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A For the 2014 calendar year, or tax year beginning 05-01-2014

Form **990**

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

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

 \blacktriangleright Information about Form 990 and its instructions is at $\underline{www.IRS.gov/form990}$

, and ending 04-30-2015

OMB No 1545-0047

DLN: 93493074003266

Open to Public Inspection

B Ch	eck ıf ap	oplicable C Name of organization AMERICAN FRIENDS OF ATERET COHANIM INC		D Employer ide	entification number						
Add	ress cha			11-270656	3						
⊢ Na	me char	nge Doing business as									
Ind	al retur	n		E Telephone nun	ahar						
Fin ret	al urn/term	Number and street (or P O box if mail is not delivered to street address) Room/suit 248 WEST 35TH STREET NO 406	е	(212) 216-9							
_	ended r	NEW YORK, NY 10001		G Gross receipts	\$ 648 806						
Ap	olication	pending		a dioss receipts	\$ 040,000						
		F Name and address of principal officer SUSAN HIKIND 248 WEST 35TH STREET NO 406		s a group returr dinates?	n for ┌Yes ┌ No						
		NEW YORK, NY 10001	H(b) Are al includ	l subordinates ed?	ΓYes ΓNο						
I Ta	x-exem	pt status	If "No	," attach a list	(see instructions)						
J W	ebsite	:▶ WWW JERUSALEMCHAI ORG	H(c) Group	o exemption nu	mber 🕨						
		anization Corporation Trust Association Other	L Year of for	mation 1984 M	State of legal domicile N						
Pa	rt I	Summary									
စ္	т	Briefly describe the organization's mission or most significant activities O PROMOTE AND PUBLICIZE, IN THE UNITED STATES, THE EXISTENCE A NSTITUTIONS IN THE STATE OF ISRAEL, AND TO RAISE FUNDS FOR THE		TIES OF THE A	ATERET COHANIM						
Ě	_										
Governance	, -	Shooly this hay be with a agreement on discounting and the analystican and discounting	imara than 21								
ဉ် ဘီ	2 (Check this box 🔭 if the organization discontinued its operations or disposed of	more than 2:	5% of its net as	ssets						
	3 1	Number of voting members of the governing body (Part VI, line 1a)	r of voting members of the governing body (Part VI, line 1a)								
Activities &	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		. 4	<u>c</u>						
1	5 T	otal number of individuals employed in calendar year 2014 (Part V, line 2a) .		5	(
ğ	6 ⊺	otal number of volunteers (estimate if necessary)		. 6	(
	1	otal unrelated business revenue from Part VIII, column (C), line 12		. 7a	(
	Ь∧	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	. 7b	(
			Prior	Year	Current Year						
a)	8	Contributions and grants (Part VIII, line 1h)		696,218	555,616						
ena	9	Program service revenue (Part VIII, line 2g)		0	0						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-244	50.724						
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		-82,499	58,734						
	12	12)		613,475	614,350						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		586,128	301,901						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	C						
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$)		135,452 123,							
<u>8</u>	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0							
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 108,326									
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		207,556	188,797						
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		929,136	614,597						
	19	Revenue less expenses Subtract line 18 from line 12		-315,661	-247						
Not Assets or Fund Balances				of Current ear	End of Year						
asse Jaka	20	Total assets (Part X, line 16)		34,175	25,125						
A E	21	Total liabilities (Part X, line 26)		77,577	68,910						
žĒ	22	Net assets or fund balances Subtract line 21 from line 20		-43,402	-43,785						
		Signature Block									

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign Here Signature of officer

SUSAN HIKIND EXECUTIVE VICE PRESIDENT

Type or print name and title

Paid **Preparer Use Only** Print/Type preparer's name ALLEN DORKIN

Preparer's signature ALLEN DORKIN

Firm's address FONE PENN PLAZA 4TH FLR

NEW YORK, NY 10119

May the IRS discuss this return with the preparer shown above? (see instruction

For Paperwork Reduction Act Notice, see the separate instructions.

				Form 990 (2014)
Total program service expe	nses ► 301,901			
(Expenses \$	including grants of	\$) (Revenue \$)
Other program services (D	escribe in Schedule O)			
-				
(Code) (Expenses \$	including grants of \$) (Revenue \$)

	rt IV	Checklist	of Reg	uired	Schedule
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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	Yes	
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		No
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		Νo
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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f E}$	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	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	Yes	
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	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)						
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		No			
22	IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J						
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		No			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
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		No			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No			
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		No			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No			
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)						
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			1			
		28a		No			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No			
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		No			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No			
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes				

