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Form **990** 

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Open to Public

Department of the Treasur

► Do not enter social security numbers on this form as it may be made public.

Inte		ue Service	► Information about Form 990 and its instructions is at www.ir	s.gov/form99	0	Inspection
A	For the	2014 cale	ndar year, or tax year beginning SEPTEMBER 1 , 2014, and endi	ng AUG	UST 31	, 20 15
В	Check if	applicable	C Name of organization FRIENDS OF MOSDOT GOOR		D Employ	er identification number
	Address	change	Doing business as		13-3065	5542
	Name ch	nange	Number and street (or P O box if mail is not delivered to street address) Room/s	uite	E Telepho	ne number
	Initial ret	-	1310 48th. STREET		718-435	j-8989
		m/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amende		BROOKLYN, NY 11219		G Gross re	ecelpts \$ 17,647,721
		•	F Name and address of principal officer	H(a) is this a o	roup return for	subordinates? Yes No
	, ib b	pg	• •			es included? Yes No
	Tayleyer	mpt status	X 501(c)(3)			a list (see instructions)
<u>;</u>	Website		23 30 1(c/(3)	<del></del> -		number ►
ĸ			X Corporation ☐ Trust ☐ Association ☐ Other ► L Year of forma			of legal domicile NY
	art I	Summ		1991	IN State	or legal dofficile [4]
_	1		scribe the organization's mission or most significant activities TO SI	LIDDORT IC	A/ICLL OF	TUODOY FOLICATION
٥			***************************************			
2	1		BLE CAUSES, PROVIDE FREE BURIAL PLOTS, PROVIDE GENERA			19919 I AINCE
Ē	I -		NEEDY, IN THE UNITED STATES, ISRAEL, AND ALL OTHER PART			······································
Governance	2		s box  if the organization discontinued its operations or disposed		1 -	l .
Ŏ	,					3
Activities &	1		of independent voting members of the governing body (Part VI, line 1b	)		3
iţie	I		nber of individuals employed in calendar year 2014 (Part V, line 2a)		5	23
댫	6		nber of volunteers (estimate if necessary)		6	3
ĕ	1		elated business revenue from Part VIII, column (C), line 12		7a	
	b	Net unrel	ated business taxable income from Form 990-1, line 34	<u> </u>	7b_	
Ì	Ì		RECEIVED	Prior Ye	ear	Current Year
Revenue	8	Contribut	ions and grants (Part VIII, line 1h)	11,	970,907	17,415,242
	9	Program	service revenue (Part VIII, line 20 111 .2.2.2016		0	0
Š	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		25,609	155,119
œ	11	Other rev	enue (Part VIII, column (A), lines 5, 60, 8c, 9c, 10c, and 41a)		141,400	77,360
	12	Total reve	nue—add lines 8 through 11 (must equal Part 3/11, column (A), line 12)	12,	137,916	17,647,721
			nd similar amounts paid (Part IX, column (A), lines 1-3)		758,314	
			paid to or for members (Part IX, column (A), line 4)		0	0
s			other compensation, employee benefits (Part IX, column (A), lines 5–10)		322,744	324,683
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)		0	0
per	b		draising expenses (Part IX, column (D), line 25) 1,198,998			
ŭ	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		916,937	1,344,396
		-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		997,995	
			less expenses. Subtract line 18 from line 12		(860,079)	
- 5		TREVENUE	cas expenses. Gubtract line to nom line 12	Beginning of Cu		End of Year
Net Assets or Fund Balances	20	Total acc	ets (Part X, line 16)			
Asse	24		•		426,289	908,898
Set.	21 22		ilities (Part X, line 26)		352,368	6,254,050
	art II		s or fund balances. Subtract line 21 from line 20	(5,	926,079)	(5,345,152
	_		ure Block			<del></del>
			y, I declare that I have examined this return, including accompanying schedules and state ete. Declaration of preparer (o <del>ther than</del> officer) is based on all information of which prepare			ny knowledge and belief, it is
		l k				
e:		<u> </u>			<u>UNE 8, 2</u>	016
Sig	-	1:	ture of officer	Da	te	
He	re		CHMAN Y. WIDISLAWSKY, MANAGER	<u></u>		
_			or print name and title	·	·	
Pa	id	Print/Typ	pe preparer's name Preparer's signature D	ate	Check [	<sub>if</sub>  P∏N
	epare	r			self-emp	
	e Only	l <u> </u>	ime ►	Firm	n's EIN ▶	
US	e Onl	Firm's ac			ne no	
Ma	y the IR		this return with the preparer shown above? (see instructions)			Yes No

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For Paperwork Reduction Act Notice, see the separate instructions.

