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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public Inspection

			ending (1011 31, 2011						
В	Check if applicat	C Name of organization		D Employer identific	ation number					
	Addr chan	LIMUDEI DA'AS, INC.								
	Name			7 20-14	194208					
	Initia	At the second se	Room/suite							
F	Final	O EXCUSTED DOND		(845)						
	termi			G Gross receipts \$	1,314,414.					
Г	Amer	ded MONGEY MY 10052		H(a) Is this a group re						
一	Appl			for subordinates						
_	pend	9 EASTVIEW ROAD, MONSEY, NY 10952		H(b) Are all subordinates in						
$\overline{\mathbf{T}}$	Tax-ex	empt status 501(c)(3) 501(c)() ◀ (insert no.) X 4947(a)(1) (or 527	T ''						
I Tax-exempt status										
		forganization: X Corporation Trust Association Other	I Year		State of legal domicile: NY					
	art I	Summary	<u> L i çai</u>	orialination. 200 3: W	Otate or legal definicite. 24 2					
	1	Briefly describe the organization's mission or most significant activities TO P	ROVIDE	FUNDS TO TH	NDTVIDUALS					
Governance	} '	AND ORGANIZATIONS THAT SUPPORT THE ORTHO			10111011110					
nai	2	Check this box If the organization discontinued its operations or dispose			sets					
Ver Ver	3	Number of voting members of the governing body (Part VI, line 1a)	000 01 11101	3	3					
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0					
Activities &	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	0					
	6	Total number of volunteers (estimate if necessary)		6	0					
		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
ĕ	1	Net unrelated business taxable income from Form 990-T, line 34		7b	0.					
	┼ — "	14et differenced business taxable income from 1 offi 550-1, fille 54		Prior Year	Current Year					
Revenue	8	Contributions and grants (Part VIII, line 1h)	 	1,326,506.	1,314,414.					
	9	Program service revenue (Part VIII, line 2g)		0.	0.					
	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	0.	0.					
æ	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_	0.	0.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,326,506.	1,314,414.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1·3)		1,263,400.	1,296,800.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)	CEV	FN 0.	0.					
"	1	Salaries, other compensation, employee benefits (Part IX, column (A), line 5 5 10)	- <u>U</u> - *		0.					
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		017	0.					
Se L	108	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	V02 2 2	017 017						
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		146,456.	90,558.					
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	MENT	1,409,856.	1,387,358.					
	19	Revenue less expenses Subtract line 18 from line 12		<83,350.						
JO 4	3 13	Trevenue icas expenses Gubriact line to non line 12	B.	eginning of Current Year	End of Year					
Net Assets or	20	Total assets (Part X, line 16)		187,737.	114,793.					
ASS	21	Total liabilities (Part X, line 26)	-	0.	0.					
Net	22	Net assets or fund balances. Subtract line 21 from line 20	}	187,737.	114,793.					
	art II			1077737.	11111150					
		alfies of perjury, I declare that I have examined this return, including accompanying schedule	es and stater	ments, and to the best of my	/ knowledge and belief, it is					
		ct, and complete. Declaration Appropared Ather than officer) is based on all information of w			,					
	, 00	L CONTROL SOCIAL CONTROL CONTR	mon propure							
Sig	ın	Signature of officer		Date	. 17					
He		ELIEZER HERSKOWITZ, TRUSTEE		11-1	<i>4−17</i>					
116	16	Type or print name and title	·		<u> </u>					
Print/Type preparer's name Preparer's signature Date Check PTIN										
Pai	d	JAMES MATTEOTTI MUNICIPALITY	11/11/17 of self-employe	 -1						
	parer	Firm's name LAWRENCE BROWN & CO.		Firm's EIN	13-3093411					
Use Only Firm's address 180 PHILLIPS HILL ROAD - SUITE 3A										
23,		NEW CITY, NY 10956		Phone no. 84	5-638-1001					
Ma	y the	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No					

orm	1990 (2016) LIMUDEI DA'AS, INC. 20-1494208 Page
Pa	rt lil 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.
•	TO PROVIDE FUNDS TO INDIVIDUALS AND ORGANIZATIONS THAT SUPPORT THE
	ORTHODOX JEWISH FAITH.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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 expenses.
•	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$1, 296, 800. including grants of \$1, 296, 800.) (Revenue \$
	SUPPORT OF THE RELIGIOUS AND EDUCATIONAL INSTITUTION ENGAGED IN
	BRINGING PERSONS CLOSER TO THE ORTHODOX JEWISH FAITH
	_
	,
4b	(Code) (Expenses \$
	_
4-	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
	Total and a suppose of the suppose o

