Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047 2011

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

\overline{A}	For the 2011 c	alendar year, or tax year beginning Jul 1 , 2011, and ending	Jun	30		2012
	Check if applicable	C Name of organization FRIENDS OF HATIKVAH INTERNATIONAL CHARTER SCHOOL	- 1			cation Number
_	Address chang			45-2	26923	59
	Name change	Number and street (or P O box if mail is not delivered to street addi) Room/sui	te	E Telepho		
	X Initial return	6 EAST 39TH. STREET 10TH		(21)	2) 79	2-6238
	Terminated	City, town or country State ZIP code + 4		<u>, , , , , , , , , , , , , , , , , , , </u>		
	Amended retu			G Cross r	acounte S	260,275.
	Ħ	- lu	(a) Is this a			
	Application pe	Training 1 - Value and address of principles officer	(b) Are all a	-		Yes No
_	T		II 'No,' a	itlach a list.	(see instr	
Ļ.	Tax exempt stat					
7	Website: ►		(c) Group e			
K	Form of organiza		n 2011	<u>M</u> s	tale of leg	gal domicile. NJ
Pa	rt I Sum					
	1 Briefly d	escribe the organization's mission or most significant activities Friends o	f Hat:	kvah_	Inte	rnational
ė	<u>Acade</u>	my Charter School, Inc. was established to assist	_the_	<u>нагтк,</u>	<u>ran I</u>	nternational
ğ		my Charter School in improving the quality of edu		ū _tor	_the_	culfarem in
Governance		Brunswick, New Jersey and surrounding communities				
õ		is box I if the organization discontinued its operations or disposed of more	than 25%	6 of its ne		S.
		of voting members of the governing body (Part VI, line 1a)	• • •		3	
es		of independent voting members of the governing body (Part VI, line 1b)	•		5	0
Ž		mber of individuals employed in calendar year 2011 (Part V, line 2a) .		•	6	
Activities		mber of volunteers (estimate if necessary) related business revenue from Part VIII, column (C), line 12			7a	
_		lated business taxable income from Form 990-T, line 34			7b	
	b Net une	lated business taxable income noni i oni 1 990-1, line 34	Di	ior Year	' ' ' 	Current Year
	8 Contribu	tions and grants (Part VIII, line 1h)		tor rear		260,275
e e		service revenue (Part VIII, line 2g)				
eu	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)				
Revenue	I	venue (Part VIII, column (A), lines 5, 4, and 70)	·			
_		venue — add lines 8 through 11 (must equal Patt Alf-column (A), line 12)				260,275.
		and similar amounts paid (Part IX, column (A), lines +3)/ED			-+	
	14 Deposits	paid to or for members (Part IX, commin (A), line 4)	-			
	14 Benefits	paid to or for members (Part IX, County) (A), line 4)				
ø	15 Salaries	, other compensation, employee benefits (Pallin, golumn (A), lines 5-10)	<u> </u>			
nse	16a Professi	onal fundraising fees (Part IX, columnL(A), line TTe)				
Expenses	b Total fur	ndraising expenses (Part IX, column (D), (I) exp				
ш	17 Other ex	penses (Part IX, column (A), lines 11a-11d, 111-24e), UT .				130,169.
	18 Total ex	penses Add lines 13-17 (must equal Part IX, column (A), line 25)				130,169.
	l	e less expenses. Subtract line 18 from line 12.				130,106
88			Beamnin	g of Currer	t Year	End of Year
ote or lances	20 Total as	sets (Part X, line 16)		Z		347,840.
Not Ass Fund Bot	21 Total lia	bilities (Part X, line 26)				217,734.
9,5	33 Not 200				- 1-	130,106.
_	·	ets or fund balances Subtract line 21 from line 20	l	.		130,100.
		ature Block				
Und	er penalties of perjudies of perjudies declaration (ry, I declare that I have examined this return, including accompanying schedules and statements, and to th I preparer (other than offiger) is based on all information of which preparer has any knowledge	e best of my	/ knowledge	and belie	f, it is true, correct, and
	,	(Chaat)		5	-/1/	148 201
6.	 	Senature of officer	Dat	1 2	/) 4 De 201
Sig	gn /	FLI SCHAAP				
He		1 1 - 1				
		Type or print name and title				
	Print	Type preparer's name Preparer's signature				
Pa		IGBENGA OLABINTAN, CPA				
		s name DUGBENGA OLABINTAN, CRA				
Us	e Only _{Firm}	s address 137 CAMDEN ST #3				
	1	NEWARK				
Us —	se Only Firm	s address 137 CAMDEN ST #3				