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			厂_
.	Entantha number reported in Pay 2 of Forms 1000 Faton 0 of material lands and 1 de 1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
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		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►IS 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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a	Yes	
	were not tax deductible?	6b	Yes	
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
d	file Form 8282?	7c		No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b		9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	•		
11	Section 501(c)(12) organizations. Enter			
a L	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
13	year			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection 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			
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 officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No No No No

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website V Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►THE ORGANIZATION

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec k, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) DR GERALD PLATT	5 00	х						0	0	0
DIRECTOR										
(2) DR JOSEPH FRAGER	5 00	,,		,						0
CHAIRMAN OF THE BOARD OF G		Х		Х				0	0	0
(3) DR PAUL BRODY	5 00									
DIRECTOR		Х						0	0	0
(4) MARK MOERDLER	5 00									0
DIRECTOR		Х						U	0	0
(5) MELVYN B WADLER	5 00									
DIRECTOR		Х						0	0	0
(6) RABBI JOSEPH STAMM	5 00							0		0
DIRECTOR		Х						0	0	0
(7) ROBERT KOPPEL	5 00									
DIRECTOR		Х						0	0	0
(8) RUBIN MARGULES	5 00									
DIRECTOR		Х						0	0	0
(9) DR JONATHAN HALPERT	5 00									
DIRECTOR		Х						0	0	0
(10) SHANI HIKIND	40 00			×				90.013	0	0
EXECUTIVE VICE PRESIDENT								80,012	U	

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more t	han d n is	ne l both	box, an d	heck unless officer stee)	5	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustie or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	Þ			
c	Total from continuation sheets to Part VII, Section A	Þ			
d	Total (add lines 1b and 1c)	•	80,012	0	0

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►0

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	ındıvıdual	4		Νo
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

Section	R 1	Inda	nend	ent (Contra	ctors
Section	D	uiue	venu	ent (CUILLIA	CLUIS

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part V	111	Statement of Revenue					
		Check if Schedule O contains a response	e or note to any lir I	(A)	(B)	(C)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
ωæ	1a	Federated campaigns 1a					
Grants	b	Membership dues 1b					
ဗ်မှူး	c	Fundraising events 1c					
Giffs, nilar An	d	Related organizations 1d	-				
i5 ¦⊑	e	Government grants (contributions) 1e	_				
ms,	_						
tributions, Gifts, Grants Other Similar Amounts	Ť	All other contributions, gifts, grants, and similar amounts not included above	555,616				
를 =	g	Noncash contributions included in lines 1a-1f \$					
Contributions, and Other Sim	h	Total. Add lines 1a-1f		555,616			
		1	Business Code				
Program Serwce Revenue	2a	- '	Busiliess Code				
еле	 b						
a Tr	c						
rwc	d						
જુ	e						
Ta	f	All other program service revenue					
چ آ	-	Total. Add lines 2a-2f					
	g 3	Investment income (including dividends,					
	_	and other similar amounts)	▶				
	4	Income from investment of tax-exempt bond pro-	ceeds 🕨				
	5	Royalties	(··) Damanal				
	6a	(1) Real Gross rents	(II) Personal				
	b	Less rental					
	c	expenses Rental income					
	d	or (loss) Net rental income or (loss)					
	u	(i) Securities	(II) O ther				
	7a	Gross amount	(11) 0 11101				
		from sales of assets other					
	ь	than inventory Less cost or					
		other basis and sales expenses					
	C	Gain or (loss)					
	d	Net gain or (loss)	· · · · >				
æ Re	8a	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18 a	93,190				
ੂ ਵੇ	b	Less direct expenses b	34,456				
•	C O-	Net income or (loss) from fundraising eve	ents 🛌	58,734			58,734
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses b					
		Net income or (loss) from gaming activit	ies				
	10a	Gross sales of inventory, less returns and allowances					
		a a					
	b	Less cost of goods sold b					
]	С	Net income or (loss) from sales of invent					
}		Miscellaneous Revenue	Business Code				
	11a						
	b						
	C	All other revenue					
	d e	All other revenue Total. Add lines 11a-11d	🕨				
	12	Total revenue. See Instructions	📦	644.050			F0 70

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organizations must complete column (A)	
---	--	--

