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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

# DLN: 93491301014341

2020

OMB No. 1545-0052

# **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

		ndar year 2020, or tax yea	r beginning 01-01-20	)20 , aı	nd en	nding 12-31-		
		indation FRIENDS OF CHABAD INC				' '	entification numbe	r
						20-3169719		
		l street (or P.O. box number if mail is r ON ROAD	not delivered to street address)	Room/suite		<b>B</b> Telephone nu	mber (see instruction	ns)
						(305) 785-3172	:	
		i, state or province, country, and ZIP o CH, FL 33139	r foreign postal code			C If exemption	application is pendin	g, check here
	a alcal	I that apply:	☐ Initial return of a	former public charity		D.1 Foreign or	ganizations, check he	
ı Cı	еск аг	I that apply: $\square$ Initial return	Amended return	former public charity			ganizations, check ne ganizations meeting	▶ ⊔
		Address char					k here and attach co	
	eck tv	_	501(c)(3) exempt private t	foundation			indation status was t	
_	,	1 4947(a)(1) nonexempt charitab		e private foundation		under section	n 507(b)(1)(A), chec	k nere • —
		ket value of all assets at end		☑ Cash ☐ Accru	al	<b>F</b> If the founda	ition is in a 60-mont	n termination 🖂
		rom Part II, col. (c), ▶\$ 5,494,005	Other (specify)			under section	n 507(b)(1)(B), chec	k here ▶ Ш
		· <u>· · · · · · · · · · · · · · · · · · </u>	(Part I, column (d) must	be on cash basis.)				
Pa	rt I	Analysis of Revenue and	<del>-</del>	(a) Revenue and	/h\	Not investment	(a) Adjusted not	(d) Disbursements for charitable
		of amounts in columns (b), (c), and equal the amounts in column (a) (se	' ' '	expenses per books	(6)	Net investment income	(c) Adjusted net income	purposes
	1	Contributions, gifts, grants, etc.		<u> </u>				(cash basis only)
	-	schedule)	, received (attach	740,660				
	2	Check $\blacktriangleright$ $\square$ if the foundation is	<b>not</b> required to attach					
	,	Sch. B	any each investments	58,383		58,383		
	3 4	Dividends and interest from sec	•	13,369		13,369		
	-т 5а	Gross rents		27,805		27,805		
	b	Net rental income or (loss)						
Revenue	6a	Net gain or (loss) from sale of a	ssets not on line 10	-27,158				
	b	Gross sales price for all assets o	n line 6a 504,015					
Æe}	7	Capital gain net income (from P				0		
	8	Net short-term capital gain .						
	9	Income modifications						
	10a	Gross sales less returns and allo	owances					
	b	<u>-</u>	• •					
	С	Gross profit or (loss) (attach sch	,					
	11	Other income (attach schedule)						
	12	<b>Total.</b> Add lines 1 through 11		813,059		99,557		
	13	Compensation of officers, direct	,					
	14 15	Other employee salaries and wa Pension plans, employee benefit	_					
Š	16a	Legal fees (attach schedule) .						
=	b	Accounting fees (attach schedul		<b>9</b> 750				
X	c	Other professional fees (attach	,					
e <u>×</u>	17	Interest	•					
<u> </u>	18	Taxes (attach schedule) (see ins						
<u>7</u>	19	Depreciation (attach schedule) a	•	3,981				
Ē	20	Occupancy	·	-,,,,,,				
¥	21	Travel, conferences, and meetin		18,383				
	22	Printing and publications						
Operating and Administrative Expenses	23	Other expenses (attach schedule	e)	10,579				
	24	Total operating and administ	rative expenses.					
ě		Add lines 13 through 23		33,693		0		C
)	25	Contributions, gifts, grants paid		691,923				691,923
	26	Total expenses and disburse	ments. Add lines 24 and					
	27	Subtract line 26 from line 12:		725,616		0		691,923
	a	Excess of revenue over expe	nses and					
		disbursements		87,443				
	b	Net investment income (if ne	- '			99,557		
	С	Adjusted net income (if negat	.ive, enter -0-)					

Page 2

Form 990-PF (2020)

Net Assets or Fund Ba

25

26

27

28

29

30

Part III

2

3

5

Net assets with donor restrictions .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . . . .

Decreases not included in line 2 (itemize) ▶

Foundations that do not follow FASB ASC 958, check here

Capital stock, trust principal, or current funds . . . .

Paid-in or capital surplus, or land, bldg., and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

**Analysis of Changes in Net Assets or Fund Balances** 

Savings and temporary cash investments

	3	Accounts receivable						
		Less: allowance for doubtful accounts ▶						
	4	Pledges receivable ▶						
		Less: allowance for doubtful accounts ▶						
	5	Grants receivable						
	6	Receivables due from officers, directors, trustees, and other						
		disqualified persons (attach schedule) (see instructions)						
	7	Other notes and loans receivable (attach schedule)   325,000						
		Less: allowance for doubtful accounts ▶		325,000	<b>%</b> j	325,000	325	5,000
S	8	Inventories for sale or use						
Assets	9	Prepaid expenses and deferred charges						
As	10a	Investments—U.S. and state government obligations (attach schedule)						
	ь	Investments—corporate stock (attach schedule)						
	С	Investments—corporate bonds (attach schedule)						
	11	Investments—land, buildings, and equipment: basis ▶						
		Less: accumulated depreciation (attach schedule) ▶						
	12	Investments—mortgage loans						
	13	Investments—other (attach schedule)						
	14	Land, buildings, and equipment: basis ►						
		Less: accumulated depreciation (attach schedule) ▶ 44,104		7,164	<b>%</b> j	3,183		
	15	Other assets (describe )	<b>9</b>	3,336,816	<b>%</b> J	3,544,240	3,614	,083
	16	Total assets (to be completed by all filers—see the						
		instructions. Also, see page 1, item I)		5,316,917		5,427,345	5,494	,005
	17	Accounts payable and accrued expenses		4,163		27,148		
	18	Grants payable						
es	19	Deferred revenue						
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons						
jab	21	Mortgages and other notes payable (attach schedule)						
	22	Other liabilities (describe )						
	23	Total liabilities(add lines 17 through 22)		4,163		27,148		
ances		Foundations that follow FASB ASC 958, check here  and complete lines 24, 25, 29 and 30.						
ᆵ	24	Net assets without donor restrictions		5 312 754		5 400 197		

5,312,754

5,316,917

5,400,197

5,427,345

5,312,754

5,400,197

5,400,197 Form **990-PF** (2020)

87,443

1

2

3

4

5

6

			kind(s) of property sold (e.g se; or common stock, 200 s			How acqu P—Purch D—Donat	ase	<b>(c)</b> Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	1					2 20114			
	-								
•									
•									
	(a)		(f)		1 (	(g)		(1	h)
	<b>(e)</b> Gross sales price		Depreciation allowe	d		other basis			r (loss)
			(or allowable)		plus expe	ense of sale		(e) plus (r	) minus (g)
a									
<u>b</u>									
c d									
e e									
	Complete only for assets	showi	ing gain in column (h) and	owned h	v the foundation o	n 12/31/69		,	I)
			(i)			(k)		Gains (Col. (I	h) gain minus
	(i) F.M.V. as of 12/31/69		Adjusted basis			of col. (i)			less than -0-) <b>or</b>
			as of 12/31/69		over col.	. (j), if any		Losses (fro	om col.(h))
a									
b									
<u>d</u>									
е									
				í If gai	in, also enter in Pa	art I. line 7	1		
2	Capital gain net income	or (ne	et capital loss)		ss), enter -0- in P		}	_	
_					->		, ,	2	
3	=		(loss) as defined in section	-					
	in Part I, line 8	rt I, IIr	ne 8, column (c) (see instru	-			. }	3	
							<u> </u>		
Part	t V Qualification U	Jnder	Section 4940(e) for	Reduce	ed Tax on Net	Investme	nt Inc	come	
ECT	ION 4940(e) REPEA	LED (	ON DECEMBER 20, 20	19 - DO	NOT COMPLE	ETE			
1	Reserved								
	(a) Reserved		<b>(b)</b> Reserved		(c) Reserved			<b>(d)</b> Reserved	
							<u> </u>	<b>-</b>	
2	Reserved						2	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
3	Reserved						3		
4	Reserved						4		
5	Reserved						5		
6	Reserved						6		
7	Reserved						7		
8	Reserved ,						8		
-				_	- ,				