Other program services (Describe in Schedule O) ) (Revenue \$ (Expenses \$ including grants of \$ 17,066,794 Total program service expenses Form 990 (2014)

art	Checklist of Required Schedules		Van	- Ala
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contnbutors</i> (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		_X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		,	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		_X_
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	Х	
14 a b	Did the organization maintain an office, employees, or agents outside of the United States? 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.	14a	_ ^_ X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
		For	n 990	(2014)

Part				
			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	X	
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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u>x</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		×
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d		24c		<del>                                     </del>
25a	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		x
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		x
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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 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		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "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		
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		Х
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	х	
		For	m 990	(2014)

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Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
_	Official Confidence of Confidence of the Confide	<del></del>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .   1a   0			
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			
	reportable gaming (gambling) winnings to prize winners?	1c		
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 23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			١
	account)?	4a		X
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 Accounts (FBAR)			
<b>5</b> 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	x
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del>  ^</del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
	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			<u> </u>
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 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-C?	7h		┼
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		├
9	sponsoring organization have excess business holdings at any time during the year?	-		<del>                                     </del>
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
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			<del>                                     </del>
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	]		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	<u> </u>		'
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?	12a		ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del>                                     </del>
	Note. See the instructions for additional information the organization must report on Schedule O.			
Ь	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			
_		1		
C 440	Enter the amount of reserves on hand	14a		X
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	14a		<del>  ^-</del>
b	ii 100, has it lied a 1 offit 120 to report these payments: ii 140, provide an explanation in ochedule O			ــــــــــــــــــــــــــــــــــــــ

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O S Check if Schedule O contains a response or note to any line in this Part VI	ee ıns		
Section	on A. Governing Body and Management	<u>·</u>		
<u> </u>			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b_	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	İ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> .  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	х	
13	Did the organization have a written whistleblower policy?	13		Х
14 15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by	14		X
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		<del>                                     </del>
а	The organization's CEO, Executive Director, or top management official	15a 15b		X
Ь	Other officers or key employees of the organization	130		1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		
L	with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a	<del>                                     </del>	X
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16b		
Sacti	organization's exempt status with respect to such arrangements?  on C. Disclosure	Ligh		<u> </u>
<u>Secti</u>	List the states with which a copy of this Form 990 is required to be filed ► NEW YORK			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)s	only)
19	Own website  Another's website  Upon request  Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re NACHMAN Y WIDISLAWSKY, 1310 48TH STREET, BROOKLYN NY 11219, 718-435-8989	cords	<b>&gt;</b>	

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Page	•

Form 990 (2014)

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - · List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees, and former such persons