7b, 8b, 9 1 Gl dd 2 Gl in 3 Gl squ 4 Be 5 Cl ke 6 Cl qu 7 O 8 Pe ar 9 O 10 Pe 11 Fe a M b Le c Al dd	include amounts reported on lines 6b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and lomestic governments See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
2 GI in 3 GI go ar 4 Be 5 Ci ke 6 CI 7 O 8 Pe ar 9 O 10 Pe 11 Fe a M b Le c Ai d Lo	Iomestic governments See Part IV, line 21 Grants and other assistance to domestic ndividuals See Part IV, line 22				
3 Gi go ar 4 Be 5 Ci (a de 7 O 8 Pe ar 9 O 10 Pr 11 Fe a M b Le c A c d Lo	ndividuals See Part IV, line 22			(
9 O 10 Pa 11 Fe a M b Le c A					
4 Be 6 C 6 (a de 7 O 8 Pe ar 9 O 10 Pe 11 Fe c A 6 d Lc c	Grants and other assistance to foreign organizations, foreign lovernments, and foreign individuals See Part IV, lines 15 and 16	301,901	301,901		
6 C (a	Benefits paid to or for members				
(a de	Compensation of current officers, directors, trustees, and ey employees	80,012		48,007	32,005
8 Per ar ar 9 O 10 Per 11 Fer a M b Le c A d Le c d Le c	Compensation not included above, to disqualified persons as defined under section 4958(f)(1)) and persons lescribed in section 4958(c)(3)(B)				
9 O 10 Pa 11 Fe a M b Le c A	Other salaries and wages	32,183		32,183	
 10 Pa 11 Fe a M b Le c Al d Le 	rension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
11 Fe a M b Le c A d Le	Other employee benefits				
a M b Le c A	'ayroll taxes	11,704		9,256	2,448
b Le c A d	ees for services (non-employees)				
c A d	1anagement				
d Lo	egal	3,000		3,000	
	accounting	40,325		40,325	
e Pr	obbying				
	rofessional fundraising services See Part IV, line 17				
f In	nvestment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) imount, list line 11g expenses on Schedule O)	9,668		9,668	
12 A	dvertising and promotion	22,969			22,969
13 0	Office expenses	5,977		5,977	
14 In	nformation technology	919			919
15 Ro	Royalties				
16 0	Occupancy	17,550		17,550	
17 Tr	ravel	2,179			2,179
	ayments of travel or entertainment expenses for any federal, tate, or local public officials				
19 C	Conferences, conventions, and meetings				
20 In	nterest				
21 Pa	ayments to affiliates				
22 D	Depreciation, depletion, and amortization	135		135	
23 In	nsurance				
m	Other expenses Itemize expenses not covered above (List niscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a <u>C</u>	CONSULTING	65,264		22,800	42,464
b M	1ISCELLA NEO US	6,952		6,866	86
c B/	BANK CHARGES	5,678		5,678	
d Pl	UBLIC RELATIONS	4,502			4,502
e A	all other expenses	3,679		2,925	754
25 To	otal functional expenses. Add lines 1 through 24e	614,597	301,901	204,370	108,326
26 Jo					

Form 990 (2014) Page **11 Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X $\,$. $\,$. $\,$. $\,$. Γ **(A)** Beginning of year **(B)** End of year 1 32,285 **1** 23,506 Cash-non-interest-bearing . .

1	Cash-non-interest-bearing		. [32,285	1	23,506
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net		. [3	
4	Accounts receivable, net				4	
5	Loans and other receivables from current and former officers, dire employees, and highest compensated employees Complete Part Schedule L	ctors, t			_	
6	Loans and other receivables from other disqualified persons (as d 4958(f)(1)), persons described in section 4958(c)(3)(B), and corand sponsoring organizations of section 501(c)(9) voluntary emplorganizations (see instructions) Complete Part II of Schedule L	itributin	g employers		6	
7	Notes and loans receivable, net		ŀ		7	
8	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	5,433		9	
Ь	Less accumulated depreciation	10b	5,114	590	10c	319
11	Investments—publicly traded securities		' <u>.</u>		11	
12	Investments—other securities See Part IV, line 11		Ì		12	
13	Investments—program-related See Part IV, line 11		Ī		13	
14	Intangible assets		Ì		14	
15	Other assets See Part IV, line 11		. †	1,300	15	1,300
16	Total assets. Add lines 1 through 15 (must equal line 34)		-	34,175	16	25,125
17	Accounts payable and accrued expenses			60,303	17	51,636
18	Grants payable		-		18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities		. 1		20	_
21	Escrow or custodial account liability Complete Part IV of Schedu				21	
22	Loans and other payables to current and former officers, directors key employees, highest compensated employees, and disqualified		es,			
	persons Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrelated third parties		Ī		23	
24	Unsecured notes and loans payable to unrelated third parties .		. [24	
25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part >					
	D			17,274	25	17,274
26	Total liabilities. Add lines 17 through 25		1	77,577	26	68,910
	Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 lines 27 through 29, and lines 33 and 34.	and con	nplete			
27	Unrestricted net assets		. [-48,402	27	-43,785
28	Temporarily restricted net assets		ļ	5,000	28	0
29	Permanently restricted net assets		· [29	
	Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.	: ►	ind			
30	Capital stock or trust principal, or current funds		. [30	
31	Paid-in or capital surplus, or land, building or equipment fund .		[31	
32	Retained earnings, endowment, accumulated income, or other fund	ds			32	
33	Total net assets or fund balances			-43,402	33	-43,785
34	Total liabilities and net assets/fund balances			34,175	34	25,125