Form **990** (2016)

Form 990 (2016) LIMUDEI DA'AS, INC.
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	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X.	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u> _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	.		X
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			- 21
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			\ . ,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Α
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ' '		 ^`
120	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	<u> </u>	<u> </u>	T- <u>-</u> -
-	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?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		[
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	ļ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		ļ	
	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,			l
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	├	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	.,
	complete Schedule G, Part III	19	000	(2016)
		rorm	・フラリ	

Form 990 (2016) LIMUDEI DA'AS, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
20à	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	ĺ		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	any tax-exempt bonds?	24c		<u> </u>
d	• • • • • • • • • • • • • • • • • • • •	24d	ļ	 -
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		v
06	Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	}	х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20	-	
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		ţ	
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ĺ	x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	l		1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Ì
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	Ì		
	If "Yes," complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	ļ.——	<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ĺ	1	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ļ	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			7.7
	Part V, line 1	34		X
35a		35a	├	X
Ø	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	254		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	 	
JU	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 55	<u> </u>	† -
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ŀ	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2016)

14b

Form 990 (2016)

LIMUDEI DA'AS, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 1a 0 1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X 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? 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7с X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 71 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9h 10 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter-Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 11h amounts due or received from them) X 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 0. 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year?

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

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 0 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 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 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X 8a a The governing body? b Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a 15b X b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NY 17 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 for public inspection. Indicate how you made these available. Check all that apply Another's website Other (explain in Schedule O) X Upon request Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records ightharpoonupLAWRENCE BROWN & CO. - 845-638-1001

NY

180 PHILLIPS HILL ROAD, STE. 3A, NEW CITY,

	•	•
Form	990	(2016)

LIMUDEI DA'AS, INC.

20-1494208

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Part VII 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

X Check this box if neither the organization (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than s bot	nan	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
(1) PLITHID VIDGUALITY	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ELIEZER HERSKOWITZ TRUSTEE	4.00	х						0.	0.	0
(2) RABBI YERACHMIEL CENSOR TRUSTEE	1.00	X						0.	0.	0
(3) BORUCH DOV UNGARISCHER TRUSTEE	1.00	х						0.	0.	0
					_					
					<u> </u>					
							,			
		1								
			-				-			
		-	-	-						
		-	-		-					

•	VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week (list any	(do box offi	Position (do not check more than one box, unless person is both an officer and a director/trustee)				one h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Esti amo	(F) mated ount o ther ensati	f
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fro orga and	m the nization relate nization	on d
								L			_			
			<u></u>											
						-								
				<u> </u>										
c T	ub-total otal from continuation sheets to Part VI otal (add lines 1b and 1c)	I, Section A						>	0.		0.			0.
2 T	otal number of individuals (including but no compensation from the organization	ot limited to th	nose	liste	ed a	bov	e) wl	no r	eceived more than \$100	0,000 of reportable	•		Yes	No.
	id the organization list any former officer, ne 1a? If "Yes," complete Schedule J for s			e, ke	ey er	mplo	yee	, or	highest compensated e	mployee on		3	165	X
a	or any individual listed on line 1a, is the sund related organizations greater than \$15	0,000? If "Yes,	" cc	mpl	ete S	Sch	edul	e J i	for such individual			4	_	X
re	id any person listed on line 1a receive or a endered to the organization? If "Yes," com- in B. Independent Contractors					•		elat —-	ed organization or indiv			5		х
	omplete this table for your five highest co ne organization. Report compensation for	-									pensa	ation fr	om	
	(A) Name and business	address	N	ON	E				(B) Description of	services	Cı	(C ompen		1
								_						
2 T	otal number of independent contractors (i	neluding but s	not !	mito		tho	ا مور	stor	d ahove) who received a	nore than				
	100,000 of compensation from the organi	_					0			nore triali		Eorm (200 (6	

