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## Form 990

**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047

2014

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. Department of the Treasury Internal Revenue Service

Open to Public Inspection

Α_	For the 2	2014 calen	dar year, or tax year begin	ning	, 2014, and	enaing	3		,			
В	Check if app	olicable	C Name of organization Fri	ends of Lubavitch,	Inc			D Employ	er Identifi	cation nun	nber	
	Addres	ss change	Doing business as					72-	07919	58		
	Name	change	Number and street (or P O box	if mail is not delivered to street address)		Room/si	uite	E Telepho	ne numbe	r		
	Initial r	return	7037 Freret Stre	et		]	1	(50	4) 86	6-516	4	
	Final rel	turn/terminated		country, and ZIP or foreign postal code		<u> </u>						
	Amend	ded return	New Orleans		LA 70	118		G Gross r	eceipts \$	1.126	. 236	
	H	ation pending	F Name and address of principal	officer			H(a) Is this a				Yes	XNo
			Rabbi Zeliq Rivkin 7037 F	reret St New Orlean	ns T.A 70	1118	H(b) Are all s If 'No,' a	ubordinates	ıncluded?	Ī	Yes	No
	Tay.eye	mpt status	X 501(c)(3) 501(c) (			527	If 'No,' a	ttach a list (	see instruc	tions)	<del></del>	_
<del></del>	Websi	<del></del>	<del></del>	y (insertine)   +747	(4)(1) 01		H(c) Group e	vemetice nu	mhar Þ			
<del>K</del> -		te: ► N/ organization	X Corporation Trust	Association Other	I Vers	f formation				al domicile	T 7	
		Summar		Association	L Tear o	Tormauoi	1975	IN	ciate of leg	ai domicile	LA	
Pa				or most significant activities:	Onth	- d	Cupage		<u></u>	tion		
	+.	-		<del>-</del>	orting	ogox_	Synago	ogue a	CCIVI	ties		
ဎၟ	70		te & understand d	ocial & religious s								
Activities & Governance	Ε.	FOATOTI	d educacionar, so	Derai a lerigious s	ET ATCES	<u>anu</u>	PIOGI	<u>as.</u>	<b></b>		· – – -	
Ę	2 Ch		v > Tif the organization	discontinued its operations or o		more th	an 25% of	ite net as			· – – -	
ဒ္	3 Nu			ng body (Part VI, line 1a)					3 I			2
જ	4 Nu			of the governing body (Part VI, I					4			$\frac{2}{4}$
ië.	5 To	tal number	of individuals employed in c	alendar year 2014 (Part V, line	2a)				5			
3	<b>6</b> To	tal number	of volunteers (estimate if ne	cessary)					6			30
¥	<b>7a</b> To	tal unrelate	d business revenue from Pa	rt VIII, column (C), line 12					7a			0.
ے و	<b>b</b> Ne	t unrelated	business taxable income fro	om Form 990-T, line 34		<u> </u>	· · · · ·		7b			0.
€3	1						1	ior Year		Curre	ent Ye	ar
	ı			1)				669,4	60.		773,	367.
Shall Washing		-	•	g)				246,5			306,	067.
ě				lines 3, 4, and 7d)				-26 <b>,</b> 8	85.			0.
6. L				5, 6d, 8c, 9c, 10c, and 11e) .				83,5				802.
- <b>3</b> >				nust equal Part VIII, column (A)			ļ	972,6	51.	<u> </u>	126,	236.
				column (A), lines 1-3)				120,7	64.		42,	051.
) 				column (A), line 4)				22,8	76.			
<b>S</b>	<b>15</b> Sa	laries, othe	r compensation, employee b	enefits (Part IX, column (A), lin	es 5-10)   •			236,5	04.	_	279,	909.
Expenses	16a Pro	ofessional f	undraising fees (Part IX, coli	umn (A), line 11e)					0.			0.
<u>a</u>	<b>b</b> To	tal fundrais	ing expenses (Part IX, colum	nn (D), line 25) ►	53,2	276.	4 1	1	` %	P.	**	
Щ			- ·	s 11a-11d, 11f-24e)			30,000	620,2			7/0	811.
		-		ual Part IX, column (A), line <u>25</u> )			1	,000,3				
		-		from line-12			\			<u></u>		771.
<u> </u>		venue less	expenses Subtract line 18	1701111116-12		• • • •	<b>_</b>	-27 <b>,</b> 7				<u>465.</u>
ts or		tal accete /	Part X, line 16)		[3]			of Currer			of Yea	
Baks			s (Part X, line 26) · · · · · ·	8 JAN 0.3 2	017 5	· · · ·	1 3,	,108,5				085.
Net Assets Fund Baland	!		· ·	[#5]			1	677 <u>,</u> 0				<u> 277.</u>
			fund balances. Subtract line			<u> </u>	11	431,4	49.]	<u> </u>	571,	808.
		Signatur		OGDEN	<u> </u>							
Unde	er penalties o dete Declar	of perjury, I dec	lare that I have examined this return, er (other than officer) is based on all ir	including accompanying schedules and sinformation of which preparer has any kno-	atements, and t	to the best	of my knowle	dge and bel	ef, it is true	e, correct, a	nd	
		12										
		Signativ	ge of officer	·			Date	$\frac{5/01/1}{2}$	ь			
Sig			' .   -					_				
He	re	Rab	oi Zelig Rivkin pnnt name and title		<del></del>	<u> </u>	Presi	dent				
		+	<u> </u>	I Connected along the same	10					<del>-</del>		
		Print Type p	reparer's name	Preparer's signature	Date	e	I '	Check	J" ∣°	TIN		
Pa	id		- Name Day				;	self-employe	d			
	parer	Firm's name	Non-Pa	<u>id Prepare</u>	<u> </u>							
Us	e Only	Firm's addre	ss •				<u></u>	Firm's EIN	• 			
_								Phone no.				
May	the IRS	discuss this	s return with the preparer sh	own above? (see instructions)						X Yes		No
BA	A For Pa	perwork R	eduction Act Notice, see t	he separate instructions.		TEE	A0101 05/28/	/14		For	n <b>990</b> (	(2014)