Liabilities

Net Assets or Fund Balances

Par	t XI Reconcilliation of Net Assets				
	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		6	14,350
2	Total expenses (must equal Part IX, column (A), line 25)				<u> </u>
		2		6	14,597
3	Revenue less expenses Subtract line 2 from line 1	3			-247
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
		4		-	43,402
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities				
-		6			
7	Investment expenses	7			
8	Prior period adjustments	'			
0	Frior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
	Not according to be a second of coording to be a 2.2 through 0.7 most accord Doub V. has 2.2	9			-136
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			-43,785
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990 Cash F Accrual TO ther				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
22	Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
Za	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	ved or			110
	a separate basis, consolidated basis, or both	veu oi	'		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	!	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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As Filed Data -

DLN: 93493074003266

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

AMERI	CAN FF	RIENDS OF ATERET COHANIM	1 INC				11 2706562	
Par	τI	Reason for Publi	c Charity S	Status (All organiza	tions must co	mnlete this r	11-2706563 art See instruction	ns
		zation is not a private fo						7113.
1	Г	A church, convention						
2	<u></u>	A school described in					-7(-7(-7	
3	,	A hospital or a cooper				tion 170(h)(1)	(A)(iii)	
4	,	A medical research or	•	-) Entartha
-	ı	hospital's name, city,	_	erated in Conjunction v	vitii a ilospitai u	lescribed iii sec). Linter the
5	Г	An organization opera		nefit of a college or uni	versity owned o	or operated by a	a governmental unit d	escribed in
	•	section 170(b)(1)(A)(,	,		
6	Г	A federal, state, or loc			described in se	ection 170(b)(1	l)(A)(v).	
7	Ţ.	An organization that n						ieneral public
	•	described in section 1	•	<u>.</u>		<u>-</u>		,
8	Γ	A community trust de	scribed in sect	tion 170(b)(1)(A)(vi)	(Complete Par	tII)		
9	Γ	An organization that n	ormally receiv	es (1) more than 331	l/3% of its supp	ort from contro	butions, membership	fees, and gross
		receipts from activitie	s related to its	s exempt functions—s	ubject to certai	n exceptions, a	ind (2) no more than 3	331/3% of
		ıts support from gross	ınvestment ır	ncome and unrelated b	usıness taxable	e income (less	section 511 tax) from	businesses
		acquired by the organi	zatıon after Ju	ıne 30, 1975 See sec	tion 509(a)(2).	(Complete Par	tIII)	
10	Γ	An organization organ	ized and opera	ated exclusively to tes	t for public safe	ty See sectio r	ı 509(a)(4).	
11	Γ	An organization organ						
		one or more publicly s						
а	\vdash	the box in lines 11a th Type I. A supporting of						
ч	'	supported organization			•			
		organization You mus				•		
b	Г	Type II. A supporting						
		management of the su			same persons t	hat control or r	nanage the supported	organization(s) You
c	Γ	must complete Part IV Type III functionally			n operated in c	onnection with.	and functionally inte	grated with, its
_	•	supported organization	_		•			y ,
d	Γ	Type III non-function						
		not functionally integr					ement and an attentiv	eness requirement
e	\vdash	(see instructions) Yo Check this box if the o					sa Tyne I Tyne II T	vne III functionally
_	'	integrated, or Type III					5 d 1 ypc 1, 1 ypc 11, 1	ype III lanetionany
f		Enter the number of su						
g		Provide the following i	nformation abo	out the supported orga	ınızatıon(s)			
		ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	•	(v) A mount of	(vi) A mount of
	1	organization		organization (described on lines	listed in your docume		monetary support (see instructions)	other support (see instructions)
				1- 9 above or IRC	docume	iller	(see mstructions)	ilistructions)
		section (see						
				ınstructions))				
					Yes	No		
Total								
				-				

instructions

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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 1,331,859 1,084,243 1,193,692 719,097 648,806 4,977,697 include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1,331,859 1,084,243 1,193,692 719,097 648,806 4,977,697 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 1,522,230 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 from 3,455,467 line 4 Section B. Total Support Calendar year (or fiscal year **(e)** 2014 (f) Total (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 beginning in) 🟲 1,084,243 1,193,692 719,097 648,806 4,977,697 1,331,859 Amounts from line 4 Gross income from interest, dividends, payments received on 11 16 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include 10 gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support Add lines 7 through 4,977,713 10 Gross receipts from related activities, etc (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 ▶□ Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 69 420 % 15 Public support percentage for 2013 Schedule A, Part II, line 14 15 67 200 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2013 Schedule A, Part III, line 15 16

