EXTENDED TO NOVEMBER 15, 2016

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

AI	ror the	20 is calendar year, or tax year beginning and	ending	_	
В	Check if applicable	C Name of organization		D Employer identific	ation number
	Addres	TIFERES ELIYOHU		<u> </u>	
	Name change	Doing business as		20-0	749469
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	309 CENTRAL AVENUE]		378-5814
_	termin- ated		<u></u>	G Gross receipts \$	210,394.
	Amend	City or town, state or province, country, and ZIP or foreign postal code LAKEWOOD, NJ 08701			
H	lreturn Applica			H(a) Is this a group re	
<u> </u>	ltion pendin	F Name and address of principal officer: GDEN F 15111441	^	for subordinates	
		309 CENTRAL AVENUE, LAKEWOOD, NO 08/1		H(b) Are all subordinates in	cluded? Yes No
		mpt status: X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
		e: ▶ N/A		H(c) Group exemption	
K	Form of	organization: X Corporation Trust Association Other	∟ Year	of formation: 2004 M	State of legal domicile: NJ
P	art I	Summary			
	1 1	Briefly describe the organization's mission or most significant activities $\overline{ t HIGH}$	ER EDU	JCATION	
Governance	1				
Ľ.	2	Check this box Fig. 1 if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net as	sets
ě	1		35CG OI 11101	1 _ 1	0
පි		Number of voting members of the governing body (Part VI, line 1a)		3	
જ		Number of independent voting members of the governing body (Part VI, line 1b)		4	
ies	1	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	0
Ξ	6	Total number of volunteers (estimate if necessary)		6	0
Activities &	7a	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990-T, fine 34		7ь	0.
		RECEIVED		Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)	الإ	235,583.	210,394.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Š	10	nvestment income (Part VIII, column (A), lines and 70) \$ \$ 2016	ا الأر	0.	0.
ď	11			0.	0.
		Total revenue - add lines 8 through 11 (must equal PartyVII), [column (A), line (12)	_	235,583.	210,394.
_		Grants and similar amounts paid (Part IX, column (A) lines:1:3)		167,852.	115,787.
				0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	. ⊢	0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	' <u>├</u> -	0.	0.
Ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_ Λ	· ·	
X	ь	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>	7 40 A	(2) (6)
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	67,494.	62,663.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	235,346.	178,450.
		Revenue less expenses Subtract line 18 from line 12		237.	31,944.
50	<u>g</u>		B	eginning of Current Year	End of Year
Set	ਭੂ 20	Total assets (Part X, line 16)	L	26,861.	38,325.
AS S	21	Total liabilities (Part X, line 26)		26,325.	5,845.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		536.	32,480.
		Signature Block			
Un	der pena	Ities of perjury, I declare that have examined this return, including accompanying schedul	es and stater	nents, and to the best of my	y knowledge and belief, it is
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of v	vhich prepare	r has any knowledge.	21
				777	15/16
Sig	an	Signature of afficer		Date	
	ere	▲ GLEN FISHMAN, OFFICER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	21-2	Date Check	PTIN
Pa	id	RENE R. VERGHESE, CPA	1	US la li self-employe	P01313553
	eparer	Firm's name SCHULMAN LOBEL ET AL LLP		Firm's EIN	22-3840651
	e Only	Firm's address 155 VILLAGE BLVD, SUITE 310		· gram senv	22 3010031
Jo	J Jy	PRINCETON, NJ 08540		Dhone no / a	08) 964-8300
-	nu Ale - 11			Frione no. (3	
_		RS discuss this return with the preparer shown above? (see instructions)			
532	2001 12-1	6-15 LHA For Paperwork Reduction Act Notice, see the separate instruct	uons.		Form 990 (2015)

orm	990 (2015) TIFERES ELIYOHU	20-0749469	Page 2
₽aı	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission.		
	HIGHER EDUCATION		
		_	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	e
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported	rs, the total expenses,	anu
4a			
44	(Code	ie \$)
	HIGHER EDUCATION PROGRAM		
4b	(Code) (Expenses \$ including grants of \$) (Revenue)
	, , , , , , , , , , , , , , , , , , ,		
			.
		· · · · · · · · · · · · · · · · · · ·	
			
			
			
4.			
4c	(Code) (Expenses \$ including grants of \$) (Revenue)	ue \$)
	•	······	
_			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$,	
<u>4e</u>	Total program service expenses 139,572.		