		ubavitch, Inc			72-0	791958	Page
124	•	m Service Accom					
		ns a response or note to	any line in this Part	<u>III</u>	<u></u>	<u></u>	· · ·
•	nbe the organization's						
	x Synagogue a	~ – – – – – – – – –					
		<u>and Judaism by</u>					
providi	ng_educationa	<u>l, social &amp; re</u>	<u>ligious serv</u>	i <u>ces and p</u>	rograms.		
0 D'd4				1.2-1	P-A ( A)		
_	-	/ significant program se	•			□ v <sub></sub> □	
	cribe these new service	o on Cohodulo O				· · Yes	X] N
-		eting, or make significan	changas in how it as	anducto ony prov	rom comicos?	Yes	
_	cribe these changes or		crianges in now it co	orioucis, any proj	gram services ?	·· [] res [	X] No
4 Describe the	e organization's progra	m service accomplishm ganizations are required	ents for each of its th	ree largest prograte of grants and al	am services, as measu locations to others, the	red by expenses	
and revenue	e, if any, for each progr	am service reported.		· g · · · · · · · · · ·		,	
4 a (Code:	) (Expenses	\$ 278,775.	including grants of	\$ 10	0,000.)(Revenue	\$ 34,	875
Orthodo	x Synagogue E	ducation activ	ities & clas:	ses for ch	ildren & adult	s. Approx.	385
people	serves for He	brew teachings	, learning va	alues thru	projects,		
		es and religiou					
4 b (Code.	) (Expenses	\$ 438,967.	including grants of	\$ 84	1,000.)(Revenue	\$ 31,	575.
Orthodo	x Synagogue a	ctivities thru	Jewish stude	ent center	serving		
univers	ity students	in the greater	New Orleans	area offe	ring a		
		ices for these students.				<u> </u>	
					<b>-</b>		
	<b>-</b>						
	- <b>--</b>						
						- <b>-</b>	
<b>4 c</b> (Code:	) (Expenses				1,500.)(Revenue		794.
		rograms & Kosh					g_a
<u>Jewish</u>	tomorrow which	<u>h_is_our_main_</u>	objective se	rving the o	community with	<u>.</u>	
educati	on, social, r	<u>eligious event</u>	s_&_services	·			
		·					
					<u> </u>		
						- <i></i>	
	<b></b>			_ <b></b>			
	am services. (Describe						
(Expenses	\$	including grant		)(	Revenue \$	)	
4 e Total progra	m service expenses	936	,279. TEEA0102 05/28/14		<del></del>	Form 99	10 (204
							*** * * * * * * * * * * * * * * * * * *

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,' complete Х Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . . . 2 Х Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III . . . 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х 8 Х 10 Х 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. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule X 11 a Х 11 b Х 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Х e Did the organization report an amount for other liabilities in Part X, line 25? If Yes,' complete Schedule D, Part X. . . . 11 e Χ f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X . . . . . Χ 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete 12a Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . . . . . . Χ 12b 13 Is the organization a school described in section 170(b)(1)(A)(II)? If 'Yes,' complete Schedule E. . . . . . . . . . Х 13 Χ b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Χ 14b Х 15 Χ 16 Χ 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Χ 19 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . . . . 20 Χ

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . . . . . . . .

20 b

# Form 990 (2014) Friends of Lubavitch, Inc Part IV | Checklist of Required Schedules (continued)

rai	try   Checklist of Required Schedules (Continued)			
			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 1? If Yes, 'complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		X
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		x
ŧ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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 current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If 'Yes', complete Schedule L, Part II	26		Х
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		Х
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)			
a	A current or former officer, director, trustee, or key employee? If Yes,' complete Schedule L, Part IV	28a		X
ŧ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		_ X_
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If Yes,' complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	i	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	olf 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		<u>X</u>
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	
BAA		Form	990 (2	014)

Form 990 (2014)