		Check if Schedule O cont	ains a response o	or note to any line	e in this Part VIII			
•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a			-		
Contributions, Gifts, Grants and Other Similar Amounts	b		1b					
ا ۾ ي	C	` .	1c					
i ii	d		1d					
S,E	е		ions) 1e					
ë iz	f	All other contributions, gifts, gran						
돌		similar amounts not included abor		314,414.				
들임	g	Noncash contributions included in lines						
g g	_	Total. Add lines 1a-1f			1,314,414.			
				Business Code				
g	2 a							
ا ۾ ڃَ	b							
Program Service Revenue	С							
eve	d							
P. S.	е							
4	f	All other program service reve	enue					
	g			•				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶				
	4	Income from investment of ta	x-exempt bond p	roceeds 🕨				
	5	Royalties			<u> </u>			
			(ı) Real	(II) Personal				
	6 a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
	C	: Gain or (loss)						
	d	Net gain or (loss)						
une	8 a	Gross income from fundraisin including \$	_					
Other Rever		contributions reported on line						
Œ.		Part IV, line 18	a					
the	b	Less direct expenses	b				,	
0		: Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming a	ctivities See		}			
		Part IV, line 19	а					
	b	Less direct expenses	b					
	c	Net income or (loss) from gan	ning activities					
	10 a	Gross sales of inventory, less	returns				1	
		and allowances	а					
	b	Less cost of goods sold	b					
	c	Net income or (loss) from sale	es of inventory	•				
		Miscellaneous Revent	ie	Business Code				
	11 a	1					-	
	b					ļ		
	c						<u></u>	
	C	d All other revenue					-	
	e	Total. Add lines 11a-11d			4 04 4 4 4	 		
	12	Total revenue See instructions.		<u> </u>	1,314,414.	0.		0.

Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	omplete column (A)	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX	····	
	ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic		i		
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	1,296,800.	1,296,800.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).		<u>'</u>		
а	Management				
b	Legal	75.		75.	
C	Accounting				
d	Lobbying			<u> </u>	
е	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	70 005		70 005	1.70
17	Travel	78,905.		78,905.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates Depreciation, depletion, and amortization				**
22	Insurance				
23	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	BANK & CREDIT CARD FEES	4,990.		4,990.	
b	MARKETING	3,921.		3,921.	
С	MISCELLANEOUS EXPENSES	2,427.		2,427.	
d	TELECOMMUNICATIONS	240.		240.	
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	1,387,358.	1,296,800.	90,558.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here	ł		1	

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 114,793. 187,737. Cash - non-interest-bearing 1 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 13 Investments · program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 187,737 114,793. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 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 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 0. 0. Paid-in or capital surplus, or land, building, or equipment fund 31 31 187,737. 114,793. 32 Retained earnings, endowment, accumulated income, or other funds 32 114,793.187,737. 33 Total net assets or fund balances 114,793. 187,737.

Total liabilities and net assets/fund balances

rom	1990 (2016) LIMUDEL DA AS, INC.	<u> </u>	1494200	Pag	<u>e 12</u>
Pa	rt XI Reconciliation of Net Assets				- <u>-</u>
	Check if Schedule O contains a response or note to any line in this Part XI				
•					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,314	1,4	14.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,38	7,3	58.
3	Revenue less expenses Subtract line 2 from line 1	3	<72	2,94	44.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	18	7,7:	37.	
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	114	1,79	93.
Pa	rt XIII 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 1	- 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u> _
	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		1 1	}	
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,]]		
	consolidated basis, or both		} }	}	
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,	1 1	Ì	
	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	}	
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	iired aud	rt	}	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2016)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number LIMUDEI DA'AS, INC. 20-1494208 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 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (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, city, and state. 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 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) 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. Jype 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 II, Type III, 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 listed in your governing document? (i) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) **Total**