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Section D. Computation of Investment Income Percentage

Investment income percentage from 2013 Schedule A, Part III, line 17

Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))

17

18

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ection A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^2$ If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section $501(c)(4)$, (5) , or (6) ? If "Yes," answer (b) and (c) below.	За		
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
t	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.	4b		
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 $(2)^7$ 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.	4 c		
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).	5a		
Ŀ	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
t	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
Ŀ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	112		
ŀ	• A family member of a person described in (a) above?	11a 11b		
	A 135% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
5	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inetri	ıct ions)	
	The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government e instructions.)			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	-			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	h Did the organization evergise a substantial degree of direction over the policies, programs and activities of each		1	l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493074003266

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

► Attach to Form 990.

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

Open to Public Inspection

	me of the organization				Emp	loyer ident if	ication numb	er
AME	RICAN FRIENDS OF ATERET COHANIM INC				11-2	2706563		
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990	, Part IV, line 6) .		unds	or Accoun		
	Takal assault and afficers	(a) Dono	radvised	funds		(b) Funds an	id other acco	unts
•	Total number at end of year							
2	Aggregate value of contributions to (during year)							
	Aggregate value of grants from (during year)							
	Aggregate value at end of year				<u> </u>			
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or	ganızatıon's exclı	usıve lega	ıl control?			☐ Yes	┌ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?	it of the donor or	donor adv	isor, or for a	ny othe	r purpose	┌ Yes	┌ No
a.	t II Conservation Easements. Complete if	the organizatio	n answe	red "Yes" t	o Forn	า 990, Part	IV, line 7.	
	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education)	Prese Prese	ervation of an	certifie	d historic str	ucture	
	easement on the last day of the tax year							
	Total number of concentration accompany				_	Held at t	he End of the	e Year
3	Total number of conservation easements				2a			
)	Total acreage restricted by conservation easements Number of conservation easements on a certified histo	oria atrijatija inal	udad in /a	`	2b			
: 1	Number of conservation easements included in (c) acq		•	•	2c			
•	historic structure listed in the National Register	junea alter 0/1//	oo, ana m	30 011 d	2d			
	Number of conservation easements modified, transferr	ed, released, exti	nguished,	or terminate	ed by th	e organizatio	on during	
	the tax year ►							
	Number of states where property subject to conservati	ion easement is lo	ocated 🛌					
	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?	the periodic monit	toring, ins	pection, han	dlıng of	violations, a	ınd ┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspec	ctıng, and enforcı	ng conser	vation easer	ments d	luring the yea	ar	
	A mount of expenses incurred in monitoring, inspecting	, and enforcing co	onservatio	on easement:	s during	the year		
	▶ \$				•	,		
	Does each conservation easement reported on line 2(c and section 170(h)(4)(B)(II)?	d) above satisfy tl	he require	ments of sec	tion 17	'0(h)(4)(B)(ı) ┌ Yes	┌ No
	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the o						
ar	Complete if the organization answered "Y				or Otl	ner Simila	r Assets.	
а	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public	exhibition	i, education,	or rese	arch in furthe		
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to these	16 (ASC 958), to	report in	ıts revenue	statem	ent and bala		olic
	(i) Revenue included in Form 990, Part VIII, line 1					► \$		
	(ii) Assets included in Form 990, Part X							
	If the organization received or held works of art, historic following amounts required to be reported under SFAS							
1	Revenue included in Form 990, Part VIII, line 1					► \$		
b	Assets included in Form 990, Part X					- ¢		