Check if Schedule O contains a response or note to any line in this Part V	· · · · · · · · · · · · · · · · · · ·			. ۲
•			Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	a 10			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>b</b> 0	i		
c Did the organization comply with backup withholding rules for reportable payments to vendors and rep (gambling) winnings to prize winners?	portable gaming	1 c	- <u>-</u>	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return				
b If at least one is reported on line 2a, did the organization file all required federal employment tax return	<del></del>	2 b	X	·
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	L_	20		
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	1			Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		3 a 3 b		_^
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial account	uthonty over, a	4 a		Х
b If 'Yes,' enter the name of the foreign country: ▶	·			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccounts. (FBAR)			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	` '	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5 b	-+	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c	-+	
•	· · · · · · · -	-		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the solicit any contributions that were not tax deductible as charitable contributions?		6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contribution not tax deductible?	s or gifts were	6 b		
7 Organizations that may receive deductible contributions under section 170(c).	,			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go services provided to the payor?	oods and	7 a	* .	X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7Ь		_
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Form 8282?	s required to file	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	d		. š	3
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e	k²   s	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file For as required?	L		_	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	on file a	7 g		
Form 1098-C?	t by the spengering	7 h		
organization have excess business holdings at any time during the year?				å- <u>`</u>
9 Sponsoring organizations maintaining donor advised funds.	<u>⊢.</u>	8	<del>-,- -</del>	
a Did the sponsoring organization make any taxable distributions under section 4966?			<u> </u>	لمسلا ـ
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9 a	$-\!\!\!\!+$	
10 Section 501(c)(7) organizations. Enter:		9 b		
	_1		- *	
		*		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 101	D		٠	
11 Section 501(c)(12) organizations. Enter	,			
a Gross income from members or shareholders	a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	0			,
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state?		13 a		
Note. See the instructions for additional information the organization must report on Schedule O.				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	) 			
c Enter the amount of reserves on hand	;	-		
14a Did the organization receive any payments for indoor tanning services during the tax year?		14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		14 b		
200	<del></del>			

Pa	rt VI   Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b belo a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	w, ar in	d for	•
	Check if Schedule O contains a response or note to any line in this Part VI			Г
Sec	ction A. Governing Body and Management		÷÷	·
	the state of the s		Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year	ž.	*	
	b Enter the number of voting members included in line 1a, above, who are independent 1b 4  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		*	
3	officer, director, trustee, or key employee?	2	Х	
4	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6 7	Did the organization have members or stockholders?	6		Х
	members of the governing body?	7 a		Х
	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8 a	Х	
1	<b>b</b> Each committee with authority to act on behalf of the governing body?	8 b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode )	
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11:	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		X
1	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.	`\	. 1	
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 · · · · · · · · · · · · · · · · · ·	12 a	- 1	X
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b		
•	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		** *** ***	-
•	a The organization's CEO, Executive Director, or top management official	15 a		X
ı	b Other officers or key employees of the organization	15 b	1	<u> </u>
16:	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).  a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		3	2.5 Andrews
	taxable entity during the year?	16 a		X
	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
	ction C. Disclosure			
17				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  X Upon request  Other (explain in Schedule O)	vailabl	е	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available	to		
20	the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records			
		4) 8	66-5	164
BAA		Form		

Form 990 (2014) Friends of Lubavitch,				72-07919	<del></del>
Part VIJ Compensation of Officers, Director Independent Contractors	ors, Tru	stees, Key Employ	ees, Highest C	ompensated E	mployees, and
Check if Schedule O contains a response or r Section A. Officers, Directors, Trustees, Ke					<u></u>
1 a Complete this table for all persons required to be listed organization's tax year.  • List all of the organization's current officers, director compensation. Enter -0- in columns (D), (E), and (F) if no compensation.	l. Report o	compensation for the cale	ndar year ending w	rith or within the	
<ul> <li>List all of the organization's current key employees,</li> <li>List the organization's five current highest compens who received reportable compensation (Box 5 of Form Worganization and any related organizations.</li> <li>List all of the organization's former officers, key employed for the organization from the organization and any</li> <li>List all of the organization's former directors or truorganization, more than \$10,000 of reportable compensation</li> </ul>	if any. Se sated empt 2 and/or E ployees, a related or stees that	te instructions for definition devices (other than an offinition of the form 1099-MISC and highest compensated reanizations.	cer, director, truster c) of more than \$10 employees who re	e, or key employee) 0,000 from the ceived more than \$1 or or trustee of the	00,000
List persons in the following order: individual trustees or di employees; and former such persons.  Check this box if neither the organization nor any relations.	irectors, in	stitutional trustees; office	ers, key employees,	highest compensate	∍d
(A) Name and Title	(B) Average hours per week (list any hours for related organiza- tions below	CC) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer employee or director or director trust	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

Name and Title	Average hours per	is	is both an officer and a director/trustee)					Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation	
		or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1)_RbZeliq_Rivkin President	40.00			x				0.	0.	40,000.	
(2) Rb Yossie Nemes  Key Employee	40.00	<u> </u>			х			6,500.	0.	29,900.	
(3) Rb Mendel Rivkin  Key Employee	40.00				х			18,000.	0.	29,000.	
(4) Rb YochNn Rivkin Key Employee			_		х		-	36,000.	0.	31,050.	
_(6)											
_(7)											
(8)											
_(9)											
(10)											
(11)											
(12)								_			
(13)											
(14)											