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

☐ Check this box if heither the organization is	nor any relate	a orga	anız	atio	n c	ompe	nsa	ted any curren	t oπicer, airectoi	, or trustee
				(0	C)					
(A)	(B)	l			ition			(D)	(E)	(F)
Name and Title	Average					than one than one that		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	
	week (list any		_				<del>-</del>	from	related	other
	hours for related	글록	St	Officer	ę	를	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	Individual trustee or director	Institutional trustee	4	Key employee	oyer c	약	(W-2/1099-MISC)		organization
	below dotted	₹	<u>a</u>		ğ	l <sup>©</sup> ö				and related
	line)	ste	trus		8	Pen				organizations
		Ф	ee			Highest compensated employee				
			-			ä				
(1) BENJAMIN FISHOFF	VARIOUS									
PRESIDENT				x				0	o	0
(2) NACHMAN Y WIDISLAWSKY	VARIOUS									
MANAGER				X	Х			12,994	0	0
(3) YEDIDYA GREENSTEIN	VARIOUS									
MANAGER		<u> </u>		Х				12,200	0	0
(4) MOSHE A STEINBERG	5									
V-P TREAS		]		Х				0	0	0
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c Total from continuation sheets to Part VII, Section A ▶	Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
Sub-total   Compensation from the organization star for organization from the organiza															
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Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  2 Total number of independent contractors (including but not limited to those listed above) who															
Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	1b	Sub-total							<b>&gt;</b>	25,194		0			0
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3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who	2	Total number of individuals (including bu	t not limited	d to th	nose	e list	ted	abov	e) w	ho received m	ore than \$100	0,000	of		
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		reportable compensation from the organ	ization ►		0										
employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  (C)  Compensation  Total number of independent contractors (including but not limited to those listed above) who														Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3								emp	oloyee, or high	est compen	sated			
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	ıvid	ual			•		3		Х
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5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person			greater th	an \$	150,	,000	)? /	f "Ye	·s, "	complete Sch	nedule J for	such			
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Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  E======= NONE ==========================	5										zation or indiv	/idual			
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who		for services rendered to the organization	? If "Yes," o	comp	lete	Sci	hedi	ule J	for s	such person	<u></u>	•	5_		X
compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who	Section														
year.  (A) Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who	1														
(A) Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who		compensation from the organization Re	port compe	ensatio	on f	or tl	he c	alend	lar y	year ending wit	h or within th	e orga	anızatio	on's ta	X
Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who		year.							,						
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Total number of independent contractors (including but not limited to those listed above) who		Name and business add	dress						<u> </u>	Description of s	ervices		ompens	ation	
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Part VIII		Statement of Revenue								
		Check if Schedule O contain	s a response or note to	o any line in this	Part VIII .		🗆			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
nts	1a	Federated campaigns	1a							
3raı our	b	Membership dues	1b							
S, ( Am	С	Fundraising events	1c							
Gift ilar	d	Related organizations	1d							
ns,	е	Government grants (contributions)								
ntio er S	f	All other contributions, gifts, grants								
를 문		and similar amounts not included above	11,710,272							
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f \$				}			
	h	Total. Add lines 1a–1f	Business Code	17,415,242						
Program Service Revenue	20		Busiless Code							
Seve	2a b									
ce F	C									
ervi	d			-	<del></del>					
S E	e			-						
gra	f	All other program service reve	nue .							
Pro	g	Total. Add lines 2a-2f		0		L				
	3	Investment income (including	dıvidends, interest,	-		ĺ				
		and other similar amounts)		155,119						
	4	Income from investment of tax-ex	empt bond proceeds							
	5	Royalties	<b>.</b>		***					
		(i) Re	eal (ii) Personal							
	6a	Gross rents								
	b	Less rental expenses					[			
	C	Rental income or (loss)	0 0							
	d	Net rental income or (loss)  Gross amount from sales of (i) Security		0						
	7a	assets other than inventory	intes (ii) Other				_			
	ь	Less cost or other basis								
		and sales expenses								
	С	Gain or (loss)	0 0							
	d	Net gain or (loss)	. ▶	0						
_										
Other Revenue	8a	Gross income from fundraising events (not including \$	1							
er Re		of contributions reported on line See Part IV, line 18	1c).							
Ŧ	b	Less direct expenses	. b							
		Net income or (loss) from fund		0						
	9a	Gross income from gaming act	ivities							
		See Part IV, line 19	a							
	b	Less direct expenses	. b				J			
	C	Net income or (loss) from gam		0						
	10a	Gross sales of inventory, returns and allowances .								
			· a							
		Less: cost of goods sold	. b			}	<b> </b>			
	С	Net income or (loss) from sales  Miscellaneous Revenue	s of inventory ►  Business Code	0	-		-			
	110									
	11a b	ADVERTISING		77,360						
	C					-				
	d	All other revenue								
		Total. Add lines 11a–11d		77,360		<del>-</del>				
	12	Total revenue. See instruction		17.647.721						

Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete colu	mn (A).
	Check if Schedule O contains a respon	se or note to any lin	e in this Part IX .		
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,731,772	1,731,772		-
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16.	13,665,943	13,665,943		
4 5	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees	25 104	9 209	8,398	9 209
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25,194	8,398	0,390	8,398
7 8	Other salaries and wages	274,213	91,404	91,404	91,405
9 10 11	Other employee benefits  Payroll taxes  Fees for services (non-employees):	25,276	8,425	8,425	8,426
a b c	Management	23,221	11,611	5,805	5,805
d e f g	Lobbying				
12 13 14 15	Advertising and promotion				
16 17 18	Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	33,400 137,811	11,135 45,937	11,133	11,132 91,874
19 20 21	Conferences, conventions, and meetings Interest Payments to affiliates				
22 23 24	Depreciation, depletion, and amortization . Insurance	6,352	2,117	2,117	2,118
	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	FUNDRAISING (NON PROSESSIONAL)	897,953			897,953
b	POSTAGE AND SHIPPING OFFICE AND ADMINISTRATION	64,469 181,190	21,489 60,396	21,490 60,397	21,490 60,397
d					
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	17.056.704	15 650 627	209,169	1,198,998
25 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 Infollowing SOP 98-2 (ASC 958-720)	17,066,794	15,658,627	209,109	1,130,330

Form 990 (2014) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash—non-interest-bearing 68,594 1 40,580 2 2 Savings and temporary cash investments . 356,695 867,318 3 Pledges and grants receivable, net . . . 3 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use . 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 10b 10c Less accumulated depreciation 0 11 11 Investments—publicly traded securities 1.000 1.000 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . 426,289 908,898 17 Accounts payable and accrued expenses . 17 18 Grants payable 18 19 Deferred revenue . 19 20 20 Tax-exempt bond liabilities . . . 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, iabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 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 6,352,368 25 6,254,050 26 Total liabilities. Add lines 17 through 25 6.352.368 26 6.254,050 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets . . . 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building, or equipment fund . . . .

