		•	EXTENDED TO MARCH 15,								
	-	'dqn	Return of Organization Exempt Fr			OMB No 1545-0047					
	For		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C								
		rtment of the Treasury nal Revenue Service	Do not enter social security numbers on this form as Information chart Form 000 and its instructions is a	-		Open to Public Inspection					
			■ Information about Form 990 and its instructions is a ndar year, or tax year beginning MAY 1, 2015 and en		PR 30, 2016						
	Bo										
	۔ 	Address									
		_changeAME	RICAN FRIENDS OF ATERET COHANIM INC.	•	11.05						
		Jchange Doing	business as		11-27	16563					
		- I		oom/suite 0 6		16-9270					
	L	Jreturn/ 240	r town, state or province, country, and ZIP or foreign postal code	00		799,787.					
	[YORK, NY 10001		G Gross receipts \$ H(a) Is this a group retu						
	È		and address of principal officer SUSAN HIKIND		for subordinates?						
	L	nondung	AS C ABOVE		H(b) Are all subordinates included? Yes No						
	1 1	Tax-exempt status		527	• •	t (see instructions)					
[≫			JERUSALEMCHAI.ORG		H(c) Group exemption r						
2017		orm of organization		L Year	of formation: 1984 MS						
		art I Summa									
ରୁ ଜ			ribe the organization's mission or most significant activities TO PRO	OMOTE	AND PUBLICI	ZE, IN THE					
	vernance		STATES, THE EXISTENCE AND ACTIVITI								
APR	rna		box 🕨 🛄 if the organization discontinued its operations or disposed								
Can Ca	ove		voting members of the governing body (Part VI, line 1a)		3	9					
	ت ھ		ndependent voting members of the governing body (Part VI, line 1b)		4	9					
愿			er of individuals employed in calendar year 2015 (Part V, line 2a)		5	0					
	ctivities	6 Total numb	er of volunteers (estimate if necessary)		6	0					
5	Acti	7 a Total unrela	ted business revenue from Part VIII, column-(C)-line 12		7 <u>a</u>	0.					
	_	b Net unrelat	ed business taxable income from Form 990 T, Inc. 34 EIVED		7b	0.					
99					Prior Year	Current Year					
	e	8 Contributio	ns and grants (Part VIII, line 1h)		555,616.	<u> </u>					
	ent	9 Program se	rvice revenue (Part VIII, line 2g)		0.	0.					
	Revenue		income (Part VIII, column (A), lines 3, 4, and 70)		0.	0.					
	-		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 110 . U		58,734.	<u>266,235.</u>					
		12 Total reven	ue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		614,350.	<u> </u>					
			similar amounts paid (Part IX, column (A), lines 1 3)	<u> </u>	301,901.	460,085.					
			d to or for members (Part IX, column (A), line 4)		0.	0.					
	es		ner compensation, employee benefits (Part IX, column (A), lines 5-10)		123,899.	111,100.					
	ens		I fundraising fees (Part IX, column (A), line 11e)	_	0.	34,165.					
	Expenses	1	using expenses (Part IX, column (D), line 25) ►34,165	<u>>•</u>							
			nses (Part IX, column (A), lines 11a-11d, 11f-24e)		188,797.	158,790.					
	i		ses Add lines 13-17 (must equal Part IX, column (A), line 25)		614,597.	764,140.					
	<u> </u>		ss expenses Subtract line 18 from line 12		<247.>	35,647.					
	ts of			Be	ginning of Current Year	End of Year					
	Bala	20 Total assets	s (Part X, line 16)		25,125.	<u> </u>					
	Net Assets or Fund Balances	21 Total liabilit	es (Part X, line 26)		<u>68,910.</u>	39,274.					
			or fund balances Subtract line 21 from line 20		<43,785.⊳	<10,138.					
			ire Block								
	Unde	er penaities of perjui	y, I declare that I have examined this return, including accompanying schedules a a	ind statem:	ents, and to the best of my k	nowledge and belief, it is					

Sign	Signature of officer	March 15 2017
Here	SUSAN HIKIND, EXECUTIVE VICE P Type or print name and title	
Paid	Print/Type preparer's name Preparer's sign ALLEN DORKIN	
Preparer Use Only	Firm's name DDK & COMPANY LLP Firm's address ONE PENN PLAZA, 4TH FLR NEW YORK, NY 10119	
	IRS discuss this return with the preparer shown above? (see instruction of the preparer shown above?)	

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the sepa SEE SCHEDULE O FOR ORGANIZATION MI

t III Statement of Program Ser Check if Schedule O contains a res Briefly describe the organization's missio TO PROMOTE AND PUBLIC	ponse or note to any line in t			
Briefly describe the organization's missio TO PROMOTE AND PUBLIC	•		·	
TO PROMOTE AND PUBLIC				
	CIZE. IN THE UN	ITED STATES. THE	EXISTENCE	AND
ACTIVITIES OF THE AT		STITUTIONS IN TH		
AND TO RAISE FUNDS FO				£
Did the organization undertake any signif	icant program services during	the year which were not listed	n	
the prior Form 990 or 990-EZ?				🗌 Yes 🛣
				Yes X
If "Yes," describe these changes on Sche	edule O			
				-
		460.005		
			· · ·	
				<u>JIOUS</u> INTERNET
AND REPAIRS.				
(Code) (Expenses \$	including grants	of\$) (Revenue \$	
	·····			
· · · · · · · · · · · · · · · ·				
		· · · · · · · · · · · · · · · · · · ·		
			<u> </u>	
(Code) (Expenses \$	including grants	of \$) (Revenue \$	
				<u> </u>
			·······	
	<u> </u>			
	<u> </u>			
Other program services (Describe in Sche	edule O)			
) (Revenue \$		
i otal program service expenses	400,000.			Form 990
5				·
	If "Yes," describe these new services on Did the organization cease conducting, o If "Yes," describe these changes on Sche Describe the organization's program service (code) (expenses \$ ENCOURAGE AND PROMOTI TRADITIONS AND CULTUI WEBSITE, SUPPORT VAR: SECURITY EQUIPMENT IN RESIDENTS, AND PROVIN AND REPAIRS. (Code) (Expenses \$ (Code) (Expenses \$)	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in ff "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for eacl Section 501(c)(3) and 501(c)(4) organizations are required to report the revenue, if any, for each program service reported (code	<pre>ff "Yes," describe these new services on Schedule O Did the organization cases conducting, or make significant changes in how it conducts, any program service accomplishments for each of its three largest program service revenue, it any, for each program service accomplishments for each of its three largest program service revenue, it any, for each program service accomplishments for each of its three largest program service revenue, it any, for each program service accomplishments for each of its three largest program service revenue, it any, for each program service accomplishments for each of its three largest program services are required to report the amount of grants and allocation revenue, it any, for each program services THE STUDY AND OBSERVANCE OF J TRADITIONS AND CULTURE THROUGH SEMINARS, NEWSLETTER WEBSITE, SUPPORT VARIOUS CHILDREN'S ACTIVITIES, PRO SECURITY EQUIPMENT IN SUPPORT OF THE SAFETY AND PRO RESIDENTS, AND PROVIDE FUNDS TO NEEDY FAMILIES FOR AND REPAIRS. (code) (Expenses \$ ncluding grants of \$</pre>	<pre>H 'Yes, 'describe these new services on Schedule O Dol the organization cease conducting, or make significant changes in how it conducts, any program services? I 'Yes,' describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services? Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total Code (Section 2) (Besenters 460,085, including grants of 3 460,085, (Neurona 5 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total Section 501(c)(4) organization are required to report the amount of grants and allocations to others, the total Section 501(c)(4) organization are required to report the amount of grants and allocations to others, the total Section 501(c)(4) organization are required to report the amount of grants and allocations to others, the total Section 500 Section 5</pre>