Form 990 (2015) TIFERES ELIY
Part IV Checklist of Required Schedules

			Yes	No
1	•Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	ļ	v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		ĺ	x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		*	
ē	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
t	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			w
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
•	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		х
(Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	X
	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	11e		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12:	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
k	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
٠	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
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
	complete conedure Q, F att III			(2015)

Form 990 (2015) TIFERES ELIYOHU Part IV Checklist of Required Schedules (continued)

20a 1 Ut the organization operate one or more hospital feotities? // Yes, "complete Schedule H				Yes	No
21 bit 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 2** If Yes, 5 complete Schedule I, Part I and III 92** 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, 5 complete Schedule I, Part I and III 92** If Yes, 1 complete Schedule I Part I I 10** (A) or 5 about compensation of the organization's current and former officers, directors, trusieses, key employees, and highest compensated employees? If Yes, 2 complete Schedule I Schedule I I 10** (A) or 5 about compensation of the organization's current and former officers, directors, trusieses, key employees, and highest compensated employees? If Yes, 2 complete Schedule I I 10** (A) or 5 (10**) (A)	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II 21 Did the organization report any summer to report any summer of the organization and summer to report any summer of the organization in summer to report any summer to report any summer of the organization in summer to report any summer to report any summer of the organization invest any proceeds of fax-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 I, "In In I	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, courmy (A), line 27 "Nes, "complete Schedule I, Part I I I 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 Is it is a to day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Is If I I I I I I I I I I I I I I I I I	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), line 2? If "res," complete Schedule I, Parts I and III 23 Did the organization is current and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, I not 25s 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 I, I" No.", or to line 25s 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d and complete Schedule I, I" No.", or to line 25s 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25b Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25b Did the organization and adaptated person during the year? 11" Yes, complete Schedule I, Part II 15b Is the organization aware that it reagaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with one access benefit transaction with a disqualified person in a prior year, and that the transaction with one access benefit transaction with one of the organization engage in an excess benefit transaction with one of the organization engage in an excess benefit transaction with one of the organization engage in any transaction with one of the organization engage in any transaction with one of the organization engage in any transaction with one of the organization engage in any transaction with one officers, trustee, or key employee or far with member of a tarnity member the		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
23 Dit the organization answer "Yes" to Part VII, Section A, Ine 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 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 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 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds. 26 Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 27 Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 28 Section 501(53), 501(54)8, 401(54)8, and 501(6128) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I are 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, but because of the secondary of these persons? If "Yes, complete Schedule L, Part IV and the payarization or employee thereof, it is an excess of the secondary of these persons? If "Yes, complete Schedule L, Part IV and the payarization or employee thereof, it is an excess of the secondary of these persons? If "Yes, complete Schedule L, Part IV and the payarization persons? If "Yes, complete Schedule L, Part IV and the payarization or employee thereof, it is an excess of the secondary of these persons? If "Yes, complete Schedule L, Part IV and the organization or receive more than \$25,000 in non-cash contributions? If "Yes, complete Schedule L, Part IV and the organization receive more than \$25,000 in non-cash contributions? If "Yes, complete Schedule II, Part IV and the organiz	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J 23		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J 24 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 2tb through 2td and complete Schedule K If "No", go to line 25a D bid the organization mantain an escrew account other than a refunding escrow at any turne during the year to defease any tax-exempt bonds? d bid the organization mantain an escrow account other than a refunding escrow at any turne during the year? d bid the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d bid the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d bid the organization act been reported on any of the organization engage in an excess benefit transaction with a disqualited person during the year? If "Yes," complete Schedule L, Part II at the organization wave that it engaged in an excess benefit transaction with a disqualited person in a pror year, and that the transaction have to been reported on any of the organization with a disqualited person in a pror year, and that the transaction have been reported on any of the organization with a disqualited person in a pror year, and that the transaction have been reported on any of the organization with a disqualited person in a pror year, and that the transaction have been reported on any of the organization wave that it engaged in an excess benefit transaction with a disqualited person in a pror year, and that the transaction have not been reported on any of the organization engage in an excess benefit transaction with a disqualited person in a pror year, and that the transaction have not been reported on any of the organization organization aparty to a business transaction with a disqualited person in a pror year, and that the transaction have not been reported on any of the organization organization aparty to a susmess transaction with one of the following parties (see Sc	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a bit 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 \$24b \$24b\$ Do the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Do the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Do the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Do the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? Do the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 24d 24d 25c 3cction 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization ergage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete \$5chedule L, Part I I 25b 15chedule L, Part I I 25chedule L, Part I I 25ch		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
stat day off 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 b Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization as the service of the service of the organization and attemption on the terms of the organization and that the transaction with a disqualified person in a prior year, and that the transaction are not been reported on any of the organization sport Press, "complete Schedule L, Part II" D 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, or disqualified persons? If "Yes," complete Schedule I, Part IV and 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 IV and the organization party to a business transaction with one of the following parties (see Schedule L, Part IV and the organization receive more than \$255, complete Schedule L, Part IV and the organization receive more than \$255, complete Schedule L, Part IV and the organization receive more than \$255, complete Schedule L, Part IV and the organization in elated to any tax		Schedule J .	23		Х
Schedule K. If "No.", go to line 25a b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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. b. Is the organization avere 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 pror Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II. b. Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officiers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III. b. Was 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 IV. b. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. b. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. b. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. b. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. b. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
b D dt he organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 256 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 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 pror Forms 980 or 990-EZ? If "Yes," complete Schedule L, Part I I 250 Dd 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, bughest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II I 251 Dd 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 IV instructions for applicable fling thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an off		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(22) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule I., Part I 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 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 I., Part II 25b		Schedule K If "No", go to line 25a	24a		Х
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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 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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, Iine 2 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, Iine 2 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O			28c		х
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Par				
<u> </u>	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 2	13	2
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	. #	8	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	. #	*	
С		1c	2 - 12	s. " '
•	(gambling) winnings to prize winners?	7 1/2	1 1	<i>X</i> *
za	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.			J. R.
	med for the calendar year change with or within the year dovoice by this retain.		ž. %	1.1.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	8	- 28
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	. A. A.	<i>M</i>	2.
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
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 account)?	4a		X
b	If "Yes," enter the name of the foreign country:	* * ₃		2
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	1. 4	1. 1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5 <u>b</u>		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		ł
7	Organizations that may receive deductible contributions under section 170(c).	8, 4	3 ¹⁴ 4	1/ 3
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	<i>" "</i>	_ ~ -
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	The state of the s			
С	to file Form 8282?	7c		l
-4	17.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	37 7	1:	
d		7e	£ .	گ ا
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9		7h		├─
h		-	* <i>y</i>	7 //
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		. £.	
_	sponsoring organization have excess business holdings at any time during the year?	8	2 !	├ →
9	Sponsoring organizations maintaining donor advised funds.	1 2 3	1. h	
а	•	9a	<u> </u>	
b		9b	- E	3× A
10	Section 501(c)(7) organizations. Enter.			
а	· · · · · · · · · · · · · · · · · · ·		7 3	1 1
b	• • • • • • • • • • • • • • • • • • • •		ê Z	
11	Section 501(c)(12) organizations. Enter.	» #	1 1	
а	Gross income from members or shareholders			ž.
b	Gross income from other sources (Do not net amounts due or paid to other sources against	,	1	*
	amounts due or received from them)	1 L	Ž. 4	- A.X
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			*
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	# 1/4	11/2 8	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		1	. /
- b	Enter the amount of reserves the organization is required to maintain by the states in which the			1 4
	organization is licensed to issue qualified health plans			17
	Enter the amount of reserves on hand	1 /		1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	٢	X
	of "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	Ι	1
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rar	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	-No- res	pons	е
,	Check if Schedule O contains a response or note to any line in this Part VI	_	[X
Sect	ion A. Governing Body and Management			
		Y	/es	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 0.	15 7/17	7	6 %
ь	Enter the number of voting members included in line 1a, above, who are independent			X
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			1.
	officer, director, trustee, or key employee?	2	l	<u>X</u>
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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	1	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	1 1	-)	
	more members of the governing body?	7a		<u>X</u> _
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 1		
	persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?		X	
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	1 (Ì	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u>x</u>
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401	1	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	+	x
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		7	
b 10-	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	4 8	X
ıza b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	- 1	 -
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1.25		
·	in Schedule O how this was done	12c	{	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	1/1/	1. 1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			2.1
а	The organization's CEO, Executive Director, or top management official	15a	* -*	X
	Other officers or key employees of the organization	15b	$\neg \neg$	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		1	7)
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		46	
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1 /2		
	exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	available	е	
	for public inspection Indicate how you made these available. Check all that apply.		=	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	id financ	al	
_	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE MANAGEMENT - 908-378-5814 309 CENTRAL AVENUE, LAKEWOOD, NJ 08701			
	309 CENTRAL AVENUE, LAKEWOOD, NJ 08701			