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances .

31

32

33

(5,345,152)

(5,345,152)

908,898

31

33

(5,926,079) 32

426,289

(5,926,079)

_		
Page	-	4

•				
Part	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	7,647,721
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	7,066,794
3	Revenue less expenses. Subtract line 2 from line 1	3		580,927
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		(5,926,079)
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		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10		(5,345,152)
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990 🗵 Cash 🔲 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain ı	n 🎉	
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled c	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	X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a 💢	10000000000000000000000000000000000000
	separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		200	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o			
	of the audit, review, or compilation of its financial statements and selection of an independent account			
	If the organization changed either its oversight process or selection process during the tax year, ex	plain ı	n 🎇	
	Schedule O		<b>*</b>	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n	
	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		, ,	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	
			Forn	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.

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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Employer identification number							number		
FRIENDS OF MOSDOT GOOR 13-3065542									
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions								
The c	organization is not a private foundard A church, convention of churc		•		-	•			
2	☐ A school described in section			ibea in se	ction 17	U(D)(1)(A)(1).			
3	☐ A hospital or a cooperative ho			n section	170/b\/1	YΔViii			
4	A medical research organization						iii). Enter the		
-	hospital's name, city, and state						<b>/</b>		
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in		
	☐ A federal, state, or local gover								
7	An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or from	the general public		
8	☐ A community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II)					
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	to its exempt int income and	functions—subject to unrelated business	certain taxable i	exception	ns, and (2) no more ess section 511 ta	than 331/3% of its		
10	☐ An organization organized and	operated exclus	sively to test for public	c safety.	See <b>sect</b> i	ion 509(a)(4).			
	An organization organized and one or more publicly supported the box in lines 11a through 11	operated exclusi d organizations d	vely for the benefit of, escribed in section 5	to perfor 09(a)(1) o	m the fun r <b>section</b>	ctions of, or to carry 509(a)(2). See secti	on 509(a)(3). Check		
а	☐ Type I. A supporting organiz the supported organization(s organization You must corr	) the power to re	gularly appoint or ele						
b	☐ Type II A supporting organic control or management of the organization(s) You must ce	e supporting org	janization vested in th						
С	☐ Type III functionally integration its supported organization(s)						y integrated with,		
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated The organi	zation generally must	satisfy a	distributi	on requirement and			
е	Check this box if the organiz functionally integrated, or Ty						I, Type III		
f	Enter the number of supported	organizations .							
g	Provide the following information	about the supp	orted organization(s).						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
			(See mandenons)	Yes	No				
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	<del></del>					0	0		

supported organization

instructions .

Schedul	e A (Form 990 or 990-EZ) 2014	_					Page <b>2</b>
Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify und	er the tests lis	ted below, p	lease comple	ete Part III )	
	on A. Public Support	· · · · · · · · · · · · · · · · · · ·	T				<u> </u>
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</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						<u> </u>
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)						
e	, , , , , , , , , , , , , , , , , , , ,		<del></del>				
<u>6</u> Secti	Public support. Subtract line 5 from line 4 on B. Total Support	<u> </u>	L	l	<u> </u>	J	<u> </u>
	dar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	(4) 2010	10/2011	(0,	(-/	(-,/	7
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).		<u> </u>			-	<u> </u>
11	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruct	loue)	<u> </u>		12	<u></u>
12 13	First five years. If the Form 990 is for the			d third fourth	or fifth tax v		on 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Support		1e				
14	Public support percentage for 2014 (line			1, column (f))		14	%
15	Public support percentage from 2013 Sci	hedule A, Part	II, line 14 .			15	%
16a	331/3% support test—2014. If the organi	zation did not	check the box	on line 13, an	d line 14 is 33	1/3% or more, o	check this
	box and stop here. The organization qua	lifies as a pub	licly supported	organization			▶ □
b	331/3% support test—2013. If the organ					e 15 is 33¹/3%	
	check this box and stop here. The organ	ization qualifi	es as a publicly	supported org	ganization		. ▶ □
17a		<b>014</b> . If the org	anization did n	ot check a box	c on line 13, 16	Sa, or 16b, and	line 14 is
	10% or more, and if the organization me	ets the "facts	-and-circumsta	inces" test, ch	eck this box a	nd stop here.	Explain in
	Part VI how the organization meets the "	facts-and-circ	umstances" te	st The organiz	ation qualifies	as a publicly s	. —
	organization						. ▶ ⊔
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza	<b>013</b> . If the org tion meets th	janization did n e "facts-and-c	ot check a boa ircumstances"	x on line 13, 10 test, check t	5a, 16b, or 17a his box and s	a, and line top here