Part	111 Organizations Maintaining Co	llections of Art	<u>, Hist</u>	ori	<u>cal Tr</u>	<u>easur</u>	es, or C	<u> </u>	· Similar	<u>r Asse</u>	ts (co	<u>ntınued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other record	ds, che	eck	any of t	the follo	wing that	are a	sıgnıfıcant	t use of	ıts	
а	Public exhibition		d	Γ	Loan	or exch	ange prog	rams				
b	Scholarly research		e	Γ	Other	•						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	ollections and explai	ın how	the	/ furthe	r the or	ganızatıoı	n's ex	empt purp	ose in		
5	During the year, did the organization solicit of	or receive donations	of art	, hıs	torıcal	treasur	es or othe	ersımı	ılar	_		
	assets to be sold to raise funds rather than t		•							<u></u>		No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	ed "Ye	es" to Foi	rm 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary f	for c	ontribu	tions or	other as:	sets n	ot	Γ,	fes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follow	ng t	able		г					
							-			Amou	nt	
С	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, fo	ores	crow o	rcusto	dial accou	ınt lıal	bility?	Γ,	⁄es	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	natio	on has	been pr	ovided in	Part X	(111		_	Γ
Pa	rt V Endowment Funds. Complete									10.		
	•	(a)Current year		rior					hree years b		Four ye	ears back
1 a	Beginning of year balance											
b	Contributions											
C	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curi	ent year end balanc	e (line	1 g	colum	n (a)) he	eld as					
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment											
c	Temporarily restricted endowment ►											
	The percentages in lines 2a, 2b, and 2c show	•										
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	ition tr	nata	ire neic	and ad	ministere	a for t	ne	Ī	Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(II), are the related organizatio									3b		
4	Describe in Part XIII the intended uses of th	ie organization's end	dowme	nt fu	ınds							
Par	t VI Land, Buildings, and Equipme		he or	gan	ızatıor	n answ	ered 'Ye	s' to I	Form 990), Part i	[V, lır	ne
	11a. See Form 990, Part X, line : Description of property	10.		Τ,	a) Cost o	or other	(b)Cost o	r other	(c) Accur	mulated	(d) B	ook value
	Description of property					estment)	basis (of		deprec		(a) b	ook value
1a	Land											
b	Buildings											
c	Leasehold improvements		•									
d	Equipment											
_ e	Other		•					5,433		5,114		319
	I. Add lines 1a through 1e (Column (d) must e											319

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<u>+</u>	
Part VIII Investments—Program Related. C See Form 990, Part X, line 13.	Complete if the organization	n answered 'Yes' to Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	*	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organizati (a) Description	on answered 'Yes' to Form 990	, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organization (a) Description	on answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organization (a) Description	on answered 'Yes' to Form 990	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description	on answered 'Yes' to Form 990	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description	on answered 'Yes' to Form 990	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description	on answered 'Yes' to Form 990	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description	on answered 'Yes' to Form 990	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description	on answered 'Yes' to Form 990	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description	on answered 'Yes' to Form 990	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description	on answered 'Yes' to Form 990	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description	on answered 'Yes' to Form 990	(b) Book value
Part IX Other Assets. Complete if the organizati	on answered 'Yes' to Form 990	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description (1) SECURITY DEPOSIT	on answered 'Yes' to Form 990 ription	(b) Book value 1,300
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization (a) Description (b) Description (c) Description (a) Descr	on answered 'Yes' to Form 990 ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of the bulb in the organization of the or	n answered 'Yes' to Form 990 ription 15.) anization answered 'Yes' to	(b) Book value 1,300 1,300 1,300
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability (a) Description of liability	on answered 'Yes' to Form 990 ription	(b) Book value 1,300 1,300 1,300
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes	n answered 'Yes' to Form 990 ription 15.) (b) Book value	(b) Book value 1,300 1,300 1,300
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes	n answered 'Yes' to Form 990 ription 15.) anization answered 'Yes' to	(b) Book value 1,300 1,300 1,300
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes	n answered 'Yes' to Form 990 ription 15.) (b) Book value	(b) Book value 1,300 1,300 1,300
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes	n answered 'Yes' to Form 990 ription 15.) (b) Book value	(b) Book value 1,300 1,300 1,300
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes	n answered 'Yes' to Form 990 ription 15.) (b) Book value	(b) Book value 1,300 1,300 1,300
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability (a) Description of liability	n answered 'Yes' to Form 990 ription 15.) (b) Book value	(b) Book value 1,300 1,300 1,300
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes	n answered 'Yes' to Form 990 ription 15.) (b) Book value	(b) Book value 1,300 1,300 1,300
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes	n answered 'Yes' to Form 990 ription 15.) (b) Book value	(b) Book value 1,300 1,300 1,300
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes	n answered 'Yes' to Form 990 ription 15.) (b) Book value	(b) Book value 1,300 1,300 1,300
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes	n answered 'Yes' to Form 990 ription 15.) (b) Book value	(b) Book value 1,300 1,300 1,300
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes	n answered 'Yes' to Form 990 ription 15.) (b) Book value	(b) Book value 1,300 1,300 1,300
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes	n answered 'Yes' to Form 990 ription 15.) (b) Book value	(b) Book value 1,300 1,300 1,300