	990 (2015) AMERICAN FRIENDS OF ATERET COHANIM INC. 11-2706	563	P	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			—
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<u> </u>
Ũ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<u> </u>
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D. Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-°-		
9	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			x
10		9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		w	
	Part VI	11a	<u>X</u>	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	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	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	<u>12a</u>		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	1 4a	X	
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	<u>14b</u>	<u>X</u>	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	┣───
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			i i
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u>x</u>	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		Į	
	complete Schedule G, Part III		<u> </u>	X
		Form	990	(2015)

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	990 (2015) AMERICAN FRIENDS OF ATERET COHANIM INC. 11-2706	5 <u>563</u>	Pa	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23		х
24-2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
240	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	040		Х
L		24a		
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	L	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			**
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	}		
	Schedule L, Part I	2 <u>5</u> b	[X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			_
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		{	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note. All Form 990 filers are required to complete Schedule O	38	x	
			000	

Form **990** (2015)

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Check if Schedule 0 contains a response or note to any line in the Part V Yes 1a Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable 1a 0 2b Enter the number of form W20K Cincided in the Tax Enter -0 if not applicable 1a 0 2a Enter the number of form W20K Cincided in the Tax Enter -0 if not applicable 1a 0 2a Enter the number of form W20K Cincided in the Near covered by this refurn 2a 0 2b If the stand one is reported on Inv 2a, db the organization field in equiced to e-tiel (see instructions) 3a 0 3a D the eigenvacion have numeletic biasiness gross incore of \$1,000 or more during the year? 3a X 3b If "Yee," india field af from 90D Tor the year? If M0, 'to ine 3D, provide an exploration a Schedule 0 3a X 3b If "Yee," india field af from 90D Tor the year? If M0, 'to ine any the during the xyear? 3a X 3c If "Yee," india field af form 90D Tor the year? If M0, 'to ine any the during the xyear? 3a X 3c If "Yee," india field af fore gross contry? Sa X 3c If "Yee," india field af fore gross contry? Sa X 3c If "Yee," india field af fore gross contry? Sa X 3c If "Yee," india field af fore gross controle the reportext of therest hild af fore reportext of therest hild	Form Par		<u>563</u>	P	age 5
a Enter the number of porms VSD of Form 1006 Enter -0 in not applicable 1a 0 b Enter the number of porms VSD encloted in the 1 Enter 0 in not applicable 1b 0 c Dath the organization comply with backburg withholding nulse for reportable payments to vendors and reportable gaming (gambling) winnings to price winners? 1c 2a 2 Enter the number of applyciptes reported on Form W-3, Transmittal of Wage and Tax Statements, test of the calendar year endrag with or within the year occured by this return 0 0 b If at least on a reported on ine 2, dot the organization he all required least employment tax returns? 0 3a X 3 Dot the organization have unretable business gross science of 31 (000 m rice dumg the year? 3a X 3a X 4 At any time dumg the calendar year, d'th do organization have an interest in, or a signiturize or other stuthenty over, a financial account in a foreign country iso produced an explanation on Schodule O 3b X 5a X 5a X 5a X 5a		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W2G metadod mules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 1c 1c 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. Let 6 to the calinadr yar ending with or within the year covered by the stum 2a				Yes	No
c Det the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming in the mathematical of Wage and Tax Statements, itsel for the calendar year ending with or within the year covered by this return Image: Complex interval Image: Complex interv	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
(gambing) wrinings to praze wrinisher of employees reported on form W-3, Transmittal of Wage and Tax Statements, lied for the calendar year ending with or within the year covered by this return 1 <td>b</td> <td>Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable</td> <td></td> <td></td> <td></td>	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
2a Ener the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, ted or the scienciar year anong with or within the year covered by this returns? 0 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 0 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 0 b Thes, 'has if filed a form 90-1'for the year? if No,' to ine 3b, provide an explanation in Schedule O 3a X b Thes,' has if filed a form 90-1'for the year? if No,' to ine 3b, provide an explanation in Schedule O 3b 3a X b Thes,' return the name of the foregin country (with as a bank account, ecurities account, or other financial account)? 4a X b If Yes,' to line 3a or 5b, did the organization has an bank account, and yon the tax year? 5a X c If Yes,' to line 3a or 5b, did the organization has a bank account, account, ecurities account, or other financial Accounts (FBAR) 5a X c D deny taxable party notify the organization has a bank account and yon the dividing tax were not tax deductible as charatable contributions on a party to a prohibid tax sheller transaction? 5a X d If Yes,' to line 3a or 5b, did the organization has any tax dinous tax becontributions or gifts mere renot tax deductible?	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
tit to the calendar year ending with or within the year covered by this return 2a 0 b if at least one is reported on line 2a, did the organization file all required to ending the year? 2b 3a Db the organization have unrelated buarness gross income of \$1,000 or more during the year? 3a 2b 4a 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 outry (buck as a back account, account, or other financial accounts (FBAR) 5a X 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization for this organization in the was or as a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax diductible as chartable contributions? 5a X 6a X Yes," did the organization in the way of the goods on serves provided to the parent to account of the foreing BBAR? 5a X 7b The site of the serve during whether way solicitation an express statement that such contributions or gifts were not tax diductible as chartable contributions? 5a X 7b The site organization foreing BBAR? 7a X X		(gambling) winnings to prize winners?	1c		
b If at least one is reported on line 2a did the organization file all required federal employment tax returns? 2b Note, If the sum of lines 1a and 2a is greater than 250, your may be required to e-file (see instructions) 3a X b If "Yes," has if field a form 990 T for this year? If NN, it to line 3b, provide an explanation in Schedule O 3b 3a X b If "Yes," has if field a form 990 T for this year? If NN, it to line 3b, provide an explanation in Schedule O 3b 3a X b If "Yes," inster the name of the foregon country (such as a bark account, securities account, or other financial accounts (FBAR) 5a X 5a Was the organization have anity to a probhotid tax shelter transaction at any time during the tax year? 5a X 5a Do dark stable part notify the organization the form 880617 5a X 6a Da dark stable part notify the organization and express statement tha such contributions or gifts were not tax deductible? 5a X 7 Organization sells exclusible contributions under section 170(c). 2b 2b 2c X 16 Yes," du't the organization neithy exclusible property for which it was required? 7a X X 17 Organization sells exclusible. 3c X	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter 10a 10b 11a a Gross income from members or shareholders 11a 10b 12a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O 13a 13a 14a Did the organization is licensed to issue qualified health plans 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b	9				
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			14-		x
		in rea, has trined a rount reactor report these payments in rive, provide an explanation in Schedule O		900	(2015)