Page **6** 

5a	During the year did the foundation p	ау о	r incur any amount to:							Yes	No
	(1) Carry on propaganda, or otherw	ise a	ttempt to influence legisla	ation (section 4945(e))?		Yes	<b>✓</b>	Nο			
	(2) Influence the outcome of any sp			**							
	on, directly or indirectly, any vol		-			Yes	<b>✓</b>	No			
	(3) Provide a grant to an individual			•		☐ Yes		No			
	(4) Provide a grant to an organization						_				
	in section 4945(d)(4)(A)? See in				• •	☐ Yes	✓	No			
	(5) Provide for any purposes other the										
h	educational purposes, or for the If any answer is "Yes" to $5a(1)-(5)$ ,	•	•			Yes Line	✓	No			
D	Regulations section 53.4945 or in a					cribed iii			5b		
	Organizations relying on a current n								36		
С	If the answer is "Yes" to question 5a						Ш				
_	tax because it maintained expenditu			•		П.,					
	If "Yes," attach the statement requir					∐ Yes	Ш	No			
5a	Did the foundation, during the year,		<del>-</del>	* *	ıms on						
	a personal benefit contract?					П.,	. #				
b	Did the foundation, during the year,			lirectly, on a personal be	nefit contract	∵ Yes	. <b>✓</b>	No	6b		No
	If "Yes" to 6b, file Form 8870.			,, ,							
7a	At any time during the tax year, was	s the	foundation a party to a p	rohibited tax shelter trar	saction?	□ vos	<b>✓</b>	Na			
b	If "Yes", did the foundation receive a	any p	roceeds or have any net	income attributable to th	e transactior	1?		NO	7b		
3	Is the foundation subject to the sect	ion 4	960 tax on payment(s) o	f more than \$1,000,000	in remunerat	tion or					
	excess parachute payment during th	ie ye	ar?			☐ Yes	<b>✓</b>	No			
	Information About C	offic	ers, Directors, Trust	ees, Foundation Ma	nagers, H				yees,		
Pal	and Contractors							-	•		
1	List all officers, directors, trustee	es, fo	oundation managers an	d their compensation.	See instru	ctions					
		(	<b>b)</b> Title, and average	(c) Compensation (If		tributions		(e)	Expen	se acc	ount.
	(a) Name and address		hours per week devoted to position	not paid, enter -0-)	employee be	enefit plan compensat				lowanc	
ee A	Additional Data Table		devoted to position		uciciica	отпретов					
2	Compensation of five highest-pai	d en	nployees (other than th	nose included on line 1	.—see instrı	uctions).	If no	ne, e	nter "	NONE.	"
			(b) Title, and average			tributions			_		
(a)	Name and address of each employee more than \$50,000	paid	hours per week	(c) Compensation		/ee benefii nd deferre				se acco owance	
	more than \$55,555		devoted to position			ensation	_	0.	inci un	omanic	
						<u> </u>					
ota	I number of other employees paid over	er \$5	0,000			. ▶					
								For	m <b>99</b> 0	D-PF (	2020)

Form 990-PF (2020)	Page <b>7</b>
Part VIII  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	imployees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services	
Part IX-A Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 The organization supports religious education and outreach in Turkey by providing support to multiple religious centers in Turkey and surrounding areas.	691,923
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	-
3	
Total. Add lines 1 through 3	•

### 2 3 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see 4 4 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4 5

1

2

3

4

5

6 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign

6 Part XI organizations check here 

and do not complete this part.) 1 

Tax on investment income for 2020 from Part VI, line 5. . . . . . 2a | 1,384 Income tax for 2020. (This does not include the tax from Part VI.). . . 2b

2c 1,384 3

2a Distributable amount before adjustments. Subtract line 2c from line 1. . . . . . . . . . . . . . . . 3 4 4

5 5 6 6 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . Part XII Qualifying Distributions (see instructions) 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1a

1b

2

За 3h

4

5

691,923

691.923

691.923

Form 990-PF (2020)

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 🛸 . . . . . . .