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

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

## 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.)

Casti	on A Public Support	under the te	TOTO MOTOG DOM	our, produce or		/	
	on A. Public Support	1 1 2010	1 1 20044	4 > 2040	10.0040		
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees		ŀ				
2	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		1				
	to or expended on its behalf .						
5	The value of services or facilities		<del> </del>				
5					ļ		
	furnished by a governmental unit to the organization without charge						
_	-						
6	Total. Add lines 1 through 5						
7 <b>a</b>	Amounts included on lines 1, 2, and 3		1				
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified		1				
	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)				L		
Secti	on B. Total Support		-				
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6			1		, ,	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		1		-		
	royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on						
40	<del>-</del> ,					ļ	
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI)						
12			<u> </u>			-	
13	Total support. (Add lines 9, 10c, 11, and 12)						
4.4	•		-1- 6	<u> </u>	6.61- 1		- F04/-\/0\
14	First five years. If the Form 990 is for the		n s tirst, secon	a, tnira, tourtr	i, or τiπh tax y	ear as a section	
C 4:	organization, check this box and stop he			• •	•		. •
	on C. Computation of Public Suppor			0 (0)		145	
15	Public support percentage for 2014 (line 8	• • • • • • • • • • • • • • • • • • • •	•		•	15	<u>%</u>
16	Public support percentage from 2013 Sci			<u> </u>		16	<u> </u>
	on D. Computation of Investment In			P 46 1	<b>(D)</b>	14-1	
17	Investment income percentage for 2014 (		• •	•			<u> </u>
18	Investment income percentage from 2013					18	%
19a	331/3% support tests—2014. If the organ						
	17 is not more than 331/3%, check this box		-			_	
b	331/3% support tests—2013. If the organiz						
	line 18 is not more than 331/3%, check this	-	_	•			_
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🗌

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.)

Section A. All Su	porting	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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
b	(b) and (c) below  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.	3a 3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a		4a		
b	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		
С	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.			
5а		4c		
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		
6 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		
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		j
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 <b>Part VI</b> .	9c		
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		
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		

Part	V Supporting Organizations (continued)			<del></del>
· art	Cupporting Organizations (Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	_	162	NO
''a				
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		<u> </u>
h	A family member of a person described in (a) above?	11b	-	<del>                                     </del>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
	on B. Type I Supporting Organizations	110		Ь
0000	on b. Type i dupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	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 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 Part		ŀ	
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		<b>-</b>
Secti	on C. Type II Supporting Organizations			
	on on the state of		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		ļ	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u>-</u>
Secti	on D. All Type III Supporting Organizations	· · · ·		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
-	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) cop				
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
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		
Secti	on E. Type III Functionally-Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ction	<u></u>
a	The organization satisfied the Activities Test. Complete line 2 below.		• • • • • • • • • • • • • • • • • • • •	-,
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
C	The organization is the parent of each of its supported organizations. Complete line 3 below.	eaa ini	etructi	one)
·				
2	Activities Test Answer (a) and (b) below.		Yes	No
а	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,			1
	how the organization was responsive to those supported organizations, and how the organization determined			L
	that these activities constituted substantially all of its activities.	2a	ļ	<u> </u>
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	ļ	ļ
3	Parent of Supported Organizations. Answer (a) and (b) below.	]		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	L	ļ	L
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		ļ	ļ
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co	tru:	st on Nov. 20, 1970. <b>See</b> ete Sections A through E	instructions. All
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		(A) Prior Year	(B) Current Year (optional)
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		1
6 Distributable Amount Subtract line 5 from line 4, unless subject to	П		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y-ini	tegrated Type III support	ing organization (see

Part	Type III Non-Functionally integrated 509(a)(3	) Supporting Organi	zations (continuea)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		<del> </del>	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI) See instructions.	<del></del>		
9_	Distributable amount for 2014 from Section C, line 6		<del></del>	
10	Line 8 amount divided by Line 9 amount	· · · · · · · · · · · · · · · · · · ·		
Se	ection 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			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a			<del> </del>	
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
<u>i</u> _	Carryover from 2009 not applied (see instructions)			
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section		-	
	D, line 7 \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount		-	
<u> </u>	Remainder Subtract lines 4a and 4b from 4			
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 3 <sub>j</sub> and 4c.			
8	Breakdown of line 7			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

chedule A (	Form 990 or 990-EZ) 2014	age <b>8</b>
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; a Part III, line 12. Also complete this part for any additional information (See instructions.)	ind
======	=== NONE =======	
<del></del> -		
<del>-</del>		
·		
· · · · · · · · · · · · · · · · · · ·		
<b>-</b>		