(A) Name and title	(B)  Average hours per week	(do	not cl , unles	Posi heck i ss per nd a d	tion more rson i	than o s both or/truste	ne an ee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)										
(16)										
(17)							-			
(18)		<del>                                     </del>								
(19)										
(20)		<u> </u>								
(21)										
(22)	·	-								
(23)										
(24)									<del></del>	
(25)					( 		-		<u> </u>	
1 b Sub-total	tion A						<b>&gt;</b>	60,500.	0.	129,950.
d Total (add lines 1b and 1c)								60,500. d more than \$100,0	0.000 of reportable co	
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for such	ındıvidual			• •	٠.	• •			nployee 	Yes No
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportable c r than \$150	ompe ,000?	nsat If 'Y	ion es'	and com	other plete	r col Scl	mpensation from hedule J for 		. 4 ×
5 Did any person listed on line 1a receive or accruit for services rendered to the organization? If 'Yes	e compensat	tion fr	om a	any	unre	lated	org			
Section B. Independent Contractors  1 Complete this table for your five highest compensormers from the organization. Report compensation from the organization.	sated indepe	ender	it cor	ntrac	ctors	that	rec	eived more than \$	100,000 of	nor .
(A) Name and business ad		or the	Cale	ilua	ı ye.	ar em	umg	(B) Description of		(C) Compensation
				_						
			_							
Total number of independent contractors (including the contractors)	ng but not lir	nited	to th	ıose	liste	ed ab	ove	) who received mo	re than	
\$100,000 of compensation from the organization	<u> </u>	TEËA	0109	03/0	0/15			· <del>-</del>		Form <b>990</b> (2014)

Rář	t	VI	Statement of Rever										Г
   13	įii	ĮıŦ	Check if Schedule O cont	ains a resp	onse or note to any lii 張麗山東京	T .		(E	<u> </u>	(0	*1	(D	<u> </u>
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혈			Related organizations	10	<del></del>	那种?	"影				建学.		19
ns,	l	е	Government grants (contributions)	1 €	-		<b>中</b> 司 4. 4		it in a	Q 53		The state of	4,1-1,20
er S	l	f	All other contributions, gifts, grants similar amounts not included above	and				文 典。	i iida	5 6 6 6			'k)
들됨	İ							13.	· 2.28		i della	THE "	`
Contributions, Gifts, Grants and Other Similar Amounts	1	_	Noncash contributions included in   Total   Add lines 1a-1f	miez ia ii 3	·	77	<u> </u>	FIRE		The Period	· Partie	10 mg	٠,۴
	╁		Total Addines ra-11		Business Code	B 25	3,367	Late and	1 7		*** A*********************************	The state	P) wdj
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ဥ	l	c						<del>                                     </del>					
Prog <u>ram</u> Service Revenue	l	d	 					_					
٤		e											
g		f	All other program service rev	venue		30	6,067		0		0	to alone the s	0
ᇫ	L	g	Total Add lines 2a-2f		<u> </u>	30	6,067	TER.	MA	「連門			
	:	3	Investment income (including	g dividends	, interest and		^		0		0		٥
	L	4	other similar aniounts) Income from investment of ta	av avanint l	nond proceeds		0	<del>  -</del>	0	<del>                                     </del>	0		0
	ľ	<del>*</del> 5	Royalties	ax-exempt	bona proceeds .			<del>                                     </del>					
		•	rtoyantes	(ı) Real	(ii) Personal	An at Y	Ent.	[19] 譜	'arte	湖水縣	·至三程	ARM"	4 -
	ļ,	6 a	Gross rents		<del>                                     </del>	理器?	7		de dire.				
- }	l	b	Less rental expenses				# <b>P</b>		η <sub>ς</sub> ,			This of A	~ ~; F-;
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		d	Net rental income or (loss)		•			<u> </u>					_
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			and sales expenses				自治療學	意識。			, (*) , (#)	建建	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	ļ		Net gain or (loss)			2008/88/2017 (2008/88/2017)	· <b>正</b>	アデジ集団は「	T TAY OF THE	1 427 724	· 역 7명 : - 7		. 1
Ę	ľ	8 a	Gross income from fundraisi (not including \$	ng events					°urT <sub>ig</sub>	1 9 /5		5.14374 .5495.7	2 kl 194 c
Ver			of contributions reported on	line 1c)	-					1. 推	axiCan		- [3]
쮼			See Part IV, line 18		a		isadi).				, <u>1</u> 314	1000	w <sub>r</sub> 15
Other Revenue	١	ь	Less direct expenses		b	9 2 2 2		4 题。		来源	<b>建建</b>	<b>新春</b> 克	<u>, , , , - , , , - , , , , , , , , , , ,</u>
ਰੋ		C	Net income or (loss) from fui	ndraising e	vents ►		_	はずた	A Property of the second				
	, ا	9 a	Gross income from gaming a See Part IV, line 19	activities			'Aller !	<b>廖 韓</b>	和 鸡属		** ** *** **** **** **** **** **** **** ****		ر وا
					a		"in the		1,544,75		****	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
			Less direct expenses		b	- Walletie	1 "HP14"	<b>图 图 -1</b>		, 43 · 545.	A STATE	<u>"758;</u>	
	1		Net income or (loss) from ga		ues -	  強し破死	ן יין איזיקיין	BE OF	5 c t 3 2	F Latin	· ····································	- 15 T	
	11	0 a	Gross sales of inventory, les and allowances	s returns	а	神道生物			4 2 - 2 14	學科職			1 25
	ĺ	ь	Less cost of goods sold		ь				The state of		P MI		9
			Net income or (loss) from sa	iles of inver	- L.	Link Chia	<u>ee 101,48*,1</u>	المتعادد المتعادد		L_10200120012		معاديك ساب	
	-	<u> </u>	Miscellaneous Revenue		Business Code	L	, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	h i diament			- The Con-	· 세월가	ر ر د
Ì	1	1 a	Loan Repayment		813110	4	6,764	4	<b>6,</b> 764		0	<u> </u>	0
		b			813110		3,8		3.8		0		0
l		С	·										
İ			All other revenue				0	P معتقد المستعمل ال	0	י ביולי. בער ייין	0	ुत्सम् . वा	0
		е -	Total Add lines 11a-11d	_		4	<u>6,802</u>	REPORT OF	_ Edz	F. William			H
- 1	14	-7	Total revenue See instructi	IODE	<b>•</b>	1 1 1 1 1	6 226	, ,,	- ሀሰን	1	n	1	(1)