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Page 6

Form 990 (2015) AMERICAN FRIENDS OF ATERET COHANIM INC. 11-2706563 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response In the time sector processes or changes in Schedule O. See instructions to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI				Ľ
Sect	tion A. Governing Body and Management			·	—
			· [Yes	
	Enter the number of voting members of the governing body at the end of the tax year		킥		
	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				
	Enter the number of voting members included in line 1a, above, who are independent	··	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	up with any other			
	officer, director, trustee, or key employee?		2		∔
3	Did the organization delegate control over management duties customarily performed by or under t	he direct supervision		ļ	ļ
	of officers, directors, or trustees, or key employees to a management company or other person?		3		4
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		4
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?	5		4
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint one or			
	more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			I
	persons other than the governing body?		7b	1	Ì
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by the following:			1
	The governing body?		8a	x	
	Each committee with authority to act on behalf of the governing body?		8b	x	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the	00	- <u></u>	1
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	(
ect	tion B. Policies (This Section B requests information about policies not required by the Internal i	Code)			•
	ton b. Tonolog (mis section b requests information about poincies not required by the internal			Yes	٦
0-	Did the organization have local chapters, branches, or affiliates?		10a	165	-
		abantoro affiliatos	10a		-
	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters, anniates,			i
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	37	_
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the form?	11a	X	_
	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	-
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b	X	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe	İ		
	in Schedule O how this was done		12c	X	_
13	Did the organization have a written whistleblower policy?		13		_
4	Did the organization have a written document retention and destruction policy?		14		_
15	Did the process for determining compensation of the following persons include a review and appro	val by independent		[
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?			
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				1
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			
	taxable entity during the year?		16a	ł	
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its participation			1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org				
	exempt status with respect to such arrangements?		16b		
_	tion C. Disclosure	· · · · · · · · · · · · · · · · · · ·	1.00	L	1
	List the states with which a copy of this Form 990 is required to be filed NY				-
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (Section 501/c)(3)s only)	availab		-
	for public inspection. Indicate how you made these available. Check all that apply		availau	ne.	
		n in Sahadula ()			
		n ın Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	onnict of interest policy, an	d tinan	cial	
	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 b	ooks and records 🕨			-
	THE ORGANIZATION - 212-216-9270				_
	248 WEST 35TH STREET, NO. 406, NEW YORK, NY 1000	1			
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AMERICAN FRIENDS OF ATERET COHANIM INC. 11-2706563

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

Employees, and independent contractors

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee "

(D)

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(n)

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

(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	unle	ss pe	rson	is boti	h an	compensation	compensation	amount of
	week		cer an	dad	recto	or/trus	tee)	from	from related	other
	(list any	rector	ļ					the	organizations	compensation
	hours for	ordi	9			ated		organization	(W-2/1099-MISC)	from the
	related	istee	truste			bens		(W-2/1099-MISC)		organization
	organizations	ual tru	onal		ploye	E C				and related
	below line)	Individual trustee or director	Institutional trustee	Othicer	Key employee	Highest compensated employee	Former			organizations
		<u> </u>	<u> </u>	5	ž	± 5	2	·		
(1) DR. GERALD PLATT	5.00		ļ					0		0
DIRECTOR		X	-			<u> </u>		0.	0.	0.
(2) DR. JOSEPH FRAGER	5.00									
CHAIRMAN OF THE BOARD OF G		X		X				0.	0.	0.
(3) DR. PAUL BRODY	5.00	4						_		
DIRECTOR		X	<u> </u>					0.	0.	0.
(4) MARK MOERDLER	5.00	4							-	
DIRECTOR		X	<u> </u>			L.		0.	0.	0.
(5) MELVYN B. WADLER	5.00								-	
DIRECTOR	L	X						0.	0.	0.
(6) RABBI JOSEPH STAMM	5.00	(_	
DIRECTOR	L	X	 					0.	0.	0.
(7) ROBERT KOPPEL	5.00									
DIRECTOR		X						0.	0.	0.
(8) RUBIN MARGULES	5.00				ļ				_	_
DIRECTOR	<u> </u>	X	<u> </u>	 	_		L	0.	0.	0.
(9) DR. JONATHAN HALPERT	5.00									
DIRECTOR	ļ	X		L			<u> </u>	0.	0.	0.
(10) SHANI HIKIND	40.00	1							_	_
EXECUTIVE_VICE_PRESIDENT	<u> </u>	<u> </u>	<u> </u>	X			<u> </u>	80,012.	0.	0.
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Form 990 (2015)

Page 7

(E)

			,			COLV	Compensated Employ			r — -		
(A) Name and title	(B) Average hours per week	box offic	not ch unles	s pers		oth an	(D) Reportable compensation from	(E) Reportable compensatio from related	able Estim sation amou		(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee Highest compensated	empioyee Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fi org an	ipensa rom th janizat d relat anizati	ie tion ted
							<u> </u>					
						-						
1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A						80,012 0 80,012	•	0.0.			0
 2 Total number of individuals (including but compensation from the organization) 	not limited to th	ose	liste	d abo	ove) v	vho r						(
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			e, key	/ emj	ploye	e, or	highest compensated	employee on		3	Yes	No X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab 0,000 <i>? If</i> "Yes,	le co " co	mple	te So	chedu	ıle J	for such individual			4		x
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor Section B. Independent Contractors							ted organization or indi	vidual for services		5		X
1 Complete this table for your five highest co the organization Report compensation for									ipens			
(A) Name and busines:	address	NC	ONE				(B) Description of	services)) Compe	C) Insatio)n
										<u> </u>		
2 Total number of independent contractors	-	ot In	nitec	l to t	-	liste	d above) who received	more than				
\$100,000 of compensation from the organ	ization 🖿				0							

