without charge				!						
4	Total. Add lines 1 through 3										
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)										
6	Public support. Subtract line 5 from line 4					1					
	tion B. Total Support						- 				
Caler	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total				
7	Amounts from line 4										
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources										
9	Net income from unrelated business activities, whether or not the business is regularly carried on										
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)										
11	Total support. Add lines 7 through 10										
12	Gross receipts from related activities, etc	•				12	2				
13	First five years. If the Form 990 is for the		t, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)					
<u></u>	organization, check this box and stop her		 				>				
	tion C. Computation of Public Su					·					
14	Public support percentage for 2014 (line 6	* *	•	nn (f))		14					
15	Public support percentage from 2013 Sch	·				15	5 %				
ioa	33 1/3% support test—2014. If the organ				33 1/3% or more,	check this					
b	box and stop here. The organization qual 33 1/3% support test—2013. If the organ	•			15 in 22 1/20/		▶ [_]				
	check this box and stop here. The organi				15 IS 33 1/3% OF IT	iore,	. —				
17a	10%-facts-and-circumstances test—201			•	eo or 16h and ha	- 44	▶ ∐				
	10% or more, and if the organization meet										
	Part VI how the organization meets the "fa										
	organization			gamzation quame.	s as a publicity sup	ported	▶ □				
b	10%-facts-and-circumstances test—201	13. If the organizat	ion did not check :	a box on line 13, 1	6a 16b or17a ar	nd 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly										
	supported organization				д со со с р		▶ □				
18	Private foundation. If the organization die	d not check a box	on line 13, 16a, 16	6b, 17a, or 17b. ch	eck this box and s	ee	-				
	instructions		, ,	, , , , , , , , , , , , , , , , , , , ,			▶ □				
			-								

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or 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						
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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				3-2		
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 VI)						
13	Total support (Add lines 9, 10c, 11,						
	and 12)				<u></u>		
14	First five years. If the Form 990 is for the organization, check this box and stop her	-	st, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)	▶ []
Sec	tion C. Computation of Public St	upport Percen	itage				
15	Public support percentage for 2014 (line 8	, column (f) divide	d by line 13, colur	nn (f))		15	%
16	Public support percentage from 2013 Sch					16	%
Sec	tion D. Computation of Investme	nt Income Pe	rcentage				
17	Investment income percentage for 2014 (I		•	3, column (f))		17	%
18	Investment income percentage from 2013					18	%
19a	33 1/3% support tests—2014. If the orga						
	17 is not more than 33 1/3%, check this b						▶ [
b	33 1/3% support tests—2013. If the orga						
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization di					•	

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and com	plete Part V)		
Secti	on A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	[1]		
2	Did the organization have any supported organization that does not have an IRS determination of status		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3ь]	•	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	10		
-	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b	;	
С	Did the organization support any foreign supported organization that does not have an IRS determination	1.5		
•	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c	:	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		<u> </u>
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
-	organizations)? If "Yes," answer (b) below	10a		ļ
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings)	10b		I

		•		
Activities Test Answ	ver (a) and (b) below.		Yes	No
a Did substantially al	I of the organization's activities during the tax year directly further the exempt purposes of			
the supported orga	nization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
those supported	organizations and explain how these activities directly furthered their exempt purposes,			
how the organization	on was responsive to those supported organizations, and how the organization determined			
that these activities	s constituted substantially all of its activities	2a	ĺ	
b Did the activities de	escribed in (a) constitute activities that, but for the organization's involvement, one or more			
of the organization	's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
reasons for the org	anization's position that its supported organization(s) would have engaged in these			
activities but for the	e organization's involvement	2b	i i	
Parent of Supporte	ed Organizations Answer (a) and (b) below.			
 Did the organization 	n have the power to regularly appoint or elect a majority of the officers, directors, or			
trustees of each of	the supported organizations? Provide details in Part VI.	3a] 1	
b Did the organization	n exercise a substantial degree of direction over the policies, programs, and activities of each			
of its supported org	ganizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	1	

3

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust of			1
other Type III non-functionally integrated supporting organizations must complete S	ections A thro	ugh E	,
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	(B) Current Year (optional)		
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	_6		
7 Check here if the current year is the organization's first as a non-functionally-integr	ated Type III s	upporting organization (see

Page 6

instructions)

Schedule A (Form 990 or 990-EZ) 2014

Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see

Excess distributions carryover to 2015. Add lines 3j

instructions)

Breakdown of line 7

d Excess from 2013 e Excess from 2014

and 4c

b

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.