BAA For Paperwork Reduction Act Notice, see the separate instruction

Form 990 (2011) FRIENDS OF HATIKVAH INTERNATIONAL CHARTER SCHOOL, INC.	45-2692359	Page 2
Part III Statement of Program Service Accomplishments		_
Check if Schedule O contains a response to any question in this Part III		
Briefly describe the organization's mission		
Friends of Hatikvah International		
Academy Charter School, Inc. was established to assist the	<u> Hatikvah Internatio</u> r	al
See Form 990, Page 2, Part III, Line 1 (continued)		
2 Did the organization undertake any significant program services during the year which were not list	ed on the prior	
Form 990 or 990-EZ?	🗍 Yes 🛭	No No
If 'Yes,' describe these new services on Schedule O.		
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	m services? TYes	No Is
If 'Yes,' describe these changes on Schedule O.		
4 Describe the organization's program service accomplishments for each of its three largest program	services as measured by exper	nses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report to others, the total expenses, and revenue, if any, for each program service reported	the amount of grants and allocati	ions to
4a (Code) (Expenses \$ 123,956. including grants of \$	0.)(Revenue \$	0.)
The Organization assisted Hatikvah International Academy Ch.		······································
School in its mission of improving the education for the ch		
of East Brunswick, New Jersey and its surrounding communiti		
was accomplished by a donation of \$123,956 to the Charter S	CHOOI.	
		
4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
	_	
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
To code:		
		
4d Other program services (Describe in Schedule O)		
(Expenses \$ including grants of \$) (Reven	ue \$)	
4e Total program service expenses ► 123,956.		

TEEA0102 07/05/11

Form 990 (2011)

BAA

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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 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 Х 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 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 х Part I . 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes.' complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 х Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV 9 Х Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11 a X b Did the organization report an amount for investments- other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 11 b c 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 11 c X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX 11 d X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X . . . 11e Х 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 . . . 11 f X 12a 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, XII, and XIII is optional 12b Х X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 14a Х 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV . . 16 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 Х 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 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 X 20 X 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H

20 b

bif 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part	TV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	. 22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		x
		23		
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	_	
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	. 24d	<u> </u>	<u> </u>
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L , $Part\ l$. 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	. 25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	. 26		х
	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		х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	,		
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
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		х
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		х
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, Parts II, III, IV, and V, line 1	34	x	
35 a	line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	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		x
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		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 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	n 990 ((2011)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan Schedule O. See instructions.	low, a ges i	and f n	for
Check if Schedule O contains a response to any question in this Part VI			х
Section A. Governing Body and Management			
		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent . [1b] 5	↓		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		х
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		х
4 Did the organization make any significant changes to its governing documents			
since the prior Form 990 was filed?	4		Х
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		Х
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		х
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		x
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			i .
a The governing body?	8a	х	
b Each committee with authority to act on behalf of the governing body?	8b	Х	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			•
		Yes	No
10 a Did the organization have local chapters, branches, or affiliates?	10a		х
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			L
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	x	
	124	-	
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	х	v
13 Did the organization have a written whistleblower policy?			X
14 Did the organization have a written document retention and destruction policy?	14		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	ļ
b Other officers of key employees of the organization	15b	X	ļ
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		х
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Section C. Disclosure	<u>, 100</u>		
17 List the states with which a copy of this Form 990 is required to be filed ► New Jersey			
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply	ailable	for pu	ublic
Own website Another's website X Upon request			
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available public during the tax year			
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organ Eli Schaap 6 Bant 39th. Street, 10th F1 New York NY 10016 (2	12)_7	<u> 192-</u>	
BAA MARKANA ANDANA	Cara	000	(2011