Part		Revenue per Audited Financial State Wered 'Yes' to Form 990, Part IV, line 1.		ts With Revenue p	er Re	eturn Complete if
1		er support per audited financial statements			1	
2	A mounts included on line 1 be	ut not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a			
b	Donated services and use of	facılıtıes	2b		1	
c	Recoveries of prior year grant	·s	2c		1	
d	Other (Describe in Part XIII)	2d		1	
e	Add lines 2a through 2d .		· · ·		2e	
3	Subtract line 2e from line 1 .				3	
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)	4b]	
C	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 an	d 4c. (This must equal Form 990, Part I, line	12) .		5	
Part		xpenses per Audited Financial Stanswered 'Yes' to Form 990, Part IV, line		nts With Expense:	per	Return. Complete
1		r audited financial statements			1	
2	Amounts included on line 1 bi	ut not on Form 990, Part IX, line 25				
а	Donated services and use of f	acılıtıes	2a			
b	Prior year adjustments		2b			
C	Otherlosses		2c			
d	Other (Describe in Part XIII))	2d			
e	Add lines 2a through 2d				2e	
3	Subtract line $\mathbf{2e}$ from line 1 .				3	
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII))	4b			
c	Add lines 4a and 4b				4c	
5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, line	18)		5	
Part	XIII Supplemental In	formation				
Part		r Part II, lines 3, 5, and 9, Part III, lines 1a a , lines 2d and 4b, and Part XII, lines 2d and				e any additional
	Return Reference	Explanation				
	XI, LINE 2D - OTHER STMENTS	DIRECT FUNDRAISING				
	XII, LINE 2D - OTHER STMENTS	DIRECT FUNDRAISING BOOK/TAX DEPR	RECIAT	ION		

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Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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OMB No 1545-0047

2014

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

Employer identification number

AME	ERICAN FRIENDS OF ATERET CO	HANIM INC				
					11-2706563	
Pa	General Information "Yes" to Form 990, Pai			ne United States. C	omplete if the organiza	ation answered
1	For grantmakers. Does the of and other assistance, the grants or a used to award the grants or a	ntees' eligibili	ity for the gran	nts or assistance, and	the selection criteria	┌ Yes ┌ No
2	For grantmakers. Describe in assistance outside the United		ganızatıon's p	rocedures for monitor	ing the use of its grant	s and other
3	Activites per Region (The follow	ing Part I, line 3	table can be d	uplicated if additional sp	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
) JERUSALEM, ISRAEL	0		PROGRAM SERVICES	ENCOURAGE AND PROMOTE THE STUDY AND OBSERVANCE OF JEWISH RELIGIOUS TRADITIONS AND CULTURE THROUGH SEMINARS, NEWSLETTERS, TOURS, INTERNET & WEBSITE, SUPPORT VARIOUS CHILDREN'S ACTIVITIES, PROVIDE AID FOR SECURITY EQUIPMENT IN SUPPORT OF THE SAFETY AND PROTECTION OF COMMUNITY RESIDENTS, AND PROVIDE FUNDS TO NEEDY FAMILIES FOR HOUSING RENOVATIONS AND REPAIRS	301,901
(2	2)					
(3)					
(4)					
(5)					
3	a Sub-total	0	1			301,901
	b Total from continuation sheets to Part I	0	0			0
	c Totals (add lines 3a and 3b)	0	1			301,901

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			ENCOURAGE AND PROMOTE THE STUDY AND OBSERVANCE OF JEWISH RELIGIOUS TRADITIONS AND CULTURE THROUGH SEMINARS, NEWSLETTERS, TOURS, INTERNET & WEBSITE, SUPPORT VARIOUS CHILDREN'S ACTIVITIES, PROVIDE AID FOR SECURITY EQUIPMENT IN SUPPORT OF THE SAFETY AND PROTECTION OF COMMUNITY RESIDENTS, AND PROVIDE FUNDS TO NEEDY FAMILIES FOR HOUSING RENOVATIONS AND REPAIRS		CHECK/WIRE		N/A	
(2)								
(3)								
(4)								
tax-exempt by	the IRS, or fo	or which the grantee	or counsel has prov	vided a section 501	cies by the foreign co L(c)(3) equivalency l	etter		

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

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

Part IV Foreign Forms

1	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)	Γ	Yes	[~	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	▽	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)	Г	Yes	▽	Νo
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)	Г	Yes	~	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)	Г	Yes	F	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	[~	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE2	THE ORGANIZATION, WITH EACH GRANT REQUEST, RECEIVES DETAILS CONCERNING THE PURPOSE OF THE GRANT REQUEST, INCLUDING A BUDGET, ESTIMATES FROM CONTRACTORS, AND OTHER RELEVANT DATA AF TER THE FUNDS ARE DISBURSED, THE ORGANIZATION FOLLOWS UP AND RECEIVES PROOF THAT THE GRANT FUNDS WERE USED PROPERLY THE GRANT RECIPIENT NORMALLY SUBMITS CANCELLED CHECKS AND RECEIPTED BILLS AS SUBSTANTIATION

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DLN: 93493074003266

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Supplemental Information Regarding