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. Enter 1% of Part I, line 27b. See instructions.

P	art XIII	Undis	tribu	ted 1	income (see instruc	ctions)			
						(a) Corpus	(b) Years prior to 2019	<b>(c)</b> 2019	(d) 2020
1	Distributab	le amoun	t for 2	020 fr	om Part XI, line 7				0
2	Undistribut	ed incom	e, if ar	ıy, as	of the end of 2020:				
а	Enter amo	unt for 20	)19 on	ly					
b	Total for p	rior years	: 20	) ,	20				
3	Excess dist	ributions	carry	ver, if	any, to 2020:				
а	From 2015								
b	From 2016								
С	From 2017								
d	From 2018								
е	From 2019				229,741				
f	Total of lin	es 3a thr	ough e			229,741			
_			_						

691,923

921,664

921,664

229,741

691.923

Page 9

Form **990-PF** (2020)

С	From 201/.	•	•	•	•	•								
d	From 2018.													
е	From 2019.											229	,741	
f	Total of lines	3а	thr	oug	gh (	e.		$\overline{\cdot}$						
ļ	Qualifying dist	trib	utio	ons	for	20	20	fror	n F	art	•			Г
	XII. line 4:	• \$	;						69	1.92	23			l

a Applied to 2019, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . **d** Applied to 2020 distributable amount. . . . e Remaining amount distributed out of corpus

**5** Excess distributions carryover applied to 2020. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . **d** Subtract line 6c from line 6b. Taxable amount —see instructions . . . . . . . . . . . . . . . . . e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . . . . f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . 8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions) . . .

6 Enter the net total of each column as

9 Excess distributions carryover to 2021.

10 Analysis of line 9: a Excess from 2016. . **b** Excess from 2017. . c Excess from 2018. .

d Excess from 2019. .

e Excess from 2020. .

Subtract lines 7 and 8 from line 6a . . . .

indicated below:

same amount must be shown in column (a).)

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

c Any submission deadlines:

factors:

		_

**b** Approved for future payment

Part XVI-A Ana	alysis of Income-Producing	Activities				rage <b>La</b>
Enter gross amounts u	nless otherwise indicated.		usiness income	·	on 512, 513, or 514	(e) Related or exempt function income
1 Program service re	venue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	(See instructions.)
	cts from government agencies					
· ·	and assessments					
	s and temporary cash		58,383			
	rest from securities		13,369			
	or (loss) from real estate:					
	operty					
	or (loss) from personal property					
7 Other investment i	income					
	sales of assets other than					
9 Net income or (los	s) from special events:					
10 Gross profit or (los	ss) from sales of inventory					
b						
	ımns (b), (d), and (e)		71,752			
<b>13 Total.</b> Add line 12	, columns (b), (d), and (e)				13	71,752
	line 13 instructions to verify calcu ationship of Activities to th		hment of Exem	pt Purposes		
l contain t						_
	below how each activity for which mplishment of the foundation's exons.)					0
			-			