1										
Form 990 (2011) FRIENDS OF HATIKVAH	INTERNAT	CIONAL C	HART	ER	SCHOO	DL,	INC.	45-2692	359	Page 7
Part VII Compensation of Officers Independent Contractors	, Direct	ors, Tru	ıste	es,	Key	En	ployees, Highes	t Compensated E	mployees,	and
Check if Schedule O contains a										<u> </u>
Section A. Officers, Directors, Tru	stees, k	(ey Emp	oloy	ee	s, an	d H	ighest Compens	ated Employees		
1 a Complete this table for all persons requorganization's tax year.										
• List all of the organization's current compensation. Enter -0- in columns (D), (E),	officers, d and (F) i	rectors, to	ruste ensa	es ((wheth was p	ner ir paid	idividuals or organiza	tions), regardless of a	mount of	
	 List all of the organization's current key employees, if any See instructions for definition of 'key employee.' 									
 List the organization's five current hereeved reportable compensation (Box 5 of related organizations. 	 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 of reportable compensation from the organization	officers, ke on and an	y employ y related	ees, orga	and nıza	l highe tions	est c	ompensated employe	es who received more	than \$100,00	0 of
 List all of the organization's former organization, more than \$10,000 of reportable 	lirectors o	r trustees sation fro	s tha m the	t red e or	ceived ganıza	l, in ation	the capacity as a forn and any related orga	ner director or trustee anizations	of the	
List persons in the following order: individual employees, and former such persons	trustees	or director	rs, ın	stitu	utional	trus	tees, officers, key en	nployees, highest com	pensated	
Check this box if neither the organization	nor any r	elated org	janiz	atıo	n com	pen	sated any current offi	cer, director, or truste	e	
			(0	;)						
(A) Name and title	(B) Average hours per week	(do not che unless pe and a	rson is	ore the	an one l n an offic ustee)	box, cer	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of of compensations	lher
	(describe hours for related organiza- tions in Schedule O)	inshlutional faister advictud truster or director	Officer	del employee	High est cointensate	Funner	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organizatio and relate organizatio	on ed

Pai	t viii Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns				
PROGRAM SERVICE REVENUE CC	b C d d d d d d d d d d d d d d d d d d	260,275.			
PROGRA	f All other program service revenue				
	3 Investment income (including dividends, interest and other similar amounts)				
	d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)				
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less. direct expenses c Net income or (loss) from fundraising events				1.77 1887
	9a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances				
	11a b c				
	d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions	260,275.			

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a re	sponse to any question	ın this Part IX		
	not include amounts reported on lines 7b, 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 governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				, , ,
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits .				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
ł	Legal				
	: Accounting	6,000.	0.	6,000.	0.
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other				
	Advertising and promotion				
13	Office expenses .	107.	0.	107.	0.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		·		
20	Interest				
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization .		·		
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 O.)				
ŧ	Donations to Charter School	123,956.	123,956.	0.	0.
١	Other costs	106.	0.	106.	0.
(
(<u></u>				
•	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	130,169.	123,956.	6,213.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► if following				
	SOP 98-2 (ASC 958-720)				

BAA

Part X Balance Sheet (A) Beginning of year (B) End of year 1 139,572. Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net . 4 Receivables from current and former officers, directors, trustees, key employees, 5 5 and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 208,268. Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 c 10b **b** Less: accumulated depreciation 11 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets . . 15 Other assets See Part IV, line 11 . . 15 ο. 16 347,840. Total assets. Add lines 1 through 15 (must equal line 34) 17 117,734. Accounts payable and accrued expenses . 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties ... 24 24 Unsecured notes and loans payable to unrelated third parties 100,000. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 0. 217,734. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 27 130,106. Unrestricted net assets 28 28 Temporarily restricted net assets . . . 29 29 Permanently restricted net assets R Organizations that do not follow SFAS 117, check here lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances . 0. 33 130,106. ٥.١ 34 347,840. 34 Total liabilities and net assets/fund balances . Form 990 (2011)