Schedule A (Form 990 or 990-EZ) 2016 LIMUDEI DA'AS, INC. 20-1494208 Page 2

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)

5	tion A. Public Support						
	ndar year (or fiscal year beginning in) 🕨 📙	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not			4405404	1225525	404444	4444000
	include any "unusual grants ")	8,010.	270,546.	1195404.	1326506.	1314414.	4114880.
2	Tax revenues levied for the organ-					İ	
	ization's benefit and either paid to						
	or expended on its behalf					,	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	8,010.	270,546.	1195404.	1326506.	1314414.	4114880.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						4114880.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ➤ 🏻	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	8,010.	270,546.	1195404.	1326506.	1314414.	4114880.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						4114880.
12	Gross receipts from related activities,	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thii	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					<u> </u>
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2016 (li	ne 6, column (f) d	ivided by line 11, o	column (f))		14	100.00 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	100.00 %
16a	33 1/3% support test - 2016. If the o	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	more, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	ו			►X
b	33 1/3% support test - 2015. If the o	rganization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization quali	fies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test				e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						ightharpoons
b	10% -facts-and-circumstances test					17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization						ns 🕨
							0 or 990-EZ) 2016

Schedule A (Form 990 or 990 EZ) 2016 LIMUDEI DA'AS, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	olow, ploade bolling	proto i are ii j						
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not								
	include any "unusual grants ")	l			ļ	<u></u>			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that	,	ſ	i	<u> </u>	ł			
	are not an unrelated trade or bus- iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities						7		
	furnished by a governmental unit to the organization without charge				<u> </u>				
6	Total. Add lines 1 through 5								
7:	Amounts included on lines 1, 2, and 3 received from disqualified persons								
ı	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6) ction B. Total Support								
Cal	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
	Amounts from line 6								
10:	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
1	Unrelated business taxable income				\				
	(less section 511 taxes) from businesses acquired after June 30, 1975			ļ					
11	c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)								
13	Total support (Add lines 9, 10c, 11, and 12)					<u> </u>			
14	First five years. If the Form 990 is for	r the organization'	's first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) orga	nization,		
	check this box and stop here								
	ction C. Computation of Publ								
	Public support percentage for 2016 (column (f))		15	%		
	Public support percentage from 2015					16	%		
	ction D. Computation of Inve					T			
17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))							17 %		
	Investment income percentage from			luc 44	4 E	22.1/20/			
	a 33 1/3% support tests - 2016. If the more than 33 1/3%, check this box a	and stop here. The	e organization qua	lifies as a publicly	supported organiz	zation	▶□		
	b 33 1/3% support tests - 2015. If the	•							
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization								

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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 12a or 12b 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
	1		
	2		
	3a		
	3b		
	3c		
	4a		
,			
	_4b		<u> </u>
		1	
	4c		
			j
	5a		
	5b 5c		
	6		<u> </u>
	ļ		
	7	<u> </u>	<u> </u>
	8		
		-	
	9a	 -	
	9b		
	9c		
			
	10-		
	10a	-	-
	10b	00 57	<u> </u>

3a

trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Sche	dule A (Form 990 or 990-EZ) 2016 LIMUDEI DA'AS, INC.			20-1494208 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ		
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	ctions A through E	
Sect	tion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
<u>.</u> 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		<u> </u>
7	Other expenses (see instructions)	7		
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year).			
_ a	Average monthly value of securities	1a		
_ b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
_	factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
_	see instructions)	4		<u> </u>
_ 5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
_ 8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
_ 1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
_3	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions)

Schedule A (Form 990 or 990-EZ) 2016

5

5 Income tax imposed in prior year

Distributable Amount, Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2016

Breakdown of line 7

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

Schedule A	(Form 990 or 990-EZ) 2016 LIMUDEI DA'AS, INC.	20-1494208 Page 8
Part Vi	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, lines 1c, 2a, 2b, 3a, and 3b, Part V, lines 2, 5, and 6 Also complete this part for a	line 17a or 17b, Part III, line 12, n B, lines 1 and 2, Part IV, Section C, le 1; Part V, Section B, line 1e, Part V,
	(See instructions)	
		