#### **SCHEDULE D** (Form 990)

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

Open to Public

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. **Employer identification number** Name of the organization

Inspection

FRIEN	DS OF MOSDOT GOOR		13-3065542
Par			ids or Accounts.
	Complete if the organization answered '		
		(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		
	funds are the organization's property, subject to the	•	<b>—</b> • • • • • • • • • • • • • • • • • • •
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?	<u> </u>	· · · · · · · · Yes L No
Pari			
	Complete if the organization answered '		
1	Purpose(s) of conservation easements held by the		
	☐ Preservation of land for public use (e.g., recrea		
	☐ Protection of natural habitat	☐ Preservation o	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified I		
d	Number of conservation easements included in		
	<u> </u>		
3	Number of conservation easements modified, trans	sferred, released, extinguished, or ter	minated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		
	violations, and enforcement of the conservation ea		<del>-</del>
6	Staff and volunteer hours devoted to monitoring, in	nspecting, and enforcing conservation	easements during the year
_	<u> </u>		A
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation eas	ements during the year
_	<b>&gt;</b> \$	O(d) above estate the requirements of	f anation 170/b\/4\/P\/i\
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements o	
_	* * * * * * * * * * * * * * * * * * * *		_ ::: —
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of	conservation easements in its revenue	e and expense statement, and
	organization's accounting for conservation easeme		ialiciai statements that describes the
Part		***	r Other Similar Assets
rai	Complete if the organization answered		
	If the organization elected, as permitted under SF		
ıa	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
<b>h</b>	If the organization elected, as permitted under S		
þ	works of art, historical treasures, or other similar	r assets held for public exhibition e	ducation or research in furtherance of
	public service, provide the following amounts relati		
	(i) Revenue included in Form 990, Part VIII, line 1	•	<b>b</b> \$
	(ii) Assets included in Form 990, Part X		
•	If the organization received or held works of art	historical treasures or other similar	<b>&gt;</b> \$
2	following amounts required to be reported under S		
_	<del>-</del>		
a	Revenue included in Form 990, Part VIII, line 1		• • • • • • • • • • • • • • • • • • •

Part	Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply):		her recor	ds, chec	k any of the	e follow	ving that are a s	ignıfıcant u	ise of its
а	☐ Public exhibition		d l	☐ Loan	or exchange	e progr	ams		
b	☐ Scholarly research		e i	Other	r				
С	☐ Preservation for future generations	s							
4	Provide a description of the organiza XIII.		ınd expla	in how t	hey further t	the org	anization's exen	npt purpos	e in Part
5	During the year, did the organization	solicit or receive	donation	s of art,	historical tre	easures	s, or other simila	ır	
	assets to be sold to raise funds rather	r than to be mainta	ined as p	art of the	e organizatio	on's co	llection?	☐ Yes	☐ No
Part	V Escrow and Custodial Arra	angements.							
	Complete if the organization	answered "Yes"	' to Forn	n 990, P	Part IV, line	9, or r	eported an am	ount on F	orm
	990, Part X, line 21.						•		
1a	Is the organization an agent, trustee	, custodian or oth	er interm	ediary fo	or contributi	ons or	other assets no	ot	_
	included on Form 990, Part X?								☐ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	able:				
-	ii 100, Oxpiaii iio airangomoni iii i	are Am and comple	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<b>LD.</b> 10.		T A	mount	
С	Beginning balance					1c	+		
						1d	<del>-i</del>		
d	Additions during the year					1e			
e	Distributions during the year					1f	+		
f	Ending balance						_ 1	2 D Vaa	
2a									
	If "Yes," explain the arrangement in P  ENDOWMENT Funds.	art XIII. Check nere	e ir the ex	pianatio	n nas been	provide	o in Part Alli .	• • •	<del></del>
Par			, t- L	- 000 0	) (\	10			
	Complete if the organization	(a) Current year	(b) Pric		(c) Two years		(d) Three years back	(e) Four ye	nam back
		(a) Current year	( <b>b</b> ) Pric	or year	(c) Two years	S Dack	(u) Three years back	(e) rour ye	ears Dack
_	Beginning of year balance					-		<del>                                     </del>	
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs					!			
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of	the current year en	d balanc	e (line 1g	, column (a)	) held a	as:	•	
а	Board designated or quasi-endowme	nt ▶	%	,					
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2		0%.						
3a	Are there endowment funds not in th			zation tha	at are held a	and adı	ministered for th	е	
	organization by:	•	Ŭ					_	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
ь	If "Yes" to 3a(II), are the related organ							3b	
4	Describe in Part XIII the intended use							_ <del></del>	I
Pari						_			
L CII	Complete if the organization		" to Forr	n 990 F	Part IV line	11a S	See Form 990	Part X lin	e 10
	Description of property	(a) Cost or ot			or other basis		Accumulated	(d) Book	
	Description of property	(investme		• •	other)		epreciation	(d) Dook	valoo
	Land	<del></del>							
1a	Land	•							
b	Buildings	•							
C	Leasehold improvements	•							
d	Equipment	•							
<u>е</u>	Other		00.5		(D) 11 1 1 1	\ . \			
Total.	Add lines 1a through 1e. (Column (d) I	must equal Form 99	90. Part )	t. columr	າ (B). line 10	C.)	•		