TEEA0111 07/06/11

Form 990 (2011) PRIENDS OF HATIKVAH INTERNATIONAL CHARTER SCHOOL, INC.	45-26923	59	Pa	age 12
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response to any question in this Part XI	<u></u>	,	<u></u>	\Box
1 Total revenue (must equal Part VIII, column (A), line 12)	. 1	_2	60,2	275.
2 Total expenses (must equal Part IX, column (A), line 25)	2	1	30,1	69.
3 Revenue less expenses. Subtract line 2 from line 1	3	1	30,1	106.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4			
5 Other changes in net assets or fund balances (explain in Schedule O)	. 5			
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	. 6	1	30,1	106.
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response to any question in this Part XII	<u></u>	····		للہ
			Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		_		'
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				-
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		х
b Were the organization's financial statements audited by an independent accountant?		. 2b	х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?	t of the audit,	2c	х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both:	issued on a			
X Separate basis Consolidated basis Both consolidated and separate basis		1 1		1
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a		x
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	. 3b		
BAA		Form	990 ((2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FRI	ENI	os c	F HA	TIKV	HA	INT	ERNA	TIONA	AL (CHAR!	CER S	CHO	OL, I	NC.			45-26	9235	9		
Par	t I	Rea	son f	or Pul	blic	Cha	rity S	tatus	(All	orga	nızatıo	ns r	must c	omple	te this	part.)	See ir	nstruct	ions.	·	
The c	rgar	nizatio	on is no	t a priv	ate 1	founda	ation b	ecause	ıt ıs:	(For li	nes 1 th	rougl	h 11, ch	eck only	y one be	ox)					
1		A chi	urch, co	nventic	n of	churc	hes o	associ	ation	of chu	rches de	escril	bed in s	ection	170(b)(1)(A)(i).					
2		A sch	nool de:	scribed	ın s	ection	170(b)(1)(A)(ii). (Attach	Schedul	e E.))								
3		A hos	spital o	r a coop	oera	tive h	spital	service	orga	nızatı	n descri	ibed	ın secti	on 170(b)(1)(A)	(iii).					
4		A me	dical re	esearch	org	anızat	ion op	erated i	n cor	njunctio	on with a	a hos	pital de	scribed	ın secti	on 170(l	b)(1)(A)(iii). Ente	er the hosp	ıtal's	
		name	e, city,	and sta	te:										_			. .			
5		170(t	o)(1)(A)	(iv). (C	omp	olete P	art II))									nental u	nit desci	ribed in sec	tion	
6	Ц	A fed	ieral, si	ate, or	loca	I gove	rnmer	it or gov	vernn	nental	unit desc	cribe	d in sec	tion 17	0(Ь)(1)(A)(v).					
7		ın se	ction 1	70(Ь)(1)	(A)	vi). ((Comple	ete Part	i II)						ernmen	iai unit d	or trom to	ne gene	ral public d	escrib	ea
8	\mathbb{H}			-). (Comp		_								
9	_	from inves June	activiti stment i 30, 19	es relat income 75 See	ed to and sec	unrel unrel tion 5	xempt ated b i09(a)(functioi usiness 2). (Con	ns — taxa nplet	subjec ble inc e Part	t to cert ome (les III)	ain e ss se	exception ection 51	ns, and 1 tax) f	(2) no r rom bus	nore tha sinesses	acquire	s% of its	, and gross support from organizati	om arc	oss
10	Ш										test for										
11		more	public	lv supp	orted	i orga	nızatıc	ins desc	cribed	in se	r the ber stion 509 plete lin	9(a)(or se 	ction 50	19(a)(2)	ions of, See se	or carry ction 50	out the 9(a)(3).	purposes of Check the	of one box th	or nat
		_	Type I			b		pe II					- Funct			ed		d 🗌	Type III -	- Othe	٢
е		By clother	hecking than foon on 509	this boomeation	x, I on m	certify nanagi	that ters an	he orga d other	nızat than	ion is i	not contr more p	ollec ublic	durectly ly suppo	or indi	rectly by	y one or ons desc	more di cribed in	squalific section	ed persons 509(a)(1)	or	
f		If the		zation	rece	ived a	writte	n deterr	mınat	ion fro	m the IR	RS th	at is a T	ype I, T	ype II c	r Type I	II suppo	rting org	janization,		
g		Since	e Augus	st 17, 2	006,	has t	he org	anızatıo	n ac	cepted	any gift	or c	contribui	lion fron	n any of	the follo	owing pe	ersons?			
				•	·										_					Yes	No
		(i)	A pers	on who	dıre vern	ectly o	r indir	ectly co the sup	ntrol: porte	s, eithe d orga	r alone nization	or to	gether v	vith pers	sons de	scribed i	ın (ıı) an	id (III)	11 g (i)		
		(ii)	A fam	ıly men	nber	of a p	erson	describ	ed in	(ı) ab	ove?								11 g (ii)		
		(iii)	A 35%	contro	iled	entity	of a p	erson d	lescri	bed in	(i) or (ii)) abo	ove?						11 g (iii)		
h		Prov	ide the	followir	ng in	forma	tion at	out the	supp	oorted	organiza	ation((s).							_	
		(i) Na	me of sup organizati	ported on			(ii) EIN		7	above or	organization lines 1- IRC section ructions))	n	column (ı	ation in) listed in verning	the organ	you notify nization in in (i) of upport?	organiz colur organize	s the ation in nn (i) ed in the 5 ?	(vii) Amou	nt of sup	oport
													Yes	No	Yes	No	Yes	No			
(A)						-	-														
(B)											·										
(C)																					
					\dagger					-											
(D)				·	+																
(E)_					+									<u>-</u>							
Tata												- 1			1	1		}			