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Part		Check if Schedule O cont		or note to any lin				
nts		Check is Schedule O Cont	allis a response		a in this Dart VIII			
nts					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
e Contributions, Gifts, Grants and Other Similar Amounts	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	Its, and ve 1f a 1a-11 \$	533,552. Business Code	533,552.			
Program Service Revenue	b c d e f	All other program service reve Total. Add lines 2a-2f						
Cother Revenue	5 6 6 7 6 7 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7	Investment income (including other similar amounts) Income from investment of tar Royalties Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 Less direct expenses Net income or (loss) from fund Gross income from gaming ac Part IV, line 19 Less direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances Less cost of goods sold Net income or (loss) from sale Miscellaneous Revenu	x-exempt bond p	broceeds ► (II) Personal (II) Other (II) Other 266,235. 0. ►	266,235.			266,235.
<u>12</u> 532009 1	е 2	All other revenue Total. Add lines 11a 11d Total revenue See instructions.		► ►	799,787.	0.	0.	266,235. Form 990 (2015)

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Pa	rt IX Statement of Functional Expense	es			
Sect	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	omplete column (A)	
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21			· · · · ·	
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	····			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	160 005	460 005		
	individuals See Part IV, lines 15 and 16	460,085.	460,085.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
~	trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	111,100.		111,100.	
8	Pension plan accruals and contributions (include	,100.			
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
с	Accounting	18,435.		18,435.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	34,165.			34,165.
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	76,468.		76,468.	
12	Advertising and promotion				
13	Office expenses	19,141.		19,141.	
14	Information technology				
15	Royalties	15 075			
16	Occupancy	15,075.		15,075.	
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20	Interest				
20	Payments to affiliates				
22	Depreciation, depletion, and amortization	126.		126.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	CONSULTING	25,000.		25,000.	
b	TELEPHONE	3,798.		3,798.	
С	MISCELLANEOUS	767.		767.	
d	COMPUTER CONSULTANT	600.		600.	·
е	All other expenses	<620.		<620.>	
25	Total functional expenses Add lines 1 through 24e	764,140.	460,085.	269,890.	34,165.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here L If following SOP 98-2 (ASC 958-720)				

AMERICAN FRIENDS OF ATERET COHANIM INC.

532010 12-18-15

Form 990 (2015)

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10 2015.05050 AMERICAN FRIENDS OF ATERET 001114_1

<u>11-2706563</u> Page 10

Form 990 (2015)

Form 990 (2015)

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		Check if Schedule O contains a response or not	e to ar	iy line in this Part X		<u> </u>	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			23,506.	1	27,643.
	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 fo	rmer o	officers, directors,			
	}	trustees, key employees, and highest compensation	ated er	mployees Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disguald	fied pe	ersons (as defined under			
		section 4958(f)(1)), persons described in section	4958	c)(3)(B), and contributing			
	}	employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr)		-		6	
Assets	7	Notes and loans receivable, net				7	
Ř	8	Inventories for sale or use		Γ		8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other	l	ļ Ē			
		basis Complete Part VI of Schedule D	10a	5,433.			
	Ь	Less accumulated depreciation	10b	5,240.	319.	10c	193.
	11	Investments - publicly traded securities			11		
	12	Investments other securities See Part IV, line 1	1	Γ		12	
	13	Investments - program-related See Part IV, line	11	Γ		13	
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	1,300.	15	1,300.		
	16	Total assets. Add lines 1 through 15 (must equa	ai line :	34)	25,125.	16	29,136.
	17	Accounts payable and accrued expenses	51,636.	17	22,000.		
	18	Grants payable		[18	
	19	Deferred revenue			-	19	
	20	Tax-exempt bond liabilities		Γ		20	
	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
ŝ	22	Loans and other payables to current and former	office	rs, directors, trustees,			
Liabılıtıes		key employees, highest compensated employee	s, and	disqualified persons			
labi		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pay	ables	to related third			
	í	parties, and other liabilities not included on lines	17-24) Complete Part X of			
	ļ	Schedule D			17,274.	25	<u> </u>
	26	Total liabilities. Add lines 17 through 25			68,910.	26	39,274.
	ļ	Organizations that follow SFAS 117 (ASC 958), che	ck here 🕨 🚺 and 📗			
es		complete lines 27 through 29, and lines 33 an	d 34.				
ũ	27	Unrestricted net assets			<u><43,785.</u>	>27	<10,138.>
3ala	28	Temporarily restricted net assets				28	
ğ	29	Permanently restricted net assets			<u> </u>	29	
Ŀ,		Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 📃			
P		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30_	
٩ss	31	Paid in or capital surplus, or land, building, or eq	uipme	nt fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come,	or other funds		_32	
z	33	Total net assets or fund balances		L	<43,785.		<10,138.>
	34	Total liabilities and net assets/fund balances			25,125.	34	29,136.

Form 990 (2015)

532011 12-16-15

Forn	990 (2015) AMERICAN FRIENDS OF ATERET COHANIM INC.	11-270)6563	Pad	_{ae} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>9,7</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	_2		4,1	
3	Revenue less expenses Subtract line 2 from line 1	_3		5,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<4	<u>3,7</u>	<u>85.</u> >
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<	2,0	<u>00.</u> >
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1	0,1	<u>38.</u> >
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🛛 🖾 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	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				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O	<u> </u>		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	J - · ·	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
~	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зb		

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Form 990 (2015)