Part VII	Investments - Other Securities.					
	Complete if the organization answ	vered "Yes" to For	m 990, Part I\	<u>/, line 11b. S</u>	See Form 99	90, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book valu	e		d of valuation -year market value
(1) Financial	derivatives					
	eld equity interests					
(3) Other						
(A)						<u>.</u>
(B)						
(C)						
(D)		••				
(E)						
(F)						
(G)						
(H)						
	p) must equal Form 990, Part X, col. (B) line 12.) ▶					
Part VIII	Investments - Program Related					
	Complete if the organization answ	vered "Yes" to For	m 990, Part I\	<u>/, line 11c. S</u>	ee Form 99	90, Part X, line 13.
	(a) Description of investment		(b) Book valu	le		d of valuation -year market value
(1)		* -		İ		
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)				, ,		
Total. (Column (t	n) must equal Form 990, Part X, col. (B) line 13 ) ▶					
Part IX	Other Assets.	rorod "Voo" to For	m 000 Bort IV	/ line 11d C	oo Form Of	O Dort V line 15
	Complete if the organization answ	Description	11 990, Fart IV	, me i iu. s		(b) Book value
(1)	(4)					(b) Book Value
(1)	<del></del>	<del></del>				
(2)						
(4)						
(5)		• • • • • • • • • • • • • • • • • • • •				
(6)						
(7)						
(8)						
(9)	<del></del> -					
Total. (Colui	mn (b) must equal Form 990, Part X, co	I. (B) line 15.)			▶	
Part X	Other Liabilities.					
	Complete if the organization answ	vered "Yes" to For	m 990. Part I\	/. line 11e or	11f. See F	orm 990. Part X.
	line 25.		,	,		<b>,,</b>
1.	(a) Description of liability	(b) Book value				
(1) Federal in	come taxes					1
(2) FEDERA	AL PAYROLL TAXES		1,843			
	ERM INTEREST FREE LOAN		2,207			
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	o) must equal Form 990, Part X, col. (B) line 25.) ▶		1,050			
	uncertain tax positions. In Part XIII, provid	le the text of the footn	ote to the organ			
organization's	s liability for uncertain tax positions under l	FIN 48 (ASC 740) Che	ck here if the te	xt of the footno	te has been p	provided in Part XIII

r all	Complete if the organization answered "Yes" to Form 990, I			r Heturn.	
1	Total revenue, gains, and other support per audited financial statements			1	17,647,72
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			<del>'   -</del>	17,047,72
a	Net unrealized gains (losses) on investments	2a			
ь	Donated services and use of facilities	2b		┥ !	
c	Recoveries of prior year grants	2c		$\dashv$ $\vdash$	
d	Other (Describe in Part XIII.)	2d		┥	
e	Add lines 2a through 2d			2e	(
3	Subtract line 2e from line 1			3	17,647,721
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ĹĹ			11,041,121
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		·	
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	C
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line				17,647,721
Part					
	Complete if the organization answered "Yes" to Form 990, I				•
1	Total expenses and losses per audited financial statements			1	17,066,794
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				,,-
а	Donated services and use of facilities	2a		1	
b	Prior year adjustments	2b		7	
С	Other losses	2c	-	7	
d	Other (Describe in Part XIII.)	2d		7	
e	Add lines 2a through 2d			2e	C
3	Subtract line 2e from line 1			3	17,066,794
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	C
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.) .	<u>.</u>	5	17,066,794
	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4: Port	IV lines 1b and 2	b. Dort V. lie	no 4: Dort V. line
2; Parl	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provid	de any additional i	information.	·····
		••••	·		
	<del></del>			•••••	