OMB No 1545-0047

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

Open to Public Inspection

	the organ		E	mployer	identification	n number	
BAIS YAAKOV MACHON ORA A NJ NON- PROFIT CORPORATION		46-4996058					
Par Par		Organizations Maintaining Donor Advised				8	
rai	4 (Complete if the organization answered "Yes" t		Count	э.		
			(a) Donor advised funds	(k) Funds and	other accoun	ts
1	Total nu	mber at end of year					
		te value of contributions to (during year)					
3 ,	Aggrega	te value of grants from (during year)					
4	Aggrega	te value at end of year					
5	Did the	organization inform all donors and donor advisors in writing	that the assets held in donor advised				
1	funds ar	e the organization's property, subject to the organization's	exclusive legal control?			Yes	No No
6	Did the	organization inform all grantees, donors, and donor advisor	s in writing that grant funds can be used				
	only for	charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose				
	conferrir	g impermissible private benefit?				Yes	No
Par	ŧ II	Conservation Easements.	_				
		Complete if the organization answered "Yes" t	o Form 990, Part IV, line 7				
1	Purpose	(s) of conservation easements held by the organization (cf	neck all that apply)				
	Pres	ervation of land for public use (e.g., recreation or educatio	n) Preservation of a historically import	ant lanc	i area		
ļ	Prot	ection of natural habitat	Preservation of a certified historic s	tructure	į		
l	Pres	servation of open space					
		e lines 2a through 2d if the organization held a qualified co	nservation contribution in the form of a conserva-	ation			
	easeme	nt on the last day of the tax year		<u> </u>	Held at the	e End of th	e Tax Yea
а	Total nu	mber of conservation easements		_2a			
		reage restricted by conservation easements		2b			
		of conservation easements on a certified historic structure		2c			
		of conservation easements included in (c) acquired after 8	/17/06, and not on a				
		structure listed in the National Register		_2d			
		of conservation easements modified, transferred, released	i, extinguished, or terminated by the organization	u garıng) the		
	tax year		A so located N				
		of states where property subject to conservation easemen					
		e organization have a written policy regarding the periodic i s, and enforcement of the conservation easements it holds				□ v	
		s, and emorcement of the conservation easements it holds discontinuous devoted to monitoring, inspecting, and ei		_		Yes	No L
6	Stail all	d volunteer flours devoted to monitoring, inspecting, and ci	northing conservation easements during the year	1			
7	Amount	of expenses incurred in monitoring, inspecting, and enforce	ing conservation easements during the year				
,	▶ \$	of expenses incurred in monitoring, inspecting, and emore	ing conscivation casements during the year				
8		ach conservation easement reported on line 2(d) above sat	isfy the requirements of section 170(h)(4)(R)(i)				
·		tion 170(h)(4)(B)(ii)?				Yes	. □ No
9		KIII, describe how the organization reports conservation ea	sements in its revenue and expense statement.	and			
_		sheet, and include, if applicable, the text of the footnote to	•		he		
		ation's accounting for conservation easements	-				
Pa	rt III	Organizations Maintaining Collections of		milar	Assets.		
		Complete if the organization answered "Yes"	to Form 990, Part IV, line 8				
1a	If the or	ganization elected, as permitted under SFAS 116 (ASC 95	8), not to report in its revenue statement and ba	lance st	neet		
	works o	f art, historical treasures, or other similar assets held for pu	iblic exhibition, education, or research in furthera	ance of			
	public s	ervice, provide, in Part XIII, the text of the footnote to its fir	ancial statements that describes these items				
b	If the or	ganization elected, as permitted under SFAS 116 (ASC 95	8), to report in its revenue statement and balanc	e sheet	·		
		f art, historical treasures, or other similar assets held for pu		ance of			
	public s	ervice, provide the following amounts relating to these item	ns				
	(i) Rev	renues included in Form 990, Part VIII, line 1		•	\$		
	• •	ets included in Form 990, Part X		>	\$		
2		ganization received or held works of art, historical treasure		de the			
		g amounts required to be reported under SFAS 116 (ASC	958) relating to these items				
		e included in Form 990, Part VIII, line 1		•	\$		
<u>b</u> _	Assets	included in Form 990, Part X			\$		