72-0791958

Part IX Statement of Functional Expenses

Do n	ot Include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	7b, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments.  See Part IV, line 21	19,872.	19,872.	۸	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	22,179.	22,179.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.			¥ ,	
4	Benefits paid to or for members			*	
5	Compensation of current officers, directors, trustees, and key employees	251,003.	154,456.	54,547.	42,000.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				147000
7	Other salaries and wages	7,023.	7,023.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	21,883.	0.	21,883.	0.
11	Fees for services (non-employees)				
_	Management				
	Legal				
-	Accounting	4,375.	0.	4,375.	0.
-	Lobbying		7 6 3 2 7 800 2 2 3 4 2 4 4 4 4 4 4	W & 9¢ > A	
	Professional fundraising services See Part IV, line 17 .	0.			0.
	Investment management fees			- <del> </del>	
_	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	332,659.	316,483.	4,900.	11,276.
	Advertising and promotion				
13	Office expenses	2,923.	0.	2,923.	0.
14	Information technology	<del></del>			
15	Royalties	010 500	005 585	10.015	
16	Occupancy	218,790.	205,575.	13,215.	0.
17	Travel	<del></del>			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	***			
20	Interest	117,834.	111,400.	6,434.	0.
21	Payments to affiliates		-		
22	Depreciation, depletion, and amortization	72,230.	72,230.	0.	0.
23 24	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10%				
а	of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
b	' <i></i>				
d					
e	All other expenses				
25	Total functional expenses Add lines 1 through 24e	1,070,771.	909,218.	108,277.	53,276.
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 ar	ny line	in this Part X		• • •	<u> </u>
	•				(A) Beginning of year		(B) End of year
_	1	Cash – non-interest-bearing			46,143.	1	65,580.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			66,948.	4	67,000.
	5	Loans and other receivables from current and former office	cers. d	lirectors.			
		trustees, key employees, and highest compensated emp Part II of Schedule L	loyees	. Complete			
	_					5	
	6	Loans and other receivables from other disqualified persisection 4958(f)(1)), persons described in section 4958(c) employers and sponsoring organizations of section 501(obeneficiary organizations (see instructions). Complete Pa	(3)(B), :)(9) v	and contributing cluntary employees'			
	_	Notes and loans receivable, net				6	
Assets	7	Inventories for sale or use		u.	395,000.	7	395,000.
SS	8					8	
•	9	Prepaid expenses and deferred charges		l	2.1	9	
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10 b	612,646.	2,598,505.	10 c	2,598,505.
	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			1,938.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34	)		3,108,534.	16	3,126,085.
	17	Accounts payable and accrued expenses			25,355.	17	24,752.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
<u>e</u> .	21	Escrow or custodial account liability Complete Part IV o			35 Let 400 200 C	21	
Liabilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di Complete Part II of Schedule L	directo squalit	ors, trustees, fied persons.		22	
_	23	Secured mortgages and notes payable to unrelated third			1,651,730.	23	1,529,525.
	24	Unsecured notes and loans payable to unrelated third pa			1,001,700.	24	1,327,323.
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24). Complet	relate e Part	ed third parties, X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25			1,677,085.	26	1,554,277.
<b>(</b> ^		Organizations that follow SFAS 117 (ASC 958), check	here	► and complete		<u> </u>	
ĕ		lines 27 through 29, and lines 33 and 34.			<u>- 1 (() () () () () () () () () () () () ()</u>	<u> </u>	
ä	27	Unrestricted net assets				27	
Bal	28	Temporarily restricted net assets		1		28	
ᅙ	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) and complete lines 30 through 34.	, chec	k here ► X		\ \ & &	
ts (	30	Capital stock or trust principal, or current funds				30	
Se	31	Paid-in or capital surplus, or land, building, or equipment	fund			31	
As	32	Retained earnings, endowment, accumulated income, or	other	funds	1,431,449.	32	1,571,808.
<b>Vet</b>	33	Total net assets or fund balances			1,431,449.	33	1,571,808.
_	34	Total liabilities and net assets/fund balances		· · · · · · · · · · · · · · · · · · ·	3,108,534.	34	3,126,085.
BA	A						Form 990 (2014)