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Form 990 (2015)

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Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Name and Title Average hours per week (lest any hours for related organizations below mine) (1) GLEN PISTRIAN TRUSTEE (A) Name and Title Average hours per week (lest any hours for related organizations below mine) (A) Name and Title Average hours per week (lest any hours for related organizations below mine) (A) Name and Title Average hours per week (lest any hours for related organizations below mine) (A) Name and Title Average hours per week (lest any hours for related organizations with the compensation (W2/1099-MISC) (B) (B) (B) (B) (B) (B) (B) (X Check this box if neither the organization r	or any related	orga	ınıza	tion	con	nper	nsat	ed any current officer, o	lirector, or trustee.	
hours per week (list any hours for related organizations below line) 1) GLEN FISHMAN TRUSTEE Description of the companion of the companio	(A)	(B)	((0)			(D)	(E)	(F)
hours per week (list any hours for related organizations below line) 1) GLEN FISHMAN TRUSTEE Description of the companion of the companio	Name and Title		(do	not c	POSi heck i	more	than :	one			
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(A) Name and title			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other
	hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	
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41. 0.1.1.1.1			_					0.	ļ 	0. 0
1b Sub-total c Total from continuation sheets to Par	rt VII, Section A							0.		0. 0
Total (add lines 1b and 1c) Total number of individuals (including becompensation from the organization	ut not limited to t	hose	e liste	ed a	bov	/e) w	ho r		0,000 of reportabl	
3 Did the organization list any former offi			e, k	ey e	mpl	oyee	, or	highest compensated e	employee on	Yes No
 line 1a? If "Yes," complete Schedule J is For any individual listed on line 1a, is the and related organizations greater than it 	e sum of reportat	ole c							the organization	3 X
5 Did any person listed on line 1a receive rendered to the organization? If "Yes,"	or accrue compe	ensa	tion	fron	n an	y un			vidual for services	
Section B. Independent Contractors 1 Complete this table for your five highes							ore	that received more than	\$100,000 of com	
the organization Report compensation (A)	for the calendar									(C)
Name and business address NONE Description of services								Compensation		
										·
		-		_						
2 Total number of independent contractor	ors (including but	not	limite	ed to	o the	ose l	iste	d above) who received	more than	
\$100,000 of compensation from the or	_		,			0				Form 990 (201:

Form				ELIYOHU			20-0749	469 Page 9
Pa	₹ V	AIII	Statement of Revenue					
			Check if Schedule O contains a	response or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Grants	1	a	Federated campaigns	1a	111111111111			111111
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b				
An An			Fundraising events	1c			214149	
5 5			Related organizations	. 1d		1444455	. 1.7. 1.7. 4.4	
Sir			Government grants (contributions)	1e	(4/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2			
풀힐		f	All other contributions, gifts, grants, and similar amounts not included above	1 1 000 000				
흡칭		_						
SE		-	Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f	·———	210,394.			
<u> </u>		<u>"</u>	Total: Add lifes 1a-11	Business Code		2.1.7.7.1.1		
g,	2	а		33333333333			* * ** ** ** ** **	i da na a a a a a a a a a a a a a a a a a
Z	Ī	b						
Se		С						
leve		đ		1				
Program Service Revenue		e						
•	İ	f	All other program service revenue	<u> </u>	 	ļ.,		
			Total. Add lines 2a-2f		ļ	1 1 1 1 1 1 1 1		4, 5, 5, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,
	3		Investment income (including divide	ends, interest, and	}			
			other similar amounts)			 		
	5		Income from investment of tax-exer Royalties .	mpt bond proceeds		 		
	9			(i) Real (ii) Personal	771718	1070077	763783	
	6	а	Gross rents	ij ricai (ii) r ci soriai		1131151		
	-		Less: rental expenses		1444844	6622574	<i>[4777]</i>	
			Rental income or (loss)		126665	1445945		120711
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) S	Securities (ii) Other	14429778		911918	
			assets other than inventory		16 4 7 5 7 7 7 7	11/11/11/11	1/1/1/1	
	1	b	Less: cost or other basis					
	ł		and sales expenses		1312115	1652150	V 4 5 5 7 7 3 3	
			Gain or (loss)				1 1 1 1 1 1 1 1 1 1	
	١.		Net gain or (loss)	nto (not	11111		11111111	7 6 4 3 3 3
Other Revenue	ľ	a	Gross income from fundraising eve including \$	of			1966778	
eve	ł		contributions reported on line 1c) \$	- ,	14 4 5 4 5 5 5			
ř.			Part IV, line 18	a			411111	
the	1	b	Less direct expenses	b				
G	l	C	Net income or (loss) from fundraising	ng events	ļ			
	9	a	Gross income from gaming activities	es. See	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1			
	l		Part IV, line 19	a	4 4 3 3 3 3 3 3		17 4 5 3 2 3 4	
	1		Less. direct expenses	b[
	١,,		Net income or (loss) from gaming a					* * * * * * * * * * * * * * * * * * *
	10) a	Gross sales of inventory, less returnand allowances	(
	1	ь	Less cost of goods sold	a				
	ĺ		Net income or (loss) from sales of u	·	- managan and and and and and and and and and a		3	
-		·	Miscellaneous Revenue	- Business Cod	e- 6.3 4 5 3 .	122227	737719	1200 1 12
	11	l a					- Marine Marine Comments of the following	
		ь						
		С						
		d	All other revenue	L	 			1
		е		•	210 204			
	12		Total revenue. See instructions.		210,394	0.	0.	0.
5320	09 1	2-16	5-15					Form 990 (2015)