For	m 990-PF	(2020)				Pa	ge <b>13</b>
G	art XVI	Information Re Exempt Organi		ions and Relationships With Nonchari	table		
1			directly engage in any of the following with a organizations) or in section 527, relating to	any other organization described in section 501 political organizations?		Yes	No
а	Transfers	from the reporting foun	dation to a noncharitable exempt organization	on of:			
	(1) Cash	h			1a(1)		No
	(2) Othe	er assets			1a(2)		No
b	Other tra	nsactions:					
	<b>(1)</b> Sale	s of assets to a nonchari	itable exempt organization		1b(1)		No
	(2) Purc	chases of assets from a n	noncharitable exempt organization		1b(2)		No
	(3) Ren	tal of facilities, equipmer	nt, or other assets		1b(3)		No
	<b>(4)</b> Rein	nbursement arrangemen	ts		1b(4)		No
	<b>(5)</b> Loar	ns or loan guarantees.			1b(5)		No
	(6) Perfo	ormance of services or m	embership or fundraising solicitations		1b(6)		No
C	Sharing o	of facilities, equipment, n	nailing lists, other assets, or paid employees		1c		No
	of the go	ods, other assets, or ser	vices given by the reporting foundation. If th	olumn (b) should always show the fair market vie foundation received less than fair market value goods, other assets, or services received.			
(a)	Line No.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sha	ring arra	ngemen	its
_							
_							
		·					

(a) Line No.	(b) Amount involved	(c) Name of noncha	aritable exempt organization	(d) Desc	ription of transfers, transactions, and sharing arrangements
2a Is the fo	undation directly or indire	ectly affiliated with	, or related to, one or mor	e tax-exem	ot organizations
					Yes 🗸 No
	complete the following s		c)(s)) or in section size.		
D II Tes,			(h) Turn of arraying	Ai	(a) December of velationship
	(a) Name of organization	on	<b>(b)</b> Type of organiza	ition	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign May the IRS discuss this 2021-10-28 return Here with the preparer shown Signature of officer or trustee Title Date (see instr.) 🔲 Yes 🗹 No Print/Type preparer's name Preparer's Signature Date PTIN Check if self-P01208897 employed ▶ 🔲 Avrohom N Roth 2021-10-28 **Preparer** Firm's name ▶ A Roth & Co Firm's EIN ▶ **Use Only** Firm's address ▶ 801 NE 167th Street Phone no. (305) 785-3172 N Miami Beach, FL 33162

Paid

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation Menachem M Chitrick 10,935 Director 020.00 1035 14th Street Miami Beach, FL 33139 Ohadia Schochet Director 003.00 1035 14th Street Miami Beach, FL 33139 Leah Chitrik Director 003.00 4944 Rabbit Hollow Drive Boca Raton, FL 33487 Chaim E Chitrik Director 003.00 1400 President Street Brooklyn, NY 11213 Chava G Chitrik Director 003.00 1035 14th Street Miami Beach, FL 33139 Mendel Schurder Director 003.00 4944 Rabbit Hollow Drive

Boca Raton, FL 33487

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business)

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

or substantial contributor

a Paid during the year			
Chabad of Turkey Buyuk Ciftlik Sokak Naz Istanbul	EOF	Support of Religious Outreach	273,673

TU			
Chabad of East Istanbul Tas Mektep Sokak NO 35 D1 Istanbul TU	EOF	Support of Religious Outreach	70,000

Tas Mektep Sokak NO 35 D1 Istanbul TU	EOF	Support of Religious Outreach	70,000
Neve Shalom Bereketzade Mh Buyuk Hendek Cd	EOF	Support of Religious Outreach	348,250

Istanbul TU			
Neve Shalom Bereketzade Mh Buyuk Hendek Cd Istanbul	EOF	Support of Religious Outreach	348,250

TU			
Neve Shalom Bereketzade Mh Buyuk Hendek Cd Istanbul TU	EOF	Support of Religious Outreach	348,250
Total	 	▶ 3a	691,923

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TY 2020 Accounting Fees Schedule								
Name: TURKISH FRIENDS OF CHABAD INC								
	EIN: 2	20-3169719	)					
Softv	vare ID: 2	20011406						
Software \	Version: 2	20.0.2.0						
Category	Amoı	unt N	et Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
Accounting		750						

Note: To capture the full content of this document, please select landscape mode (11" $\times$ 8.5") when printing.	
The captain the fair content of this accument, prease select landscape mode (22 × 0.0 ) when printing.	