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SCHEDULE A			Public Charity Status and Public Support					OMB No 1545-0047	
			omplete if the orga	nplete if the organization is a section 501(c)(3) organization or a section					2015
Department	4947(a)(1) nonexempt charitable trust. Department of the Treasury Attach to Form 990 or Form 990-EZ.							Open to Public	
	Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.							Inspection	
Name of	the organizati			·			<u>~</u>		identification number
		AMER	ICAN FRIEN	IDS OF ATERET	COHA	NTM T	NC.		1-2706563
Part I	Reason	for Public	Charity Status	All organizations must co	omplete th	us part) Se	e instruction	s <u> </u>	
The orga				(For lines 1 through 11, o					
1	1	•		on of churches describe		•	I) (∆)(i)		
2	1			(Attach Schedule E (Forr			·//·/·		
3	1			anization described in se		••	a		
		-		onjunction with a hospita			•	Vui) Enter	the hospital's name
4	city, and stat			njaneton with a hospita	1003011000	a in sectio		Juli, Linei	the hospital s hame,
5			or the benefit of a cr	ollege or university owner	d or opera	tod by a g		unit describ	ad in
J [Complete Part II)	Siege of university owner		iteu by a gi	Jverninentart	init describ	
6				mental unit described in	contion 1	70/6//4//4	6.0		
7 🗴	1			antial part of its support				bo conoral	public described in
	0			annai part or its support	nom a yov	ennentai		ne general	public described in
• [complete Part II)	(A)(A)(-) (Comolete Dev					
8)(1)(A)(vi). (Complete Par					
9 📖	-		•	e than 33 1/3% of its sup	-			•	•
				ect to certain exceptions,					•
				e (less section 511 tax) fr	om busine	esses acqu	ired by the or	ganization	after June 30, 1975
40 – –	1		mplete Part III)						
	· · ·	-		sively to test for public sa	•				
11 [-	-		sively for the benefit of, to	-			-	
	-		-	ed in section 509(a)(1) o				• •• •	heck the box in
r		-		of supporting organizatio		-		-	
a				supervised, or controlled					
		_		egularly appoint or elect	a majority	of the direc	ctors or truste	es of the s	upporting
			complete Part IV, S						
b [d or controlled in connec			-		-
		-		janization vested in the s	ame perso	ons that co	ontrol or mana	ige the sup	ported
		.,	t complete Part IV,						
c L		-	-	ng organization operated				lly integrate	ed with,
. –				s) You must complete I					
d [_				porting organization oper				•	
		-		zation generally must sa	•		•	d an attenti	veness
r		-		mplete Part IV, Sections					
e [-		written determination fro			⊤уре I, Туре	II, Type III	
	-	•	21	onally integrated support	ing organi	zation			
	ter the number		•						L
g Pro	(I) Name of supp		n about the support (II) EIN		(iv) is the c	organization	(v) Amount of	monetany	(vi) Amount of
	organization			(described on lines 1-9	listed	in your	support		other support (see
	3			above (see instructions))		document?	instruct		instructions)
					Yes	No			
			{	<u> </u>					
]]	
	·	·				<u> </u>			<u> </u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15 Schedule A (Form 990 or 990-EZ) 2015

<u>Total</u>

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13 2015.05050 AMERICAN FRIENDS OF ATERET 001114_1

Schedule A (Form 990 or 990 EZ) 2015 AMERICAN FRIENDS OF ATERET COHANIM INC. 11-2706563 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	1,084,243.	1,193,692.	719,097.	648,806.		3,645,838.
2	Tax revenues levied for the organ-						<u>·</u>
	ization's benefit and either paid to			1			
	or expended on its behalf	I I					
3	The value of services or facilities						
Ū	furnished by a governmental unit to						
	the organization without charge						
٨	Total. Add lines 1 through 3	1,084,243.	1,193,692.	719,097.	648,806.		3,645,838.
5	The portion of total contributions		1,193,092.	119,097.	040,000.		
5	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						965,415.
	Public support. Subtract line 5 from line 4		·		,	<u></u>	2 680 423.
	ction B. Total Support			() 0010			
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
-	Amounts from line 4	1,084,243.	1,193,692.	719,097.	648,806.		3,645,838.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties			2			-
	and income from similar sources	2.		3.			5.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain	i					
	or loss from the sale of capital						
	assets (Explain in Part VI)						ļ
11	Total support. Add lines 7 through 10						3,645,843,
12	Gross receipts from related activities,	etc (see instructio	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2015 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	<u>73.52 %</u>
15	Public support percentage from 2014	Schedule A, Part I	I, line 14			15	<u>69.42 %</u>
16a	33 1/3% support test - 2015. If the c	organization did not	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this l	
	stop here. The organization qualifies	as a publicly suppo	orted organization				► X
b	33 1/3% support test - 2014. If the o	rganization did not	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check	this box
	and stop here. The organization quali	fies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	t - 2015. If the orga	anization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 109	% or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	his box and stop h	ere. Explain in Pai	t VI how the org	anization
	meets the "facts and-circumstances"	test The organizat	ion qualifies as a	publicly supported	d organization	-	
b	10% -facts-and-circumstances test	t - 2014. If the orga	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 i	s 10% or
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio		-	-			ons

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990 EZ) 2015 AMERICAN FRIENDS OF ATERET COHANIM INC. 11-2706563 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
Include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-		1		+	1	
ization's benefit and either paid to or expended on its behalf		ι.				
5 The value of services or facilities			<u> </u>	<u>+</u>	+	
furnished by a governmental unit to the organization without charge						
· · · ·		+	<u> </u>		<u> </u>	<u> </u>
6 Total. Add lines 1 through 5		+		<u> </u>	+	<u> </u>
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
<u>8 Public support. (Subtract line 7c from line 6)</u> Section B. Total Support				Ι	Τ	
Calendar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						1
c Add lines 10a and 10b					1	1
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part VI) 13 Total support (Add lines 9, 10c, 11, and 12)				<u> </u>		
14 First five years. If the Form 990 is for th	ne organization	's first, second, thi	d, fourth, or fifth t	ax vear as a sect	on 501 (c)(3) organi	zation,
_ check this box and stop here		·				
Section C. Computation of Public	Support P	ercentage				
15 Public support percentage for 2015 (lin	e 8, column (f)	divided by line 13, o	column (f))		15	
16 Public support percentage from 2014 S	chedule A, Par	t III, line 1 <u>5</u>			16	
Section D. Computation of Invest						
17 Investment income percentage for 201	5 (line 10c, colu	ımn (f) dıvıded by li	ne 13, column (f))		17	
18 Investment income percentage from 20	14 Schedule A	, Part III, line 17			18	
19a 33 1/3% support tests - 2015. If the o	rganization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box and	stop here. Th	e organization qua	lifies as a publicly	supported organi	zation	▶□
b 33 1/3% support tests - 2014. If the o	rganization did	not check a box or	Ine 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, check	this box and :	stop here. The org	anization qualifies	as a publicly sup	ported organization	n ▶[
20 Private foundation. If the organization	did not check a	<u>a box on line 14, 19</u>	a, or 19b, check t	his box and see ii	nstructions	▶□
532023 09-23-15			15	Sc	hedule A (Form 99	0 or 990-EZ) 20
			τJ			

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Schedule A (Form 990 or 990 EZ) 2015 AMERICAN FRIENDS OF ATERET COHANIM INC. 11-2706563 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation If historic and continuing relationship, explain

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

532024 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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Schédule A (Form 990 or 990 EZ) 2015 AMERICAN FRIENDS OF ATERET COHANIM INC. 11-2706563 Page 5 Part IV Supporting Organizations (continued)