Form 990 (2015) TIFERES ELIYON Part IX Statement of Functional Expenses

Check of Schedule Coordans is response or noted to any line in this Part IX Do not holder amounts reported on final acto. 70, 89, 89, and 100 of Part VIII Gratts and other assistance to domestic organizations and domestic operaments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 17 Grants and other assistance to domestic individuals See Part IV, line 17 Barrier organizations, foreign governments, and foreign organizations, foreign governments, and foreign individuals See Part IV, line 17 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 17 Barrier organizations of current officers, directors, trustees, and key empkynese Compensation of current officers, directors, trustees, and key empkynese Compensation of current officers, directors, trustees, and key empkynese Compensation of current officers, directors, trustees, and key empkynese Compensation of current officers, directors, trustees, and key empkynese Person plan actuals and routine and officers, directors, trustees, and key empkynese Person plan actuals and original promotion of included above, to disqualities of the plan actual promotion of the plan actual promoti	Section	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)										
Grants and other assistance to domestic organizations and domestic povernments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 26 Grants and Green See Part IV, line 32 Grants and See Part IV, line 32 Government on clinicide above, to dequalified persons (as defined under section 4588(ft) 13) and persons described a section 4588(ft) 13) and persons (as defined under section 4588(ft) 13) and persons (as	`					· /n\						
and domestic governments. See Part IV, Ine 21 Grants and other assistance to domestic individuals See Part IV, Ine 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, Ine 23 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, Ine 25 Georgenation of current officers, directions, trustees, and key employees Compensation not included above, to dequalified persons (as derived under section 4958(f(1)) and persons described in section 4958(f(1)) and persons described and section 4958(f(1)) and persons described and contributions (include section 401(g) and 403(b) employer contributions? Payroll taxes Payroll taxes Fees for services (non-employees): a Management b Legal Coccounting Coccounting County (A) and 403(b) employer contributions (Included Coccounting) Coccounting (A) and 403(b) employer contributions (Included Coc			Total expenses	Program service expenses	Management and	Fundraising expenses						
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		educational campaign and fundraising solicitation.	ì	{	}	1						
		Check here rf following SOP 98-2 (ASC 958-720)	<u> </u>	L <u></u>	<u> </u>	<u></u>						

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,898. 1 3,643. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 instr). Complete Part II of Sch L 7 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other 78,272 basis Complete Part VI of Schedule D 10a 43,590 34,682 10b 10c b Less. accumulated depreciation 11 11 Investments - publicly traded securities Investments - other securities See Part IV, line 11 12 12 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 26,861. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, _iabilities 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 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 26,300 5,820 Schedule D 325. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. ñ 30 30 Capital stock or trust principal, or current funds 0 31 31 Paid-in or capital surplus, or land, building, or equipment fund 536. 32 32 Retained earnings, endowment, accumulated income, or other funds 536. 32,480. 33 33 Total net assets or fund balances 26,861 38,325 Total liabilities and net assets/fund balances 34

Form	990 (2015) TIFERES ELIYOHU	20-0	749469	Page 12
Pai	t XII Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
,		ļ		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,394.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,450.
3	Revenue less expenses. Subtract line 2 from line 1	3	31	,944.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		536.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities .	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	32	2,480.
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	. % (1	l. i i
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		
	separate basis, consolidated basis, or both:		1 1/	
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,		
	consolidated basis, or both.			19 19
	Separate basis Consolidated basis Both consolidated and separate basis)	1. 1.
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audıt,	i* #1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Aud	it 🤼 🏌	Ž X
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ured aud		İ
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	990 (2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public

Employer identification number Name of the organization 20-0749469 TIFERES ELIYOHU Part I Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). iv) is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 TIFERES ELIYOHU 20-07494 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received (Do not	1.55 000	005 440	000 405	005 500	010 004		
	include any "unusual grants.")	165,880.	226,419.	209,435.	235,583.	210,394.	1,047,711.	
2	Tax revenues levied for the organ-							
	ızation's benefit and either paid to							
	or expended on its behalf	<u> </u>						
	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	1 C F 000	226 410	200 425	225 503	210 204	1 047 711	
	Total. Add lines 1 through 3	165,880.	226,419.	209,435.	235,583.	210,394.	1,047,711.	
5	The portion of total contributions				Ti Ti Ti			
	by each person (other than a							
	governmental unit or publicly			7: 4i A.				
	supported organization) included		j j. 17 9					
	on line 1 that exceeds 2% of the							
	amount shown on line 11,	M. A. I.						
_	column (f)	1	1	46 (27 × 62			1,047,711.	
	Public support. Subtract line 5 from line 4		<u> </u>	<u> </u>	<u> </u>	<u> </u>	1,017,711.	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
	Amounts from line 4	165,880.	226,419.	209,435.	235,583.	210,394.	1,047,711.	
	Gross income from interest,	103,000.	220,113.	203,2030	233,3031	220,3323		
8	dividends, payments received on			İ				
	securities loans, rents, royalties	1				}	4	
	and income from similar sources	Į		ļ				
9	Net income from unrelated business	 			 			
3	activities, whether or not the				\	<u> </u>		
	business is regularly carried on				ļ			
10	Other income Do not include gain		 		<u> </u>			
	or loss from the sale of capital		1		1			
	assets (Explain in Part VI)		l .					
11	Total support. Add lines 7 through 10	11 11:12	1 1. 1. 11	11 11 11	13 11 11	1 11 13	1,047,711.	
	Gross receipts from related activities	, etc (see instruct	ions)			12		
	First five years. If the Form 990 is for			rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)		
	organization, check this box and sto	p here					<u> </u>	
Se	ction C. Computation of Pub	lic Support Pe	ercentage			·		
14	Public support percentage for 2015	(line 6, column (f) o	divided by line 11,	column (f))		14	100.00 %	
	Public support percentage from 201					15	100.00 %	
16	a 33 1/3% support test - 2015. If the	organization did n	ot check the box o	on line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and	
	stop here. The organization qualifies						► X	
ŀ	33 1/3% support test - 2014. If the				d line 15 is 33 1/3%	6 or more, check t	his box	
	and stop here. The organization qua						▶□	
17:	17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances						>	
ı	o 10% -facts-and-circumstances te		•					
	more, and if the organization meets						e _ - -	
	organization meets the "facts-and-ci						▶ ;	
18	Private foundation. If the organization	on did not check a	a box on line 13, 16	5a, 16b, 17a, or 17				
	Schedule A (Form 990 or 990-EZ) 2015							