# **TY 2020 Depreciation Schedule**

Name: TURKISH FRIENDS OF CHABAD INC

**EIN:** 20-3169719

**Software ID:** 20011406

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	Softwar	e Version: 2	0.0.2.0						
	Depreci	ation Schedule							
Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
Religious Articles	2013-11-01	13,980	13,980	200DB	000000007.000000000000	1,069			
Religious Articles	2015-06-15	12,799	11,086	200DB	000000007.000000000000	1,142			
Computer	2015-10-01	790	790	200DB	000000005.000000000000	45			
Religious Articles	2014-10-01	19,758	18,248	200DB	000000007.000000000000	1,725			

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	ote: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.  TY 2020 Gain/Loss from Sale of Other Assets Schedule									
, 1010										
	Name	: TURKISH	FRIENDS	OF CHABAD I	INC					
	EIN	l <b>:</b> 20-31697	20-3169719							
	Software ID	: 20011406	ŝ							
Softw	are Version	20.0.2.0								
Gain Loss Sale Othe	r Assets Schedul	e								
Name	Date Acquired	How A cquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Met hod	Sales Expenses	Total (net)	Accumulated Depreciation
Chevy Chase Trust - Short Term	2020-03	Р	2020-09		64,519	69,462			-4,943	

439,496 461,711

DLN: 93491301014341

-22,215

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2019-09

2020-10

Chevy Chase Trust - Long

Term

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		_

### **TY 2020 General Explanation Attachment**

Name: TURKISH FRIENDS OF CHABAD INC

**EIN:** 20-3169719

**Software ID:** 20011406 **Software Version:** 20.0.2.0

General	General Explanation Attachment								
Identifie	Return Reference	Explanation							
1		Section 1.263a-1f De Minimis Safe Harbor Election Name TURKISH FRIENDS OF CHABAD, INC. Address 1140	Section 1.263a)1f) De Minimis Safe Harbor Election Name TURKISH FRIENDS OF CHABAD INC. Address 1140 ALTON ROAD MIAMI BEACH FL 33139 Identification Number 203169719 Taxpayer elects to apply De Minimis Safe Harbor under Reg. 1.263a)1f). Section 1.263a)3h) Safe Harbor Election for Small Taxpayers Name TURKISH FRIENDS OF CHABAD INC. Address 1140 ALTON ROAD MIAMI BEACH FL 33139 Identification Number 203169719 Pursuant to IRC Sec. 263a) and Reg. Sec. 1.263a)3h) the taxpayer elects to apply the Safe Harbor election for Small Taxpayers to not apply improvement rules to the follow ing eligible building properties. 0 0 0 0 0						

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TY 2020 Land, Etc. Schedule				
Na	me: TURKISH FRI	ENDS OF CHABAD	INC	
I .	<b>IN:</b> 20-3169719			
Software	<b>ID:</b> 20011406			
Software Vers	ion: 20.0.2.0			
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value

Software Version: 20.0.2.0									
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value					
Religious Articles	13,980	13,980							
Religious Articles	19,758	18,248	1,510						
Religious Articles	12,759	11,086	1,673						
Computer	790	790							

ellie GKAPHIC	Print - DO NOT PROCESS	AS FIIEU Data -	DLN: 93491301014341

## **TY 2020 Other Assets Schedule**

Name: TURKISH FRIENDS OF CHABAD INC

**EIN:** 20-3169719

**Software ID:** 20011406

Software Version: 20.0.2.0

Other Assets Schedule						
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value			
Investment - Chevy Chase Trust Company	2,969,773	3,023,925	3,093,768			
Investment - Westland BJ Partners	218,935	192,173	192,173			
Investment in Riva Chitrik Irrevocable Trust	148,108	148,108	148,108			
Investment in AB NMB, LLC		180,034	180,034			