		

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2016
Open to Public

form990. Inspection

Employer identification number

T, T N	MUDEI DA'AS,	INC.				20-149420	0.8
Par	t I General Info	mation on A	ctivities Ou	tside the United States. Comple	te if the organ		
	Form 990, Part IV						
1						Yes X No	
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States						tside the
3	Activities per Region. (Ti		I, line 3 table ca	an be duplicated if additional space is n	eeded)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a proj describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
							
	Sub-total	0	. 0				0,
	Total from continuation sheets to Part I	0	0				.0.
С	Totals (add lines 3a						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2016

20-1494208

Page 2

INC. LIMUDEI DA'AS,

Schedule F (Form 990) 2016

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

(i) Method of valuation (book, FMV, appraisal, other)							
(h) Description of noncash assistance							
(g) Amount of noncash assistance	.0	0	0		.,.		exempt by
(e) Amount (f) Manner of of cash grant cash disbursement	PAYMENT BY CHECK	PAYMENT BY CHECK	PAYMENT BY CHECK			,	recognized as tax-
(e) Amount of cash grant	1154000		PAYME 1,800,CHECK				foreign country,
(d) Purpose of grant	SUPPORT OF THE RELIGIOUS AND EDUCATIONAL HNSTITUTION ENGAGED	SUPPORT OF THE RELIGIOUS AND EDUCATIONAL INSTITUTION ENGAGED	SUPPORT OF THE RELIGIOUS AND EDUCATIONAL INSTITUTION ENGAGED				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by
(c) Region	Z PART.	ISRAEL	ISRAEL				ns listed above that are
(b) IRS code section and EIN (if applicable)							recipient organizatio
1 (a) Name of organization							2 Enter total number of

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

Schedule F (Form 990) 2016

SEE PART V FOR COLUMN (D) DESCRIPTIONS 34

632072 09-21-16

20-1494208	Complete of the presentation appropriate [Vos. on Form 000 Boot 10 Inc. 16
INC.	O Property of
LIMUDEI DA'AS,	the character of a land with the character of
Schedule F (Form 990) 2016	A market bear shown As

Page 3

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of (d) Amount of recipients cash grant Part III can be duplicated if additional space is needed (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2016

Scheo Par	tule F (Form 990) 2016 LIMUDEI DA'AS, INC.	20-1494208	Page 4
	··· Foreign Forms		
ſ	Was the organization a U.S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		

Schedule F (Form 990) 2016

Yes X No

Instructions for Form 5713, do not file with Form 990)

Schedule F (Form 990) 2016 LIMUDEI DA'AS, INC.	20-1494208 Page 5
Part V Supplemental Information	
Provide the information required by Part I, line 2 (monitoring of funds), Part I, line	
investments vs expenditures per region), Part II, line 1 (accounting method), Part (estimated number of recipients), as applicable. Also complete this part to provide	
(estimated number of recipients), as applicable Also complete this part to provide	e any additional mornation occurs additions.
PART II, COLUMN (D):	
REGION: ISRAEL	
(D) PURPOSE OF GRANT: SUPPORT OF THE RELIGIOUS	AND EDUCATIONAL
INSTITUTION ENGAGED IN BRINGING PERSONS CLOSER	TO THE ORTHODOX JEWISH
FAITH.	
REGION: ISRAEL	
(D) PURPOSE OF GRANT: SUPPORT OF THE RELIGIOUS	AND EDUCATIONAL
INSTITUTION ENGAGED IN BRINGING PERSONS CLOSER	TO THE ORTHODOX JEWISH
FAITH.	
REGION: ISRAEL	
(D) PURPOSE OF GRANT: SUPPORT OF THE RELIGIOUS	AND EDUCATIONAL
INSTITUTION ENGAGED IN BRINGING PERSONS CLOSER	TO THE ORTHODOX JEWISH
FAITH.	
 	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Inspection

Department of the Treasury

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number Name of the organization 20-1494208