Schedule A (Form 990 or 990-EZ) 2015 TIFERES ELIYOHU 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 b 	elow, please comp	lete Part II)						
Section A. Public Support								
Calendar year (or fiscal year beginning in) 🖊	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
 Gifts, grants, contributions, and 					}			
membership fees received. (Do not				i				
include any "unusual grants")								
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-					} {			
iness under section 513					<u></u>			
4 Tax revenues levied for the organ-				{	i			
ization's benefit and either paid to or expended on its behalf								
5 The value of services or facilities				1	1			
furnished by a governmental unit to				i	i i			
the organization without charge			····	<u> </u>	<u> </u>			
6 Total. Add lines 1 through 5					1	 		
7a Amounts included on lines 1, 2, and				[1			
3 received from disqualified persons			· · · ·					
Amounts included on lines 2 and 3 received				{	j			
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	ļ]]]			
amount on line 13 for the year			. <u> </u>					
c Add lines 7a and 7b								
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support		1. 1. 1 1. 1. 1		1. 1. 1. 3. 1. 1.	[
Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
9 Amounts from line 6	<u></u>		<u> </u>		<u> </u>			
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
b Unrelated business taxable income		ł	1	}				
(less section 511 taxes) from businesses acquired after June 30, 1975								
c Add lines 10a and 10b	<u> </u>	<u> </u>		<u> </u>				
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12 Other income. Do not include gain or loss from the sale of capital								
assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12)					T			
14 First five years. If the Form 990 is for		s first, second, thii	d, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	ation,		
check this box and stop here	J	, ,	, , , , , , , , , , , , , , , , , , , ,	•	, ,,,, - 0	▶□		
Section C. Computation of Pub	lic Support Pe	ercentage						
15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 %								
16 Public support percentage from 201	4 Schedule A, Par	t III, line 15			16	%		
Section D. Computation of Inve	stment Incom	ne Percentage						
17 Investment income percentage for 2								
18 Investment income percentage from	•		- 17		18	%		
,	19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not							
more than 33 1/3%, check this box	and stop here. Th	e organizatıon qua	lifies as a publicly	supported organi	zation	. ▶□		
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization A3 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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 Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **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?
- c 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 or 990-EZ)
- 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.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - 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.)

	Yes	No
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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11、	Has the organization accepted a gift or contribution from any of the following persons?	7 /	<i>(</i>	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		١.	1
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	933	79K 3	2 T 3
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		***	X
	controlled the organization's activities. If the organization had more than one supported organization,	l (si	<i>8</i> .	J.
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			Ž.
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1 1	···· }	******
2	Did the organization operate for the benefit of any supported organization other than the supported	. 33	3 38 8	Y 38
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in]	44	,
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			á.
	supervised, or controlled the supporting organization	2		,
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	11.35	30	*
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		J.	Š
	or management of the supporting organization was vested in the same persons that controlled or managed			*
	the supported organization(s).	1	438	, ,
Sec	etion 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	# 3 4	1/2	1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		4	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		*****
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	W	96	1
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	400g, 41	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1 / 1	Ž.	- N
	significant voice in the organization's investment policies and in directing the use of the organization's		3	1
	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		
Sec	ction 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 yea(see instructions):	'		
а	The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	Describe to Describe to Destribe to Destribe to Destribe to Destribe to the description of the destribution structions)		
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		* 5 ⁷	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		 	\ \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \beg
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			,
	that these activities constituted substantially all of its activities	2a		
t	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more) · · · · · · · · · · · · · · · · · · ·		1 2
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1. 6		rz,
-	reasons for the organization's position that its supported organization(s) would have engaged in these	-		
	activities but for the organization's involvement	2b	<u> </u>	L
3	Parent of Supported Organizations Answer (a) and (b) below.	12	1	# 3 S
a				
	trustees of each of the supported organizations? Provide details in Part VI.	За		<u> </u>
Ł	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	گئے گ	:3	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b_		