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990 EZ) 2011 FRIENDS OF HATIKVAH INTERNATIONAL CHARTER SCHOOL, INC. 45-2692359 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)

<u>Sec</u>	tion A. Public Support						
Caleı begir	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')	0.	0.	0.	0.	260,275.	260,275.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	0.	0.	0.	0.	260,275.	260,275.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	•					260,275.
Sec	tion B. Total Support	Υ		· · · · · · · · · · · · · · · · · · ·			
	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	0.	0.	0.	0.	260,275.	260,275.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						260,275.
12	Gross receipts from related activ	ities, etc (see inst	ructions) .			12	
	First five years. If the Form 990 organization, check this box and	stop here	•	i, third, fourth, or i	fifth tax year as a		► 🛭
Sec	tion C. Computation of Pu	blic Support F	Percentage				
	Public support percentage for 20	• •	•	: 11, column (f)) .	• •	14	%
15	Public support percentage from 2	2010 Schedule A,	Part II, line 14		•	. 15	%_
16 a	33-1/3% support test — 2011. If to and stop here. The organization	the organization di qualifies as a pub	d not check the bo licly supported org	ox on line 13, and janization	the line 14 is 33.	1/3% or more, che	ck this box
t	b 33-1/3% support test — 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17 a	17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization						
	b 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.						
	Private foundation. If the organiz	zation did not che	ck a box on line 1.	s, 16a, 16b, 1/a, c			
BAA					50	thedule A (Form 9)	っし ひこ ツッし・こと) とひしし

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.)

Sect	ion A. Public Support							
Calend	ar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	1	(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 performed, 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 business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or							
-	facilities furnished by a governmental unit to the organization without charge							
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6.)							
Sect	tion B. Total Support							
Calend	lar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	<u>!</u>	(f) Total
9	Amounts from line 6				<u> </u>	ļ <u>.</u>		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable							
	income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated 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 IV.)							
13	Total support. (Add Ins 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 organization, check this box and	is for the organiza	tion's first, second	d, third, fourth, or	fifth tax year as a	section 501	(c)(3) · · ·	▶ 🗆
	tion C. Computation of Pu							
15	Public support percentage for 20	111 (line 8, column	(f) divided by line	e 13, column (f))			15	%
16	Public support percentage from 2	2010 Schedule A,	Part III, line 15		<u></u>		16	ૠ
Sec	tion D. Computation of Inv	estment Incor	ne Percentag	е				
17	Investment income percentage for	or 2011 (line 10c,	column (f) divided	by line 13, colur	nn (f))		17	ૠ
18	Investment income percentage fi					• •	18	ૠ
	33-1/3% support tests — 2011. If is not more than 33-1/3%, check	this box and stop	nere. The organi	zation qualifies a	s a publicly suppo	rtea organiza	ation	٠٠ - ١٠
	33-1/3% support tests - 2010. If line 18 is not more than 33-1/3%	, check this box a	n d stop here. The	organization qua	alifies as a publicly	supported o	organizat	i‰, and ion ►
20	Private foundation. If the organiz	zation did not ched	ck a box on line 1	4, 19a, or 19b, ch	eck this box and	see instruction	ons .	>