			1	<u> </u>
			Yes	No
11				
:	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	_ <u>11a</u>		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> ction B. Type I Supporting Organizations	11c		
00				Τ
4	Did the directory trustees or membership of any or more suprested eventuations have the neurophy	ſ	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		İ	
	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				
	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,			
So	supervised, or controlled the supporting organization ction C. Type II Supporting Organizations	2	L	
00				
4	Work a majority of the eventuation is disasters with steased with the two sets of the local	[Yes	No
1	, ,			
	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			
Se	the supported organization(s) ction D. All Type III Supporting Organizations	1	L	ļ
<u></u>				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ľ	Yes	No
1				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2		1		
2	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)			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
J	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		
Se	ction E. Type III Functionally-Integrated Supporting Organizations	3	L	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
t				
c		structions	.)	
2	Activities Test Answer (a) and (b) below.		Yes	No
ē		[100	
	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		
t				
-	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	Parent of Supported Organizations Answer (a) and (b) below.			
a				
-	trustees of each of the supported organizations? Provide details in Part VI	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	Зъ		
5320	25 09-23-15 Schedule A (Form		יד=-0	2015
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^{2015.05050} AMERICAN FRIENDS OF ATERET 001114_1

	dule A (Form 990 or 990 EZ) 2015 AMERICAN FRIENDS OF ATE			<u>1-2706563</u> Page 6					
L	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin								
1									
	other Type III non-functionally integrated supporting organizations must co	mplete s	Sections A through E						
Sect	tion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)						
1	Net short-term capital gain	1							
_2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
_4	Add lines 1 through 3	4							
_5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or								
	collection of gross income or for management, conservation, or)					
	maintenance of property held for production of income (see instructions)	6							
_7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8							
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see	-							
	instructions for short tax year or assets held for part of year)								
a	Average monthly value of securities	1a_							
b	Average monthly cash balances	1b							
<u> </u>	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	Discount claimed for blockage or other								
	factors (explain in detail in Part VI)								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
_3	Subtract line 2 from line 1d	3							
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,								
	see instructions)	4							
_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)	88							
Sect	ion C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1							
2	Enter 85% of line 1	2							
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3							
4	Enter greater of line 2 or line 3	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
	emergency temporary reduction (see instructions)	6							
7	Check here if the current year is the organization's first as a non functional	ly-integra	ated Type III supporting org	anization (see					

instructions)

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Schedule A (Form 990 or 990-EZ) 2015

532026 09-23-15

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Schedule A (Form 990 or 990 EZ) 2015 AMERICAN FRIENDS OF ATERET COHANIM INC. 11-2706563 Page 7

Par	t V Type III Non-Functionally Integrated	509(a)(3) Supporting Orga	anizations (continued)	
<u>Secti</u>	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplis	h exempt purposes		
2	Amounts paid to perform activity that directly furthers e	exempt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt pu	irposes of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required	ك)		
6	Other distributions (describe in Part VI) See instruction	IS		
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to wh	nich the organization is responsive	1	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
.		Excess Distributions	Underdistributions	Distributable
Secti	ion E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
a				
b				·
C				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			,
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D,			
	line 7 \$			
<u>a</u>	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if	2		
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			!
6	Remaining underdistributions for 2015 Subtract lines 3	h		
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2016. Add lines 3j	ļ		
	and 4c			
<u> </u>	Breakdown of line 7			
<u>a</u>				······
b				
	Excess from 2013			
	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

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Part VI	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, line 1, Part IV, Section D, lines 2 and 3,	by de the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12; n, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e; Part V Section E, lines 2, 5, and 6. Also complete this part for any additional information
<u> </u>		
32028 09-23-1	5	Schedule A (Form 990 or 990-EZ
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SC	HEDULE D	Supplementa	al Financial Statements	5	OMB No 1545-0047
	n 990)	Complete if the org	anization answered "Yes" on Form 990.		2015
	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 Attach to Form 990.		Open to Public
	e of the organizati		m 990) and its instructions is at www.in		identification number
nam	e or the organizati		F ATERET COHANIM INC.		1 - 2706563
Pa	rt I Organiza	ations Maintaining Donor Advise			
	organizatio	on answered "Yes" on Form 990, Part IV, lir	······		
	Total combine at a		(a) Donor advised funds	(b) Funds an	d other accounts
1 2	Total number at el	nd of year of contributions to (during year)			
2 3		of grants from (during year)			
4	Aggregate value a	• • • •			
5	Did the organization	on inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds	
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes No
6	-	on inform all grantees, donors, and donor a	• •	•	
		poses and not for the benefit of the donor o	or donor advisor, or for any other purpose	conferring	
Pa	Impermissible priv	vation Easements. Complete if the org	panization answered "Yes" on Form 990. I	Part IV. line 7	Yes No
1		servation easements held by the organizat			
	Preservation	n of land for public use (e g , recreation or e	education) Preservation of a hist	orically important li	and area
	Protection of	of natural habitat	Preservation of a cert	ified historic struct	ure
		n of open space			
2	-	a through 2d if the organization held a quali	fied conservation contribution in the form		
~	day of the tax yea	ir onservation easements		2a	at the End of the Tax Year
a b		tricted by conservation easements		2a 2b	
c	_	rvation easements on a certified historic sti	ructure included in (a)	20	
d	Number of conser	rvation easements included in (c) acquired	after 8/17/06, and not on a historic struction	ure	
	listed in the Nation	nal Register		_2d	
3		rvation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization durii	ng the tax
	year	where property subject to conservation ea			
4 5		ation have a written policy regarding the pe			
Ŭ	-	forcement of the conservation easements i	• • • •		Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easemen	ts during the year
	▶				
7		ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ition easements du	ring the year
•	► \$	nution accompant reported on line 2(d) above	is action the requirements of eastion 170		
8	and section 170(h	rvation easement reported on line 2(d) abov	ve satisfy the requirements of section 170	(1)(4)(D)(I)	Yes No
9	•	be how the organization reports conservation	ion easements in its revenue and expense	e statement, and bi	-
	include, if applicat	ble, the text of the footnote to the organiza	tion's financial statements that describes	the organization's	accounting for
	conservation ease				
Pa		ations Maintaining Collections o f the organization answered "Yes" on Form	· · · · · ·	ther Similar A	ssets.
10		elected, as permitted under SFAS 116 (AS		mont and balance	the set works of art
1a	-	is, or other similar assets held for public ex			
		tnote to its financial statements that descr			
b	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	t and balance shee	et works of art, historical
	treasures, or othe	r similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provid	le the following amounts
	relating to these it			• •	
		uded on Form 990, Part VIII, line 1		▶ \$	
2		ed in Form 990, Part X i received or held works of art, historical tre	asures, or other similar assets for financia	∎ ¢ al gain, provide	· _ · · · · · · · · · · · · · · · · · ·
2	•	unts required to be reported under SFAS 1		a gain, provide	
а	•	on Form 990, Part VIII, line 1		▶ \$	
b	Assets included in	n Form 990, Part X		▶_\$	
LHA 53205		eduction Act Notice, see the Instruction	s for Form 990.	Sche	dule D (Form 990) 2015
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			40		