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

### **Statement of Activities Outside the United States**

OMB No 1545-0047

Department of the Treasury

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

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

	the organization		•			player identification number
	DS OF MOSDOT GOOR					ployer identification number -3065542
Part			es Outside 1	the United States. Comp		
	For grantmakers. Does the assistance, the grantees' el grants or assistance?	organization	e grants or as	sistance, and the selection		
	For grantmakers. Describ assistance outside the Unit		the organization	on's procedures for monit	toring the use of it	s grants and other
3	Activities per Region. (The fo	ollowing Part	l, line 3 table o	an be duplicated if addition	nal space is needed.	)
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) if activity listed in a program servici describe specific typ service(s) in regio	e, expenditures for be of and investments
(1) 15	SRAEL	0	2	VERIFICATION		66,516
<b>(2)</b> 15	SRAEL	0	0	GRANTS		13,665,943
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	0	2			13,732,459
b	Total from continuation sheets to Part I					

c Totals (add lines 3a and 3b)

13,732,459

Page 2

Schedule F (Form 990) 2014

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Amount of non-cash assistance PLEASE REFER TO ATTACHED SCHEDULE < cash disbursement (f) Manner of (e) Amount of cash grant (d) Purpose of grant **\*\*\*\*\*\*\*\*\*\*\*** (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Part II Ξ (13) (O) (12) 8 6 N <u>@</u> 3 9

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

<u>5</u>

(15)

(16)

N

Schedule F (Form 990) 2014

(g) Description of non-cash assistance assistance	Part III can be duplicated if additional space is needed.	ated if additional spa	ace is needed.					
(1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(3) (4) (13) (13) (14) (15) (15) (15) (15) (15) (15) (15) (15	(1)							
(5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17)	(2)							
(6) (9) (9) (10) (11) (12) (13) (14) (15)	(3)							
(6) (7) (8) (9) (10) (11) (12) (13) (14) (16) (16) (17)	(4)							
(10) (11) (12) (13) (14) (15) (16) (17)	(5)							
(9) (9) (10) (11) (12) (13) (14) (15) (16) (17)	(9)							
(8) (10) (11) (12) (13) (14) (15) (16) (17)	(2)							
(9) (10) (11) (12) (13) (14) (16) (16)	(8)							
10) 12) 13) 14) 16) 16)	(6)							
(11)       (12)       (13)       (14)       (16)       (16)       (17)	10)							
13)       14)       15)       16)       17)	11)							
13)       14)       15)       16)       17)	12)							
14)       15)       16)       17)	13)							
15) 16) 17)	14)							
(16) (17)	(15)							
17)	(16)							
(X-)	(17)							
	18)							

Schedule F (Form 990) 2014

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Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	☐ Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	⊠ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	☐ Yes	⊠ No

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

Name of the organization

FRIENDS OF MOSDOT GOOR

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

Complete

▶ Attach to Form 990.

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ne 21 (	
Ξ, ≥	
answered "Yes" to Form 990, Part IV, line 21 or 22.	
Form	
es" to	
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ization	
if the organization	
if the	

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**Employer Identification number** 

13-3065542

OMB No 1545-0047

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

Schedule I (Form 990) (2014) Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, **%**□ (h) Purpose of grant or assistance X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) PLEASE REFER TO ATTACHED SCHEDULE | <<<<<<<<| > Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance (p) EIN 1 (a) Name and address of organization or government Part II Part I <u></u> Ξ 8 2 (4) 3 9 (8) (6) 6 E (12) 8

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

Department of the Treasury Internal Revenue Service

4 4 7 9

#### 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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization				Employer identification number
FRIENDS OF MOSE	OT GOOR			13-3065542
		·		
PAGE #6 , PART	VI, LINE 11B,	••		
PROCESS TO RE	VIEW FORM 990			
TAX RETURN IS S	ENT FOR REVIEW BY T	THE BOARD. UPON I	REVIEW AND BOARD AI	PPROVAL THE RETURN IS FILED.
PAGE #6 , PART	VI, LINE 11B,			
CONFLICT OF IN	TERESTS			
EMPLOYEES ARE	REQUIRED TO REPORT	ANY CONFLICT OF	INTEREST SITUATIONS	3
FAILURE TO REPO	DRT CAN RESULT IN TE	ERMINATION OF EMP	PLOYMENT	
PAGE #6, PART	VI , LINE 19 ,			
PUBLIC DISCLOSE	JRE :			
UPON REQUEST	HE PUBLIC MAY REVIE	W PERTINENT DOC	UMENTS AT THE ADDR	RESS ON THE FIRST PAGE OF
THE RETURN	THE RETURN MAY A	LSO BE REVIEWED	ON THE GUIDESTAR.OF	RG WEBSITE
THERE HAVE BEE	N NO CHANGES IN PO	LICY OR STRUCTUR	RE FOR THIS YEAR	