orn	n 990 (2014) Friends of Lubavitch, Inc 7	2-07	<u>91958</u>		Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		· · · · ·	· · ·	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)			1,1	26,2	236.
2	Total expenses (must equal Part IX, column (A), line 25)		2	1,0	70,7	771.
3	Revenue less expenses. Subtract line 2 from line 1		3		55,4	165.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	1,4	31,4	149.
5	Net unrealized gains (losses) on investments	· _ <u>.</u>	5			
6	Donated services and use of facilities		6			
7	Investment expenses	7	7			
8	Prior period adjustments	· _ 8	3			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	•			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	· 10	<u>'</u>	1,4	86,9	<u> 14.</u>
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII			<u>··</u>	<u>· · ·  </u>	للــنـ
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			1		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain					Ĭ, [
	in Schedule O.					لتنتسا
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	• • •		2 a	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of	n a			34.00	1.3
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
	<b>b</b> Were the organization's financial statements audited by an independent accountant?			2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate			:0 :1. V	· .	
	basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis			<i>y</i> .		
					166 84	- 1
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,		2 c		х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				***	1
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	gle				ŀ
				3 a		X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			1 3 b		í

BAA

Form **990** (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.

OMB No 1545-0047 2014

Employer Identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

72-0791958 Friends of Lubavitch, Inc 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). 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.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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 organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) is the (v) Amount of monetary (vi) Amount of other organization support (see instructions) support (see instructions) in your governing document? Yes No (C) (D) (E)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2014

Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(	b)(1)(A)(vi)
	(Complete only if you shocked the boy on line 5.7, or 9 of Bort Lor of the organization foiled to qualify under Bort	III If the

(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	·			<del>,</del>		
	ndar year (or fiscal year nning 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)	* * * * * * * * * * * * * * * * * * *	\$ \$ \$	٠.			
6	Public support. Subtract line 5 from line 4			, , , , , , , , , , , , , , , , , , ,		*	
Sec	tion B. Total Support						
	ndar year (or fiscal year nning 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 activiti	es, etc (see instruc	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	s for the organization top here	on's first, second, t	hırd, fourth, or fifth	tax year as a sect	on 501(c)(3)	▶ □
	tion C. Computation of Pu						
	Public support percentage for 201						%
15	Public support percentage from 20	)13 Schedule A, Pa	art II, line 14 · · ·			15	%_
16 a	33-1/3% support test — 2014. If and stop here. The organization of	the organization dia qualifies as a public	d not check the bookly supported organ	x on line 13, and th nization	e line 14 is 33-1/3	% or more, check to	his box
t	33-1/3% support test — 2013. If t and stop here. The organization of	he organization did qualifies as a public	I not check a box o cly supported organ	n line 13 or 16a, a าเzation	nd line 15 is 33-1/3	3% or more, check	this box
17 a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and-	circumstances' tes	t, check this box ai	nd <b>stop here.</b> Exp	lain in Part VI how	
b	10%-facts-and-circumstances to or more, and if the organization mo organization meets the 'facts-and-	eets the 'facts-and-	cırcumstances' tes	t, check this box ai	nd stop here. Exp	lain in Part VI how t	the
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instruction	ns ► [

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

(Complet	e only if you checked the	box on line 9 of Part	I or if the organization	failed to qualify un	ider Part II. If the o	organization fails
to qualify	under the tests listed be	low, please complete.	Part II.)			

Sec	tion A. Public Support						
	idar year (or fiscal yr 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	,					-	
_	sions, merchandise sold or					Í	
	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						
	Total. Add lines 1 through 5		<u> </u>				
7 a	Amounts included on lines 1, 2, and 3 received from					T	<del></del>
	disqualified persons	İ					
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						
	Add lines 7a and 7b						
R	Public support (Subtract line			4 2 1 1 1 5 5 5 5 5 5		3 - 312	
·	7c from line 6.)				S4 12 1		
Sec	tion B. Total Support					···	
Calen	dar year (or fiscal yr beginning in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10 a	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					ļ	
	taxes) from businesses					1	
	acquired after June 30, 1975						
11	Add lines 10a and 10b						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on 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.)						
14	First five years. If the Form 990 is organization, check this box and st	s for the organization	on's first, second, t	third, fourth, or fifth	tax year as a secti	on 501(c)(3)	
Sec	tion C. Computation of Pul						
15	Public support percentage for 2014			3, column (f))		15	<u> </u>
16	Public support percentage from 20	13 Schedule A, Pa	rt III, line 15			16	8
Sec	tion D. Computation of Inv					<del></del>	
17	Investment income percentage for				))	17	%
18	Investment income percentage from						90
19 a	33-1/3% support tests - 2014. If	the organization di	d not check the bo	ox on line 14, and l	ine 15 is more than	33-1/3%, and line	17
	is not more than 33-1/3%, check th						
b	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%, o	the organization di check this box and	a not check a box stop here. The or	on line 14 or line 1 Canization dualifie	i 9a, and line 16 is r s as a publicly subr	nore than 33-1/3%,	and ▶ □
20	Private foundation. If the organization						
			•		• • •		1 1

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.)