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	anizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov 20, 1970 See instru	ctions. All			
	other Type III non-functionally integrated supporting organizations must com-	plete (Sections A through E.				
Sect	ion 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					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see	1					
	instructions for short tax year or assets held for part of year)						
а	a Average monthly value of securities						
	b Average monthly cash balances						
С	c Fair market value of other non-exempt-use assets						
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other	100	2 4 2 6 X 3 3 5 5 Y	14184456			
	factors (explain in detail in Part VI)	1/1	<u> </u>				
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,	1					
	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)	В					
Sec	tion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	111111111111				
2	Enter 85% of line 1	2	1. 7 7 1 2 1 2 1 2 1				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	1. 1 2 1 4 4 4 4 4				
4							
5	Income tax imposed in prior year	5	11/1/11/11				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	T	777777				
	emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functionally	/-integ	rated Type III supporting org	anızation (see			
	(netriotions)						

- g - G - C		(a)(a) Supporting Orga	(continued)	
	on D - Distributions			Current Year
_	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
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.			
<u> </u>	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10_	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
	_ 	* · · · · · · · · · · · · · · · · · · ·		7.0110 dite for 2010
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015	1.4547.64		
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
<u>a</u>				
<u>b</u>				
<u>c</u>		111111		7 / 4 /4 /3, 18
	From 2013			
	From 2014	2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 1. 1. 1. 1. 1.	1. 1. 1. 1. 1. 1.
	Total of lines 3a through e	<u> </u>	7 7 9 1 1 1	
	Applied to underdistributions of prior years		<u> </u>	M (1. 1. 1. 14 15
<u>h</u>	Applied to 2015 distributable amount		<u> </u>	
_ <u>j</u>	Carryover from 2010 not applied (see instructions)	13 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D,	1.42/2/2/2/2	17.15.67.957	7 5 7 7 7 7
	line 7: \$			
	Applied to underdistributions of prior years		*	1 3 3, 12 10 10
	Applied to 2015 distributable amount	1. 1. 1. 1. 1. 1. 1.		2 × , × × ×
	Remainder Subtract lines 4a and 4b from 4.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			1436748
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see	77.47.47	17.474445	
	instructions)		<u> </u>	A . 3 5
7	Excess distributions carryover to 2016. Add lines 3 _j			
	and 4c			
8	Breakdown of line 7:			
		8 37 38 2 39	#	
b	<u>- 22 - 23 - 23 - 24 - 24 - 24 - 24 - 24 </u>	<u> </u>	36 280 30 35 82 33 85	W
	Excess from 2013	A 99 995 AV (V)		× × × × × × × × × × × × × × × × × × ×
	Excess from 2014 Excess from 2015			
6	EXCESS IFOR ZU15	1 × × · · · · · · · · · · · · · · · · ·	10:32 (% % % % % % %	* Y W 50 38 - 2000/2

Schedule A	(Form 990 or 990-EZ) 2015 TIFERES ELIYOHU	20-0749469 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line Ire 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V. Section B. line 1e: Part V.
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SCHEDULE D

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

Inspection

Name of the organization

TIFERES ELIYOHU

Employer identification number 20-0749469

Par	T.J. Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the								
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.									
		(a) Donor advised funds	(b) Funds and other accounts								
1	Total number at end of year										
2	Aggregate value of contributions to (during year)										
3	Aggregate value of grants from (during year)										
4	Aggregate value at end of year										
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds								
	are the organization's property, subject to the organization's		Yes No								
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only								
	for charitable purposes and not for the benefit of the donor										
_	impermissible private benefit?		Yes No								
Pai	art II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.										
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).									
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	storically important land area								
	Protection of natural habitat	Preservation of a ce	rtified historic structure								
	Preservation of open space										
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	n of a conservation easement on the last								
	day of the tax year.		Held at the End of the Tax Year								
а	Total number of conservation easements	-	2a								
b	Total acreage restricted by conservation easements		2b								
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c								
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	eture								
	listed in the National Register		2d								
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax								
	year ▶										
4	Number of states where property subject to conservation ea	asement is located	-								
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling o	f								
	violations, and enforcement of the conservation easements		└─ Yes └─ No								
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing co	nservation easements during the year								
											
7	Amount of expenses incurred in monitoring, inspecting, han	idling of violations, and enforcing conserv	vation easements during the year								
	> \$										
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 17									
	and section 170(h)(4)(B)(ıı)?		Yes No								
9	In Part XIII, describe how the organization reports conserva-										
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describe	s the organization's accounting for								
8D -	conservation easements	of Art Wintering Transpures or	Other Similar Assets								
Pa	rt III/ Organizations Maintaining Collections		Other Similar Assets.								
	Complete if the organization answered "Yes" on For										
1a	If the organization elected, as permitted under SFAS 116 (A	•	·								
	historical treasures, or other similar assets held for public ex		rance of public service, provide, in Part XIII,								
	the text of the footnote to its financial statements that desc										
b	If the organization elected, as permitted under SFAS 116 (A										
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of p	bublic service, provide the following amounts								
	relating to these items:		. .								
	(i) Revenue included on Form 990, Part VIII, line 1										
_	(ii) Assets included in Form 990, Part X		. > \$								
2	If the organization received or held works of art, historical tr		ciai gain, provide								
	the following amounts required to be reported under SFAS	1 to (MOC 309) relating to these items.	. •								
a	·		. 🏲 🖣								
b	Assets included in Form 990, Part X		▶ \$								