Open to Public Inspection

ne of the organization ERICAN FRIENDS OF ATER	ET COHANIM INC				Employer iden	tification number
ERICAN FRIENDS OF ATER	ET COHANIM INC				11-2706563	
rt I Fundraising Activ filers are not requir			ganızatıo	n answered "Yes" to	Form 990, Part IV,	line 17. Form 990-E
Indicate whether the organ	ızatıon raısed funds	through a	ny of the f	ollowing activities Che	eck all that apply	
Mail solicitations			e	Solicitation of non	-government grants	
Internet and email soli	citations		f	□ Solicitation of gov	ernment grants	
Phone solicitations			g	Special fundraisin	g events	
☐ In-person solicitations						
Did the organization have a or key employees listed in						Г _{Yes} Г
If "Yes," list the ten highes to be compensated at least			fundraıseı	rs) pursuant to agreem	ents under which the fu	ndraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity (iii) Did fundraiser have custody or control of contributions?		(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization		
		Yes	No			
		+				
		+				
1			.			
List all states in which the registration or licensing	organization is regis	tered or lı	censed to	solicit contributions o	r has been notified it is	exempt from

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundraevents with gross receipts g	aising event contribut					
		<u> </u>	(a) Event #1 CONCERT (event type)	(b) Event #2	(c) O ther events 1 (total number)	(d) Total events (add col (a) through col (c))		
₽	1	Gross receipts	93,19	o		93,190		
Revenue	2	Less Contributions	,			,		
- -	3	Gross income (line 1 minus line 2)	93,19	0		93,190		
	4	Cash prizes						
	5	Noncash prizes						
Expenses	6	Rent/facility costs	34,45	6		34,456		
<u>원</u> ਨ	7	Food and beverages .						
Direct B	8	Entertainment						
툽	9	Other direct expenses .						
	10	Direct expense summary Add lin	es 4 through 9 ın columr	n(d)		(34,456)		
	11	Net income summary Subtract li				58,734		
Par	t II			"Yes" to Form 990, Pa	rt IV, line 19, or rep			
Revenue		\$15,000 on Form 990-EZ, lii	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
<u>~</u>	1	Gross revenue				+		
Ses	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes <u>%</u> Г No	Г Yes% Г Nо	☐ Yes	_		
	7 Direct expense summary Add lines 2 through 5 in column (d)							
	8	Net gaming income summary Subt	ract line 7 from line 1, co	olumn (d)	<u> ▶</u>			
9 a b	Enter the state(s) in which the organization conducts gaming activities Is the organization licensed to conduct gaming activities in each of these states? Yes No If "No," explain							
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the b If "Yes," explain					the tax year?			

Sche	edule G (Form 990 or 990-EZ) 2014				Page 3				
11	Does the organization conduct gaming	activities with nonm	members?	T _{Yes}					
12	Is the organization a grantor, beneficia	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity							
	formed to administer charitable gaming	۱۶		Г _{Yes}	Гм				
13	Indicate the percentage of gaming acti		1 1	, , , ,	, 110				
а	The organization's facility				%				
b	An outside facility				%				
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records								
	Name 🟲								
	Address 🏲								
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming						
	_			Г ves	□ No				
b		If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the							
		amount of gaming revenue retained by the third party • \$							
c	If "Yes," enter name and address of the third party								
	Name •								
	Address ▶								
16	Gaming manager information								
	Name 🟲								
	Gaming manager compensation ► \$								
	Description of services provided ▶								
	Director/officer	— Employee	Independent contractor						
17	Mandatory distributions								
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to								
	retain the state gaming license?								
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent								
	in the organization's own exempt activities during the tax year 🟲 💲								
Pai	rt IV Supplemental Information	on. Provide the ex	explanations required by Part I, line 2b, columns (iii 17b, as applicable. Also provide any additional infor						
	Return Reference		Explanation						
			Schodulo C (Form						

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SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Name of the organization AMERICAN FRIENDS OF ATERET COHANIM INC. **Employer identification number**

11-2706563

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE BOARD OF DIRECTORS REVIEWS THE INCOME, EXPENSES AND BALANCE SHEET AND COMPARES THEM TO THE YEARLY BUDGET
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THR OUGH THE PROCEDURES OUTLINED IN ITS WRITTEN CONFLICT OF INTEREST POLICY, INCLUDING ANNUAL STATEMENTS BY DIRECTORS AND OFFICERS, PERIODIC REVIEWS, AND THE ABILITY TO USE OUTSIDE EXP ERTS IF NEEDED
FORM 990, PART VI, SECTION B, LINE 15A	COMPENSATION IS PAID TO THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OR KEY EMPLOYEES AFTER APPROVAL OF THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATIONS'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEM ENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST DURING REGULAR BUSINESS HOURS AT THE LOCATIO N SPECIFIED IN PART VI, SECTION C, LINE 20
FORM 990, PART XI, LINE 9	BOOK/TAX DEPRECIATION -136