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
-	
 	·
 	·

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

FRI	ENDS OF HATIKVAH INTERNATION	AL CHARTER SCHOOL,	INC.	45-2692359
Par	t I Organizations Maintaining Dono	r Advised Funds or Oth	er Similar Fun	ids or Accounts. Complete if
	the organization answered 'Yes' t	to Form 990, Part IV, line	e 6.	
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and don funds are the organization's property, subject to	or advisors in writing that the to the organization's exclusive	assets held in dor legal control? .	nor advised Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	he benefit of the donor or donorit?	or advisor, or for a	ny other Yes No
Pai	t II Conservation Easements. Comp	lete if the organization a	nswered 'Yes'	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by Preservation of land for public use (e g , re Protection of natural habitat Preservation of open space	ecreation or education)	Preservation of Preservation of	of an historically important land area of a certified historic structure
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservatio	n contribution in t	ne form of a conservation easement on the
	last day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			2a
	Total number of conservation easements Total acreage restricted by conservation easer	mente	• •	2b
	: Number of conservation easements on a certif		.n (a)	. 2c
			• •	
(l Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, af	nd not on a histori	c . 2d
3	Number of conservation easements modified, tax year ►	transferred, released, extingui	shed, or terminate	d by the organization during the
4	Number of states where property subject to co	nservation easement is locate	d ►	<u></u>
5	Does the organization have a written policy rea and enforcement of the conservation easement	garding the periodic monitoring its it holds?	g, inspection, hand	dling of violations, Yes No
6	Staff and volunteer hours devoted to monitorin	ng, inspecting, and enforcing c	onservation easen	nents during the year
7	Amount of expenses incurred in monitoring, in ► \$	specting, and enforcing conse	rvation easements	s during the year
8	Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	• •		. L. Yes L. No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements.	orts conservation easements of the organization's financial s	in its revenue and statements that de	expense statement, and balance sheet, and scribes the organization's accounting for
Pa	organizations Maintaining Colle Complete if the organization ans	ections of Art, Historica swered 'Yes' to Form 990	l Treasures, o D, Part IV, line	r Other Similar Assets. 8.
1:	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finan	s held for public exhibition, edi	ucation, or researd	ue statement and balance sheet works of th in furtherance of public service, provide,
1	b If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items	SFAS 116 (ASC 958), to repo ld for public exhibition, educat	ort in its revenue s ion, or research in	tatement and balance sheet works of art, furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII,	line 1		> \$
	(ii) Assets included in Form 990, Part X .			. > \$
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or othe	r sımılar assets fo	r financial gain, provide the following
i	a Revenues included in Form 990, Part VIII, line	:1		. > \$
	b Assets included in Form 990, Part X			