	AAKOV MACHON				996058	Page 2
Part III Organizations Mainta 3 Using the organization's acquisition, a						(continuea)
collection items (check all that apply)				e a signine	ant use of its	
a Public exhibition		Loan or exchange pro	ograms			
b Scholarly research c Preservation for future generation		Other				
 Preservation for future generation. Provide a description of the organization. 		how they further the	organization's	exemnt n	urnose in Part	
XIII					arpose in rain	
5 During the year, did the organization s						
assets to be sold to raise funds rather		art of the organization	n's collection?			Yes No
Part IV Escrow and Custodia Complete if the organia	_	to Form 000 Da	urt IV Juna O	or ropo	dad an amailint	. Ган
990, Part X, line 21						
1a Is the organization an agent, trustee,	custodian or other intermed	liary for contributions	or other asset	s not		
included on Form 990, Part X?	- 4 VIII	N 4 - b l -				Yes No
b If "Yes," explain the arrangement in P	art XIII and complete the to	llowing table				Amount
a Paginaina halanga					1c	Amount
 Beginning balance Additions during the year 					1d	
e Distributions during the year					1e	
f Ending balance					1f	
2a Did the organization include an amou	nt on Form 990, Part X, line	21, for escrow or cus	stodial accoun	t liability?		Yes No
b If "Yes," explain the arrangement in P	art XIII Check here if the e	xplanation has been p	provided in Pai	t XIII		
Part V Endowment Funds.				_		
Complete if the organi						
	(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three years back	(e) Four years back
1a Beginning of year balance						
 b Contributions c Net investment earnings, gains, and 						
losses						
d Grants or scholarships						T
e Other expenditures for facilities and						
programs						<u> </u>
f Administrative expenses		-	ļ			
g End of year balance			<u> </u>		-·· -	<u> </u>
2 Provide the estimated percentage of the		e (line 1g, column (a)) held as			
 a Board designated or quasi-endowmer b Permanent endowment ▶ 	nt ▶ %					
c Temporarily restricted endowment	%					
The percentages in lines 2a, 2b, and						
3a Are there endowment funds not in the		ation that are held and	d administered	for the		
organization by						Yes No
(i) unrelated organizations						3a(ı)
(ii) related organizations						3a(iı)
b If "Yes" to 3a(II), are the related organ	•					_3b
4 Describe in Part XIII the intended use		owment funds				
Part VI Land, Buildings, and Complete if the organ		" to Form 990 Pa	art IV June 1	12 500	Form 000 Port V	/ line 10
Description of property	(a) Cost or other		r other basis		ccumulated	(d) Book value
22-31,611011 01, 61,95011,3	(investment	1	ther)		preciation	(a) book take
1a Land						
b Buildings						
c Leasehold improvements			11,925		398	11,527
d Equipment			2,980		149	2,831
e Other	\	4 V 1	2,340		351	1,989
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Pa	ILA, COlumn (B), line	TUC)		<u> </u>	16,347