Sec	tion A. All Supporting Organizations			
		_	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> 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 under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 :	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)			
	and (c) below	3a	<u> </u>	<u> </u> -
l	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	3b		ļ
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c	<del></del>	
4 :	a 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	- 1	
1	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	Ť.	1
•	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> 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		
5 :	a 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 <b>Part VI</b> , 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		
1	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		3
(	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	ļ.,	
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	, , , , , , , , , , , , , , , , , , ,	- 12
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	****	
9 :	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 <b>Part VI</b>	9a		
I	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		
(	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	90		
10:	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	*****	
ĺ	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		

Pa	art IV 🛠 Supporting Organizations (continued)	_		
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	<b>b</b> A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Se	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove	W	, 8 11	<b>1</b>
	directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	<sup>2</sup> 37	, ,
Se	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ction D. All Type III Supporting Organizations			L
			Yes	No
		1		3.2
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u></u>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		, , , , , , , , , , , , , , , , , , ,
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3	-4	
Se	ction E. Type III Functionally-Integrated Supporting Organizations			
1		•	-, .	
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(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 was responsive to those supported organizations, and how the organization determined that these activities constituted		*	, , ,
	substantially all of its activities	2a		
	b Did the activities described 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 organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		ally and the second
3	Parent of Supported Organizations Answer (a) and (b) below.	*		-
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a		]
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Pa	rt V. Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ıniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Sec	loven tions	nber 20, 1970. <b>See instru</b> A through E.	ctions. All
Sec	tion 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		
Sec	tion B — Minimum Asset Amount	1 -	(A) Prior Year	(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):	. \$ \$		à
a	Average monthly value of securities	1 a		
t	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
	Total (add lines 1a, 1b, and 1c)	1 d		
	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		
Sec	tion C — Distributable Amount	<b>.</b>		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-integrated (see instructions).	Ј Тур	e III supporting organizatio	n
BAA			Schedule A (For	m 990 or 990-EZ) 2014

Par	t v.   Type III Non-runctionally integrated 509(a)(3) S	upporting Organiza	itions (continued)	
	tion D - Distributions			Current Year
1,	Amounts paid to supported organizations to accomplish exempt purpo-	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supposes			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	<del></del>		
6	Other distributions (describe in Part VI). See instructions		• • • • • • • • • • • • • • • • • • • •	
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	tion is responsive (provid	e details	
9	Distributable amount for 2014 from Section C, line 6	<del> </del>		
10	Line 8 amount divided by Line 9 amount			
Sect	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	٧		
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2014		, ;,	
а		** / * )	, .	
b	land the state of			*
C	Land American American Control of the Control of th		XII \	<b>4</b>
d			M. M. S. S.	. " . " . " . " . " . " . " . " . " . "
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
ī	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7 \$			
	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			i i i i i i i i i i i i i i i i i i i
5	Remaining underdistributions for years prior to 2014, if any.  Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c		<b>1</b> 1	1 2
	Breakdown of line 7			* *
а		11/2 1/2 1	(1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	,
b		\$ 11 ·	<b>*</b> * * * * *	
С		*		
d	Excess from 2013	* .		*
е	Excess from 2014	*		
			<u> </u>	

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

# SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

n990. Open to Public Inspection
Employer Identification number

	Friends of Lubavitch, Inc		72-0791958
Par	Organizations Maintaining Donor Advised Funds or Oth Complete if the organization answered 'Yes' to Form 990, F	ner Similar Funds or Part IV, line 6.	
	(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the asset are the organization's property, subject to the organization's exclusive legal contact.	trol?	· · · · · · . Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing the for charitable purposes and not for the benefit of the donor or donor advisor, or fimpermissible private benefit?	for any other purpose conf	errina
Par	Complete if the organization answered 'Yes' to Form 990, P		
1	Purpose(s) of conservation easements held by the organization (check all that a	<u>``</u> '	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certif	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation collast day of the tax year.		
		<del> </del>	Held at the End of the Tax Year
	Total number of conservation easements		<u> </u>
	Total acreage restricted by conservation easements		b
C	Number of conservation easements on a certified historic structure included in (a	a) <u>2</u>	c
d	Number of conservation easements included in (c) acquired after 8/17/06, and n structure listed in the National Register	not on a historic	d
3	Number of conservation easements modified, transferred, released, extinguished tax year ►	d, or terminated by the org	anization during the
4	Number of states where property subject to conservation easement is located ▶	•	
5	Does the organization have a written policy regarding the periodic monitoring, in and enforcement of the conservation easements it holds?	spection, handling of viola	tions,
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conse	ervation easements during	the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservat  ▶ \$	tion easements during the	year
8	Does each conservation easement reported on line 2(d) above satisfy the requir and section $170(h)(4)(B)(ii)$ ?	rements of section 170(h)(4	4)(B)(ι) ···· No
9	In Part XIII, describe how the organization reports conservation easements in its include, if applicable, the text of the footnote to the organization's financial stater conservation easements.	s revenue and expense sta ments that describes the o	tement, and balance sheet, and rganization's accounting for
Par		Treasures, or Other	r Similar Assets.
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report art, historical treasures, or other similar assets held for public exhibition, education Part XIII, the text of the footnote to its financial statements that describes thes	on, or research in furtheral	and balance sheet works of nce of public service, provide,
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in historical treasures, or other similar assets held for public exhibition, education, of following amounts relating to these items	or research in furtherance	of public service, provide the
	(i) Revenue included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of art, historical treasures, or other sim amounts required to be reported under SFAS 116 (ASC 958) relating to these its	ems:	
а	Revenue included in Form 990, Part VIII, line 1		▶ \$
h	Assets included in Form 990 Part X		<u> </u>