Schedule D (Form 990) 2011 FRIEND	OS OF HATIKY	AH INT	ERNATIONAL CH	IARTE	SCHOOL, INC.		45-2692	359_		Page 2
Part III Organizations Mainta	ining Colle	ctions	of Art, Histo	orical	Treasures, o	r Other S	imilar Asse	ets (c	ontinu	ed)
3 Using the organization's acquisition items (check all that apply):	on, accession	, and ot	ner records, che	ck any	of the following t	that are a s	significant use	of its c	ollectio	n
a Public exhibition			d 🔲 Loan	or excl	nange programs					
b Scholarly research			e 🗌 Other			_				
c Preservation for future general	ations									
4 Provide a description of the organ Part XIV.	nization's colle	ections a	and explain how	they fo	urther the organiz	ation's exe	mpt purpose i	n		
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or i	receive	donations of art,	histor	ical treasures, or	other simil	ar r	Yes	Г	No
Part IV Escrow and Custodia									Part	
line 9, or reported an	amount on	Form	990, Part X,	line 2	21.	13WCI Cu	163 10 1 011	11 330	, i ait	,
1a Is the organization an agent, trus included on Form 990, Part X?	itee, custodiar	n, or oth	er intermediary f	for con	tributions or othe	r assets no	t r	Yes	Г	
b If 'Yes,' explain the arrangement						•		1es	L	7 140
				g 1.2	•			Amouni	1	
c Beginning balance .						1c				
d Additions during the year						1d				
e Distributions during the year						1e				
f Ending balance						. 11				
2a Did the organization include an a	mount on Fori	m 990, f	Part X, line 21?				, ,	Yes		No
b If 'Yes,' explain the arrangement										
Part V Endowment Funds. Co	omplete if t	he org	anization ans	swere	d 'Yes' to For	m 990, F	Part IV, line	10.		
	(a) Current	year	(b) Prior yea	r	(c) Two years back	k (d) Ti	ree years back	(e) (our years	back
1 a Beginning of year balance .										
b Contributions										
c Net investment earnings, gains, and losses										
d Grants or scholarships										
 Other expenditures for facilities and programs . 										
f Administrative expenses .										
g End of year balance .	Ĺ									
Provide the estimated percentage	e of the curren	nt year e	nd balance (line	1g, co	olumn (a)) held as	s.				
a Board designated or quasi-endow	vment 🟲		<u> </u> 8							
b Permanent endowment >	%	;								
c Temporarily restricted endowmer			_%							
The percentages in lines 2a, 2b,	and 2c should	l equal 1	00%.							
3a Are there endowment funds not in	n the possess	ion of th	e organization tl	hat are	held and admini	stered for t	he	Г	1	
organization by								2.0	Yes	No
(i) unrelated organizations . (ii) related organizations .	•				•••		• •	3a(i)		
•					na		••	3a(ii)		
b If 'Yes' to 3a(ii), are the related ofDescribe in Part XIV the intended	-							3b	i	
Part VI Land, Buildings, and										
Description of property	Equipment		t or other basis		Cost or other	(c) Acc	umulated	(d) [Book va	
Description of property			vestment)		asis (other)		ciation	(0)	JUUK VA	
1a Land										
b Buildings										
c Leasehold improvements .										
d Equipment										
e Other		L								
Total. Add lines 1a through 1e (Column	ın (d) must eq	ual Forn	n 990, Part X, co	olumn	(B), line 10(c).)		<u>.</u> . ▶			
BAA							Schedu	ıle D (F	orm 99	0) 2011

Sch	edule D (Form 990) 2011 FRIENDS OF HATIKVAH INTERNATIONAL CHARTER SCHOOL, INC.	45-2692359	Page 4
	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		260,275.
2	Total expenses (Form 990, Part IX, column (A), line 25)		130,169.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		130,106.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments	··	
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
10			130,106.
	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements	. 1	260,275.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	` 	200,273.
_	a Net unrealized gains on investments		
	b Donated services and use of facilities	 	
	, and the second		
	d Other (Describe in Part XIV.)		
_	e Add lines 2a through 2d	2 e	
3		3	260,275.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	a Investment expenses not included on Form 990, Part VIII, line 7b . 4a .		
	Other (Describe in Part XIV.)		
	C Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. 5	260,275.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	130,169.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	a Donated services and use of facilities		
	b Prior year adjustments		
	C Other losses	7	
	d Other (Describe in Part XIV)	_	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	130,169.
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		
	b Other (Describe in Part XIV)		
	c Add lines 4a and 4b	4 _C	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	. 5	130,169.
	rt XIV Supplemental Information		
Con	pplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also compleadditional information.	V, lines 1b and 2b, ete this part to prov	ıde
	~		
	·	·	
	~		
	<u></u>		
	·		
	~		
	·		