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		ELIYOHU							49469	
	Organizations Maintaining C									
	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following tha	t are a si	gnıficant ı	use of its	collection it	tems
•	(check all that apply):									
а	Public exhibition	d		oan or excl	nange progra	ıms				
b	Scholarly research	е	ه لــا ه	ther						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	ey further th	ne organizati	on's exer	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or	r receive donations	of art, his	torical treas	sures, or oth	er sımılar	assets			
	to be sold to raise funds rather than to be ma								Yes	<u> No</u>
Par	Escrow and Custodial Arran		ete if the d	organizatıo	n answered '	'Yes" on	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for c	ontribution	s or other as	sets not	included	r	٦ ،	
	on Form 990, Part X?	•			•			<u> </u>	」Yes □	∟_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	able:						
									Amount	
C	Beginning balance						1c			
d	Additions during the year				•		1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	scrow or cu	ustodial acco	unt liabil	rty?	. L_	Yes	└─ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete	f the organization ar	nswered "	Yes" on Fo						
	((a) Current year	(b) Pr	ior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance .									
þ	Contributions									
С	Net investment earnings, gains, and losses				ļ					
d	Grants or scholarships		<u> </u>		<u> </u>					
е	Other expenditures for facilities		ļ			j				
	and programs				ļ				ļ	
f	Administrative expenses		 		 				[
g	End of year balance		<u> </u>		<u> </u>				L	
2	Provide the estimated percentage of the cur	rent year end balan	-	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b		%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posses.	ession of the organiz	zation tha	t are held a	ınd administe	ered for t	ne organiz	zation	1	7
	by.									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
ď	If "Yes" on line 3a(ii), are the related organization				•				3b	
4	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipn		owment f	unds				.		
<u></u>			O D-+ N		S-+ F 00	0 D-4 V	b 40			
	Complete if the organization answere								(d) D : -1	
	Description of property	(a) Cost or obasis (invest			t or other (other)		ccumulate preciation		(d) Book v	value
10	Land	54513 (111463)			\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>					
_		 				<u> </u>	, x; « .	* *		
C D	Buildings Leasehold improvements	 		7	8,272.		43,5	90.	34	,682.
	Equipment	 			-,-,-	 				, , , , , ,
ч	Equipment									

34,682. Schedule D (Form 990) 2015

e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Part VII	Investments - Other Securities.			
(a) Decorn	Complete if the organization answered "Yes" ofton of security or category (including name of security)	on Form 990, Part IV, lir (b) Book value	ne 11b. See Form 990, Part X, line 12 (c) Method of valuation: Cost or e	nd of year market value
		(b) Book value	(c) Method of Valuation. Cost or e	no-or-year market value
	al derivatives			
	-held equity interests			
(3) Other (A)				
(B)				
(C)				
(D)			 	
(E)			 	
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)		4118118111	1/1/1/19/2019 19 19 19 19 19 19 19 19 19 19 19 19 1
	Investments - Program Related.			
<u></u>	Complete if the organization answered "Yes"	on Form 990, Part IV, lin	ne 11¢ See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or e	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶	<u> </u>	769111199	
Part IX				
	Complete if the organization answered "Yes"		ne 11d See Form 990, Part X, line 15	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)			- 	
(4)				
(5)	,			
(6)				
(7)				
(8)				
(9)	hims (h) must squal Form 000. Bot V and (B) his	15)		
Part X	lumn (b) must equal Form 990, Part X, col (B) lin	<u> </u>		<u> </u>
1 4157	Complete if the organization answered "Yes"	on Form 990 Part IV II	ine 11e or 11f See Form 990 Part Y line	25
	(a) Description of liability	0111 01111 330,11 41111,11	(b) Book value	<u> </u>
1. (1) Fe	ederal income taxes			
	OAN PAYABLE		5,820.	
(3)	<u> </u>			
(4)				
(5)				
(6)				
(7)				
(8)				7 7 5 4 6 7 7
(9)				7777
	lumn (b) must equal Form 990, Part X, col (B) lir	ne 25)	5,820.	
	ty for uncertain tax positions. In Part XIII. provid			ts that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Open to Public

Department of the Treasury

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. «Inspection »/ Internal Revenue Service Employer identification number Name of the organization 20-0749469 TIFERES ELIYOHU FORM 990, PART VI, SECTION B, LINE 11: NO REVIEW WAS OR WILL BE CONDUCTED FORM 990, PART VI, SECTION C, LINE 19: NOT APPLICABLE