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . . . . .

Yes No
. . . . . 3a(i)
. . . . . . 3tii)
. . . . . . 3b

4 Describe in Part XIII the intended uses of the organization's endowment funds.

The percentages in lines 2a, 2b, and 2c should equal 100%

#### Part VI Land, Buildings, and Equipment.

(i) unrelated organizations

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

ccumulated (d) Book value preciation	(b) Cost or other basis (other)	(a) Cost or other basis (investment)	Description of property
210,725.	y'	210,725.	<b>1 a</b> Land
548,985. 2,386,214.		2,935,199.	<b>b</b> Buildings
			c Leasehold improvements
2,615. 317.		2,932.	d Equipment
61,046. 1,249.		62,295.	e Other
≥ 2,598,505.	n (B), line 10c.)	l Form 990, Part X, colur	Total. Add lines 1a through 1e (Column (d) must equa
	n (B), line 10c.)	02/2301	Total. Add lines 1a through 1e (Column (d) must equa

BAA

Schedule D (Form 990) 2014

(a) Description of security or category (including name of security)	(b) Book value	Part IV, line 11b. See Form 990, Part X, line 12.  (c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		(c) memore of tangeners cost of one of year market tange
(2) Closely-held equity interests		
(3) Other	<del></del>	
(A)		
(B)		
<u>(C)</u>	-	
(D)		
(E)		
<u>(F)</u>		
(G)		
<u> </u>		
<u>(l)</u>		
Total (Column (b) must equal Form 990, Part X, column (B) line 12) >		
Part VIII Investments - Program Related.	• •	<u> </u>
Complete if the organization answered '	Yes' to Form 990, I	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Column (b) must equal Form 990, Part X, column (B) line 13) >		
Part XX Other Assets.	V 11 E 000 E	
	Yes to Form 990, Fescription	Part IV, line 11d. See Form 990, Part X, line 15.
(a) De	scription	(b) Book value
(2)	.,	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B),	line 15.)	
Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities.		
Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities.  Complete if the organization answered 'Yes' to F	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability		
Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability  (1) Federal income taxes	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability  (1) Federal income taxes (2)	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability  (1) Federal income taxes (2) (3)	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability  (1) Federal income taxes (2) (3)	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities. Complete if the organization answered 'Yes' to F  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6)	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities. Complete if the organization answered 'Yes' to F  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5)	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities. Complete if the organization answered 'Yes' to F  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7)	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  (11)  Total (Column (b) must equal Form 990, Part X, column (B) line 25)	orm 990, Part IV, line 1 (b) Book value	1e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	orm 990, Part IV, line 1  (b) Book value	1e or 11f. See Form 990, Part X, line 25

Part XIII Supplemental Information.

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

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

Schedule D (Form 990) 2014

4 c

OMB No 1545-0047	2014	Onen to Public	Inspection	Employer identification number	958		. XYes No
Grants and Other Assistance to Organizations.	Governments, and Individuals in the United States	► Attach to Form 990.	► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Employer ider	bavitch, Inc   72-0791958	Part I General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the grants or assistance?
SCHEDULE	(Form 990)		Department of the Treasury Internal Revenue Service	Name of the organization	Friends of Lubavitch, Inc	Part   General	1 Does the organi the selection crit

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**%** 

Part II   Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' to Form 990. Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	nce to Domestic (	Organizations a	and Domestic Gov.	<b>ernments.</b> Comple I can be duplicated	te if the organizati if additional space	ion answered 'Yes	s' to
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						_	
Enter total number of section 501(c)(3) and government organizations I	and government organ		isted in the line 1 table			<b>A</b>	
Enter total number of other organizations listed in the line 1 table	is listed in the line 1 tak	ole				<b>A</b>	
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructions	for Form 990.		TEEA3901 (	06/19/14	Schedul	Schedule I (Form 990) (2014)

1 1 1

Schedule I (Form 990) (2014) Friends of Lubavitch, Inc

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

call be depleated if additional space is needed.	oc is liceaca.				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2					
3					
4	·				
S					
7					
PartilV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the information	required in Part I, lir	ne 2, Part III, columi	(b), and any other add	ditional information.