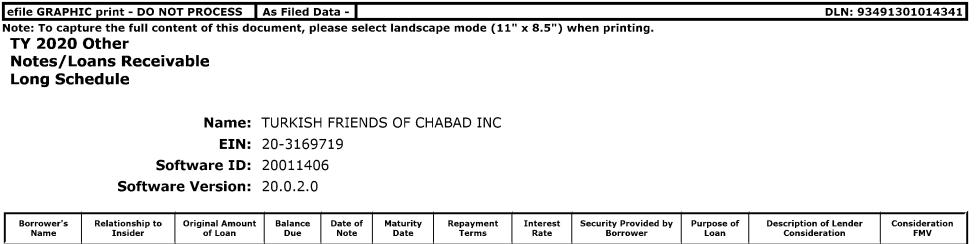
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TY 2020 Other Expenses Schedule					
Name:	TURKISH FRIEN	IDS OF CHABAD	INC		
EIN:	: 20-3169719				
Software ID:	20011406				
Software Version:	20.0.2.0				
Other Expenses Schedule				4	
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
Licenses and permits	183				
Bank fees	-61				
Web hosting	225				
Meals and entertainment	1,644				
Misc. and Other	535				
Office expenses	5,096				

768

2,189

Federal Income Taxes - 2019 990PF

Dues and subscriptions



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TY 2020 Other Professional Fe	TY 2020 Other Professional Fees Schedule				
1					
Name:	TURKISH FRIE	ENDS OF CHABAD INC			
EIN:	20-3169719				
Software ID:	20011406				
Software Version:	20.0.2.0				

efile GRAPHIC print - DO	NOT PROCESS As Filed Data	-		DLN: 93491301014341	
Schedule B	Sche	dule of Contributors		OMB No. 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	<ul> <li>▶ Attach to Form 990, 990-EZ, or 990-PF.</li> <li>▶ Go to <u>www.irs.gov/Form990</u> for the latest information.</li> </ul>			2020	
Name of the organization TURKISH FRIENDS OF CHA	BAD INC		Employer i	dentification number	
Organization type (chec	k one):		20-3169719		
	,				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)( ) (enter number	) organization			
	4947(a)(1) nonexempt ch	naritable trust <b>not</b> treated as a <sub>l</sub>	orivate foundation		
	☐ 527 political organization				
Form 990-PF	<b>✓</b> 501(c)(3) exempt private	foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	ion filing Form 990, 990-EZ, or 990 property) from any one contributor.				
Special Rules					
under sections 50 received from any	on described in section 501(c)(3) fil 9(a)(1) and 170(b)(1)(A)(vi), that c one contributor, during the year, t 1h, or (ii) Form 990-EZ, line 1. Co	hecked Schedule A (Form 990 otal contributions of the greate	or 990-EZ), Part II, line 13,	, 16a, or 16b, and that	
during the year, to	on described in section 501(c)(7), (otal contributions of more than \$1,0 ne prevention of cruelty to children	000 exclusively for religious, ch	aritable, scientific, literary, e		
during the year, c If this box is chec purpose. Don't co	on described in section 501(c)(7), (contributions exclusively for religiouxed, enter here the total contribution mplete any of the parts unless the le, etc., contributions totaling \$5,00	s, charitable, etc., purposes, buns that were received during the General Rule applies to this o	ut no such contributions tota ne year for an <i>exclusively</i> re rganization because it rece	aled more than \$1,000. eligious, charitable, etc., ived <i>nonexclusively</i>	
990-EZ, or 990-PF), but i	that isn't covered by the General must answer "No" on Part IV, line rt I, line 2, to certify that it doesn't i	e 2, of its Form 990; or check th	ne box on line H of its Form		
For Paperwork Reduction Ac	t Notice, see the Instructions	Cat. No. 30613X	Schedule B (Form 990	), 990-EZ, or 990-PF) (2020)	

for Form 990, 990-EZ, or 990-PF.

Name of organization TURKISH FRIENDS OF CHABAD INC

### **Employer identification number**

		20-3169/19	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is need	ded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	See Additional Data Table		Person Payroll Noncash  (Complete Part II for noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	s		Person
(a)	(b)	(c)	(Complete Part II for noncash contribution.)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$		Person
			(Complete Part II for noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash  (Complete Part II for noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$		Person Payroll Noncash  (Complete Part II for noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$		Person Payroll Noncash Complete Part II
			for noncash contribution.)