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	dule D (Form 990) 2015 AMERICA t III Organizations Maintaining C	N_FRIENDS collections of A							<u>06563</u> ts (continu	
3	Using the organization's acquisition, accessi									
•	(check all that apply)		,		· · · · · · · · · · · · · · · · · · ·		. g			
а	Public exhibition	c		Loan or exc	hange progra	ams				
b	Scholarly research	e		Other	5-7-5-					
c	Preservation for future generations						-			
4	Provide a description of the organization's co	ollections and explain	in how th	nev further t	he organizati	on's exe	mot ourc	oose in Par	t XIII	
5	During the year, did the organization solicit o			-						
•	to be sold to raise funds rather than to be ma							Г	Yes	
Par	t IV Escrow and Custodial Arran	gements. Compl				"Yes" on	Form 99	O, Part IV,		
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other as	sets not	included	i	_	
	on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table						
									Amount	
с	Beginning balance						1c	1		
d	Additions during the year						1d			
е	Distributions during the year						1e	<u> </u>		
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acco	unt liabil	lity?		Yes	
	If "Yes," explain the arrangement in Part XIII									<u> </u>
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" on Fo	orm 990, Part	IV, line	10			
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance				ļ					
b	Contributions		L							
с	Net investment earnings, gains, and losses		l		<u> </u>				L	
d	Grants or scholarships									
е	Other expenditures for facilities		1						}	
	and programs									
f	Administrative expenses								_	
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment 🕨	%								
с	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	at are held a	ind administe	red for t	he organ	Ization	_	
	by.								!`	Yes No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	itions listed as requi	red on S	chedule R?					Зb	
_4	Describe in Part XIII the intended uses of the		owment	funds						
Par	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	/, line 11a S	See Form 990), Part X,	line 10			
	Description of property	(a) Cost or c	other	(b) Cost	or other	(c) A	ccumulat	ed	(d) Book	value
		basis (investi	ment)	basis	(other)	de	preciatio	<u>ר</u>		
1a	Land									
b	Buildings									
с	Leasehold improvements									
	Equipment									
<u>e</u>	Other				5,433.		5,2	40.		193.
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10c)			>		193.
								Schedule	D (Form	990) 2015

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532052 09-21-15

Complete if the organization answered "Yes" or			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	Cost or end-of-year market value
) Financial derivatives		· · · · · · · · · · · · · · · · · · ·	
Closely-held equity interests			
) Other			
(A)			
(B)			
(C)			
(D) (E)		· · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c See Form 990, Part X, I	ine 13
(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
btal (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.	- Faura 000, David NV has		15
Complete if the organization answered "Yes" of	n Form 990, Part IV, line escription	110 See Form 990, Part X, I	(b) Book value
······································	sciption		
(1)		· · · · · · · · · · · · · · · · · · ·	
(2)			
(3)			
(3) (4)			
(3) (4) (5)			
(3) (4) (5) (6)			
(3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8)			
(3) (4) (5) (6) (7) (8) (9)	15)		
(3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line	15)		
(3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line		11e or 11f See Form 990, P	art X, line 25.
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) December of liability	n Form 990, Part IV, line	11e or 11f See Form 990, P (b) Book value	■
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) December of liability	n Form 990, Part IV, line		■
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	n Form 990, Part IV, line		art X, line 25.
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	n Form 990, Part IV, line	(b) Book value	art X, line 25.
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DUE TO AFFILIATE	n Form 990, Part IV, line	(b) Book value	■
(3) (4) (5) (6) (7) (8) (9) Detal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of Irability (1) Federal income taxes (2) DUE TO AFFILIATE (3) (4) (5)	n Form 990, Part IV, line	(b) Book value	art X, line 25.
(3) (4) (5) (6) (7) (8) (9) Detal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) DUE TO AFFILIATE (3) (4)	n Form 990, Part IV, line	(b) Book value	■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DUE TO AFFILIATE (3) (4) (5) (6) (7)	n Form 990, Part IV, line	(b) Book value	art X, line 25.
(3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DUE TO AFFILIATE (3) (4) (5) (6) (7) (8)	n Form 990, Part IV, line	(b) Book value	art X, line 25.
(3) (4) (5) (6) (7) (8) (9) Dotal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) DUE TO AFFILIATE (3) (4) (5) (6) (7) (8) (9)	n Form 990, Part IV, line	(b) Book value	art X, Ime 25.
(3) (4) (5) (6) (7) (8) (9) total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) DUE TO AFFILIATE (3) (4) (5) (6) (7) (8)	n Form 990, Part IV, line	(b) Book value 17,274. 17,274. 17,274.	

532053 09-21-15

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Schedule D (Form 990) 2015 AMERICAN FRIENDS OF A	TERET COHANIM IN	IC. $11-27065$	63 Page 4
Part XI Reconciliation of Revenue per Audited Financial S	Statements With Revenu		
Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a		
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	_2b		
c Recoveries of prior year grants	_2c		
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	_4a		
b Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b		4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part XII Reconciliation of Expenses per Audited Financial	-	ses per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a		
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	I		
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII)	_2d		
e Add lines 2a through 2d		_2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	_4b		
c Add lines 4a and 4b		4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information.	e 18)	5	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1 a ar			
lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide			
PART XI, LINE 2D - OTHER ADJUSTMENTS: DIRECT FUNDRAISING			
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
DIRECT FUNDRAISING			
BOOK/TAX DEPRECIATION			

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Schedule D (Form 990) 2015

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SCHEDULE F Statement of Activities Outside (Form 990) Complete if the organization answered "Yes" on Form						iles –	OMB No 1545-0047	
Department of the 1	reasury			Attach to Form 990.			pen to Public	
Internal Revenue Se	ervice	Information ab	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/fo		spection	
Name of the o	-					Employer identif		
		S OF ATE				11-270656		
			ctivities Out	tside the United States. Compl	ete if the organ	ization answered "	'es" on	
	orm 990, Part I							
•		-		ds to substantiate the amount of its gr the selection criteria used to award th		·	Yes X No	
2 For gran		ribe in Part V the	e organization's	procedures for monitoring the use of it	is grants and o	ther assistance out:	side the	
3 Activities	s per Region (T	he following Part	I, line 3 table ca	an be duplicated if additional space is	needed)		<u>, </u>	
(a) F	legion	(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)	is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region	
					OF JEWISH F	ND OBSERVANCE RELIGIOUS	4.00 005	
JERUSALEM	ISRAEL	0	1	PROGRAM SERVICES	TRADITIONS	AND CULTURE	460,085.	
	-,							
3 a Sub-tota		0	1				460,085.	
	m continuation							
sheets to			0_				0,	

 and 3b)
 0
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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

 SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2015

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c Totals (add lines 3a

2015.05050 AMERICAN FRIENDS OF ATERET 001114_1

Schedule F (Form 990) 2015

AMERICAN FRIENDS OF ATERET COHANIM INC.