DAA

Schedule D (Form 990) 2014

(A) (B) (C) (C) (C) (D) (E) (F) (G) (G) (H)	Part VII	Investments—Other Securities. Complete if the organization answered "Yes	s" to Form 990 Part IV line	11h See Form 990 Par	t X line 12
Country Coun					
Closely-held equity interests (A) (B) (C) (C) (C) (C) (C) (C) (C				1	
Other (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (G) (E) (F) (G) (H) Stal. (Column (b) must equal Form 890, 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, line 13 (b) Book value (b) Book value (c) (b) Book value (c) (c) Book value (c) (c) Book value (c) (d) Book value (c) (e) Book value (c) (e) Book value (c) (e) Book value (c) (f)	1) Financial o	derivatives			
(B) (C) (C) (D) (E) (F) (G) (G) (G) (H) (Assignments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (A) Best value (G) Description of investment (B) Book value (G) Description of investment (G) Description of investment (G) Description of investment (B) Book value (G) Description of investment (B) Book value (G) Description of investment (G) Description of invest	2) Closely-he	eld equity interests			
(G) (C) (C) (B) (E) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (F) Tart VIII Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (g) Best-ption of investment (h) Description (h) Descrip	3) Other				
(Column (b) must equal Form 990, Part X, col (B) line 12) Part XI Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Memoral of valuation Cent or end-of-year market value (c) Memoral of valuation Cent or end-of-year market value (e) Memoral of valuation Cent or end-of-year market value (f) Memoral of valuation Cent or end-of-year market value (e) Memoral of valuation Cent or end-of-year market value (f) Memoral of valuation Cent or end-of-year market value (e) Memoral of valuation Cent or end-of-year market value (f) Memoral of valuation Cent or end-of-year market value (f) Memoral of valuation Cent or end-of-year market value Cent or end-of-year market value (g) Description (g) Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15 (g) Description (g) Descri	(A)				
(B) (B) (C) (C) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	(B)				
(E) (F) (G) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	(C)				
(E) (F) (G) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	•				
(G) (G) (G) (G) (G) (H) Column (b) must equal Form 990, Part X, col (8) line 12) ▶ Tart Viii Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (9) Book value Cole to encode year marked value					
(G) (H) stal. (Column (b) must equal Form 990, Part X, col. (8) line 12) ▶ Part XII investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (a) Describion of investment (b) Book value (c) Metrode or valuation: Cost or end-of-year marked value (c) Metrode or valuation: Cost or end-of-year marked value (c) Metrode or valuation: Cost or end-of-year marked value (c) Metrode or valuation: Cost or end-of-year marked value (c) Metrode or valuation: Cost or end-of-year marked value (c) Metrode or valuation: (d) Described or end-of-year marked value (e) Metrode or valuation: (d) Described or end-of-year marked value (e) Metrode or valuation or end-of-year marked value (e) Metrode or valuation or end-of-year marked value (f) Metrode or valuation or end-of-year marked value (e) Metrode or valuation or end-of-year marked value (f) Metrode or valuatio					
this Li, Column (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, line 13					
Part Viii Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of executivest (b) Book value (c) Metrod of valuation Costs or end-of-year market lyste (b) Book value (c) Metrod of valuation Costs or end-of-year market lyste (c) Book value (c) Metrod of valuation Costs or end-of-year market lyste (d) Book value (e) Book value (e) Book value (f) Metrod of valuation Costs or end-of-year market lyste (e) Book value (f) Metrod of valuation Costs or end-of-year market lyste (g) Book value (g) B	•				
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(a) Description of investment (b) Book value Catt or encodyser mathet value Catter or encodyser or encodyser Catter or e	Part VIII	Investments—Program Related.		<u> </u>	
Cost or end-dictyear market value		Complete if the organization answered "Yes	s" to Form 990, Part IV, line	11c See Form 990, Par	t X, line 13
2) 33 41 55 66 77 88 99 otal. (Column (b) must equal Form 990, Part X, cof (B) line 13) ▶ Part X Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 . (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (9) (9) (9) (1) Form 990, Part X, cof (B) line 25) ▶ Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the		(a) Description of investment	(b) Book value		
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4) 5) 6) 7) 7) 8) 9) 10tal. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 15 Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 . (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (9) (1) must equal Form 990, Part X, col (B) line 25) ▶ Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(2)				
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(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				e 11d See Form 990, Par	t X, line 15
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che	dule D (Form 990) 2014 BAIS YAAKOV MACHON ORA A NJ	NON-	16-4996058	Page 4
Pa	at XI Reconciliation of Revenue per Audited Financial State	ments With Re	venue per Return.	
	Complete if the organization answered "Yes" to Form 990,	Part IV, line 12a	a	
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 (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
ď	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	ľ		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
Pŧ	art XII Reconciliation of Expenses per Audited Financial Stat	ements With Ex	xpenses per Return.	
	Complete if the organization answered "Yes" to Form 990,	Part IV, line 12a	r a	
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		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		

art XIII Supplemental Information.

Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

e Add lines 2a through 2d

Subtract line 2e from line 1

b Other (Describe in Part XIII)c Add lines 4a and 4b

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

3

Part XIII Supplemental Information (continued)

SCHEDULE E

(Form 990 or 990-EZ)

Schools
► Complete if the organization answered "Yes" to Form 990,
Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. BAIS YAAKOV MACHON ORA A NJ NON-

Employer identification number

	PROFIT CORPORATION	<u> 46-4996058</u>		
Pa	rt [
7 7			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space, use Part II	3	X	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	<u> </u>	ļ
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	<u>X</u>	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	1.0	X	l
ď		4c 4d		
u	If you answered "No" to any of the above, please explain. If you need more space, use Part II	70	1^	
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5c	 	X
d	Scholarships or other financial assistance?	<u>5d</u>	-	X
е	Educational policies?	5e		X
f	Use of facilities?	51	-	Х
g	Athletic programs?	5 <u>g</u>	-	X
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II	5h		X
6a		6a	 	X
b	Has the organization's right to such aid ever been revoked or suspended?	<u>6b</u>		X
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as Part II applicable Also provide any other additional information (see instructions)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

2014 Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

BAIS YAAKOV MACHON ORA A NJ NON-PROFIT CORPORATION

Employer Identification number 46-4996058

Form 990 - Organization's Mission

The purpose for which this corporation is organized is exclusively for the charitable, religious, and education within the meaning of section 501 (c) (3) of the Internal Revenue Code of 1986, as amended, including without limitation, all purposes, powers, and privileges conferred upon the Corporation by the New Jersey Corporations Law, as well as the more specific purpose of establishing a Girls' High School to educate girls of the Jewish Faith according to Orthodox Jewish Traditions and Orthodox Jewish Religious Law.

Form 990, Part III, Line 4d - All Other Accomplishment PROVIDE EDUCATION TO HIGH SCHOOL STUDENTS

Form 990, Part VI, Line 7a - Election of Members and Their Rights The board can elect new members

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation GOVERNING DOCUMENTS ARE PROVIDED UPON REQUEST

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other Book / Tax Depreciation Difference \$ 10,583