### **Additional Data**

**Software ID:** 20011406 **Software Version:** 20.0.2.0

**EIN:** 20-3169719

Name: TURKISH FRIENDS OF CHABAD INC

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	The Korf Family Foundation		Person 🗸
<u>1</u>	2277 Sunset Drive		Payroll 🗌
	W: 10 1 51 224 40	\$ 13,000	Noncash $\Box$
	Miami Beach, FL 33140		(Complete Part II for nor contribution.)
	Avraham Charlap		Person 🗸
<u>4</u>	Bet Shearim 8a		Payroll 🗍
		\$ 9,903	
	, Har Nof IS		Noncash $\square$
			(Complete Part II for nor contribution.)
	Toradac Development LTD		Person 🗸
<u>5</u>	95 Grange Road		Payroll 🗍
		\$ 11,000	Noncash $\Box$
	, Singapore SN		
			(Complete Part II for nor contribution.)
_	The Emuna Trust		Person 🗸
<u>7</u>	1		Payroll 🗌
	Mi: El 22140	\$ 0	Noncash $\Box$
	Miami, FL 33140		(Complete Part II for nor
			contribution.)
10	Best Seller Inc		Person 🗸
10	195 Bay 19th Street		Payroll 🗌
	Brooklyn, NY 11214	\$ 15,445	Noncash $\square$
	5.00k()11, 111 2221		(Complete Part II for nor contribution.)
	Chabad Bead Services		Person 🗸
<u>11</u>	Evan Gvirol 8		Payroll 🗌
		\$ 5,299	Noncash $\Box$
	, Elad IS		(Complete Part II for nor

	dule B, Part I - Contributors (see Instructions) Use duplicate	· ·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Congregation CRC		Person 🗸
<u>12</u>	85 Division Avenue		Payroll 🗌
	Brooklyn, NY 11249	\$ 10,285	Noncash $\square$
	5.55(1), 1, 12.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.		(Complete Part II for noncash contribution.)
42	London Luxury LLC		Person 🗸
<u>13</u>	295 5th Avenue		Payroll 🗌
	New York, NY 10016	\$ 110,257	Noncash $\Box$
			(Complete Part II for noncash contribution.)
1.4	MY Keren Hashluchim		Person 🗸
<u>14</u>	788 Eastern Parkway		Payroll 🗌
	Brooklyn, NY 11213	\$ 29,760	Noncash $\square$
			(Complete Part II for noncash contribution.)
	Sephardic Home for the Aged		Person 🗸
<u>15</u>	One Penn Plaza		Payroll 🗌
	New York, NY 10119	\$ 350,000	Noncash $\square$
	New York, IN 10115		(Complete Part II for noncash contribution.)
16	Super Infinity Trade Ltd		Person 🗸
<u>16</u>	Hamiktzoot 19		Payroll 🗌
	, Modiin IS	\$ 5,600	Noncash $\square$
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(Complete Part II for noncash contribution.)
	TL Foundation		Person 🗸
<u>17</u>	1		Payroll 🗌
	Suffern, NY 10901	\$ 5,000	Noncash $\square$
			(Complete Part II for noncash contribution.)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 Total contributions Type of contribution Ñο. Person **V** Laiman Schussel <u>18</u> Nahal Polg 5 Payroll \$ 30,495 Noncash , Yave IS (Complete Part II for noncash contribution.) Person  $\overline{\mathbf{V}}$ OK Kosher 19 391 Tory Avenue Payroll \$ 42,714 Noncash Brooklyn, NY 11213 (Complete Part II for noncash contribution.) Person **V** Unilever 20 POS 10245 Payroll \$ 23,886 Noncash , Airport City IS (Complete Part II for noncash contribution.) Person **V** Chabad of Eastern Shores 21 3789 NE 163rd Street **Payroll** \$ 8,403 Noncash Miami, FL 33160 (Complete Part II for noncash contribution.)