11-2706563

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			ENCOURAGE AND PROMOTE THE STUDY AND OBSERVANCE OF JEWISH						
		JERUSALEM, ISRAEL	RELIGIOUS TRADITIONS	0.	CHECK/WIRE	0.	N/A	<u> </u>	
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			<u> </u>			<u> </u>			
								<u> </u>	
				l					
								<u>}</u>	
			[l				
			recognized as charities by the	foreign country,	recognized as tax-ex	kempt by			
			n 501(c)(3) equivalency letter			► .			
3 Enter total number of	Enter total number of other organizations or entities								

SEE PART V FOR COLUMN (D) DESCRIPTIONS

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Schedule F (Form 990) 2015

Schedule F	(Form 990)	2015

Page 3

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Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description assistance (a) Type of grant or assistance (b) Region (c) Number of (c) assistance (c) Number of (c) assistance (c) Number of (c) assistance (c) Number of (c) assistance (c) Number of (c) assistance (c) Amount of (c) assistance (c) Amount of (c) assistance

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1		

Schedule F (Form 990) 2015

Sched	ule F (Form 990) 2015 AMERICAN FRIENDS OF ATERET COHANIM INC.	11-2706563 Page 4
Part	IV Foreign Forms	
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes 🔀 No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes X No

Schedule F (Form 990) 2015

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Schedule F (Form 990) 2015 AMERICAN FRIENDS OF ATERET COHANIM INC. 11-2706563 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
PART I, LINE 2:
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. AFTER 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.
PART I, LINE 3, COLUMN (E):

REGION: JERUSALEM, ISRAEL

(E) SPECIFIC TYPES OF SERVICES IN REGION: 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.

PART II, COLUMN (D):

REGION: JERUSALEM, ISRAEL

(D) PURPOSE OF GRANT: 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.

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Schedule F (Form 990) 2015

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SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service		'Yes" on Form 990, F e than \$15,000 on Fo Form 990 or Form 99	Part IV, lines 17, 18, orm 990-EZ, line 6a. 90-EZ.	or 19, or if the	OMB No 1545-0047
Name of the organization	► Information about Schedule G (Form 990 of AMERICAN FRIENDS OF			Employer id 11-270	lentification numbe
	g Activities. Complete if the organization				
 a X Mail solicitation b Internet and end c X Phone solicitation d In-person solicitation 2 a Did the organization here key employees listed b If "Yes," list the ten here 	nail solicitations f	Solicitation of non- Solicitation of gove Special fundraising Individual (including o ion with professional	overnment grants rnment grants events officers, directors, true fundraising services?	stees or	
(I) Name and address o or entity (fundrai		(III) Did fundraiser have custody or control of contributions?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser listed in col (i)) (vi) Amount paid to (or retained by organization
		Yes No			
			-		
	1				
	the organization is registered or licensed	to solicit contribution	s or has been notifie	d it is exempt from	registration
or licensing		······		<u>_</u>	
			- · · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·		
			<u></u>	Cabadula C (Cara	990 or 990-EZ) 20
LHA For Paperwork Redu	uction Act Notice, see the Instructions	tor Form 990 or 990	EZ.	Schedule G (Form	1990 01 990-EZ) 20

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Schedule G (Form 990 or 990 EZ) 2015 AMERICAN FRIENDS OF ATERET COHANIM INC. 11-2706563 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
				(4)	(0)	(d) Total events (add col (a) through
			CONCERT		1	col (c)
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	266,235.			266,235.
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	266,235.			266,235.
	4	Cash prizes				
sə	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Ц	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary Add lines 4 through	h 9 in column (d)		•	
-		Net income summary Subtract line 10 from I			>	266,235.
Pa	nt		answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990 EZ, line 6a	1	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
eve						
£	1	Gross revenue				
Ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
i	6	Volunteer labor	No	No	No	
	7	Direct expense summary Add lines 2 through	h 5 in column (d)		►	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		►	
						•
9	En	ter the state(s) in which the organization condi	ucts gaming activities	·····		
		he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	lf "	No," explain				
	_					
10a	We	re any of the organization's gaming licenses re		rminated during the tax	 vear?	Yes No
		Yes," explain		-	,·	
	_					
5320	32 01				Schedule G (Fo	rm 990 or 990-EZ) 2015

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	edule G (Form 990 or 990 EZ) 2015 AMERICAN FRIENDS OF ATERET COHANIM INC. 11-2	2706563 Yes	Page 3
	Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	L res	
	to administer charitable gaming?	🗌 Yes	🗔 No
13	Indicate the percentage of gaming activity conducted in		
	The organization's facility	13a	%
) An outside facility	13b	%
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 from whom the organization receives gaming revenue?	Yes	No No
t	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \blacktriangleright \$		
C	: If "Yes," enter name and address of the third party		
	Name		
	Address		<u> </u>
16	Gaming manager information		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions It is the organization required under state law to make charitable distributions from the gaming proceeds to		
c	retain the state gaming license?	🔲 Yes	No No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
[D _	organization's own exempt activities during the tax year s		
[Fa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)	ines 9, 9b, 1	UD, 15D,
		<u> </u>	
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5320	83 09-14-15 Schedule G (For	n 990 or 99)-EZ) 2015
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04	0313 763467 001114.0 2015.05050 AMERICAN FRIENDS OF ATERE	T. 00T	114_1

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<u>chedule G</u>	(Form 990 or 990-EZ) Supplemental Info	AMERICAN	FRIENDS	OF Z	TERET	COHANIM	INC.	11-27	<u>06563</u>	Page
art IV	Supplemental Info	ormation (continue	d)							
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SCHEDULE O (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.

Open to Public Inspection

OMB No 1545-0047

AMERICAN FRIENDS OF ATERET COHANIM INC.

Employer identification number 11-2706563

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INSTITUTIONS IN THE STATE OF ISRAEL, AND TO RAISE FUNDS FOR THEIR

BENEFIT.

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 THROUGH 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 EXPERTS 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 STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST DURING

REGULAR BUSINESS HOURS AT THE LOCATION SPECIFIED IN PART VI, SECTION C,

LINE 20.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15 Schedule O (Form 990 or 990-EZ) (2015)

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2015.05050 AMERICAN FRIENDS OF ATERET 001114_1

Schedule O (Form 990 or 990 EZ) (2015) Name of the organization AMERICAN FRIENDS OF ATERET COHANIM INC.	Page Employer identification numbe 11-2706563
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	76 469
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	76,468
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	76,468
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ADJUSTMENTTO BALANCE PREVIOUS RETAINED EARNINGS	-2,000
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	·····
	edule O (Form 990 or 990-EZ) (201