TEEA3304 05/25/11

Schedule **D** (Form 990) 2011

BAA

Schedule D (Form 990) 2011	FRIENDS OF HATIKVAH INTERNATIONAL CHARTER SCHOOL, INC.	45-2692359	Page 5
Part XIV Supplementa	FRIENDS OF HATIKVAH INTERNATIONAL CHARTER SCHOOL, INC. I Information (continued)		
			- -
			. .
			. _
			 -

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

(10)

Transactions With Interested Persons

➤ Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public

Name of the	organization					Employer	ientilica	ition nu	mper			
FRIEND	S OF HATIKVAH INTERNAT											
Part I	Excess Benefit Transaction	s (sect	tion 50	1(c)(3) and section	501(c)(4) orga	nizations	only	/).				
	Complete if the organization answe	red 'Yes	on Forr	n 990, Part IV, line 25a	or 25b, or Form 99	90-EZ, Part	V, lin	e 40b.				
1	(a) Name of disqualified person				(b) Description of transa	ction				(c) Corr	ected?	
					· · · · · · · · · · · · · · · · · · ·					Yes	No	
(1)										<u> </u>		
(2)										└		
(3)												
(4)												
(5)												
(6)	<u> </u>											
sect	er the amount of tax imposed on the oion 4958			•	sons during the ye	ar under	> \$					
Part II	Loans to and/or From Intere											
(1 41 (11	Complete if the organization answer				Form 990-EZ, Part	V. line 38a						
(a)	Name of interested person and purpose	(b) Loar	to or from anization?		(d) Balance due		(e) in default?		ult? (f) Approved by board or committee?		ritten ment?	
		То	From	1		Yes	No	Yes	No	Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)		Ì										
(10)		1			<u> </u>		<u></u>		<u> </u>	igsquare		
Total .				. ▶\$						·		
Part III	Grants or Assistance Bene											
	Complete if the organization answer	red 'Yes'	on Form	1 990, Part IV, line 27.								
	(a) Name of interested person		(b) Relation	nship between interested person the organization	and	(c) Amoun	t and ty	pe of as	sistanci	9		
(1)												
(2)												
(3)												
(4)			-									
(5)						•						
(6)												
(7)												
(8)												
(9)												

Complete if the organization answer			1	(4) (1)	uie-
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	zation nues?
(1) Hatikvah Charter School	Affiliate	123.956.	Donations to the Charter School	103	X
(2)	Allilace	123,330.	Donations to the charter benoef		
(3)					
(4)					
(5)					
(6)		_ 			_
<u>(7)</u>					
(8)					-
<u>(9)</u> (10)	 			 -	
Part V Supplemental Information			1	·	L
Complete this part to provide addition	nal information for responses	to questions on Scheo	dule L (see instructions).		
	± ±				
			_	. _	
			- 		
		 			
				. 	
				-	
					
				· -	
				·	
				·	
				· — — — — — — — — — — — — — — — — — — —	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization	Employer identification number
FRIENDS OF HATIKVAH INTERNATIONAL CHARTER SCHOOL, INC.	45-2692359
Pt VI, Line 11a Forms 990 are reviewed by all board members of	the
Organization before filing with the IRS	
Pt VI, Line 12c The Board of the Organization adheres to its ad	lopted
'Conflict of Interest" policy.	
Pt VI, Line 15 The Organization is new and currently do not ha	ve_employees
When it does, the Board plans to review and a	pprove_all
employees salaries including those of mana	gement staff.
Pt VI, Line 19 All governing documents, conflict of interest p	oolicy and
financial statements are available to the	public upon reguest.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2011

2011

Department of the Treasury Internal Revenue Service ► Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

FRIENDS OF HATIKVAH INTERNATIONAL CHA	ARTER SCHOOL, INC							45-26923		mou	
Part I Identification of Disregarded Entities (C			ed 'Ye	s' to Form 9	90, F	Part IV, line	33.)				
(a) Name, address, and EIN of disregarded entity	(b) Primary a	activity Le	(c) Legal domicile (state or foreign country)		(d) Total income		(e) End-of-year assets		Direct contentity		lling
(1)											
(2)											
(3)									<u></u>		
					071	A- F 006	<u> </u>			4 1	
Part II Identification of Related Tax-Exempt Or one or more related tax-exempt organization.	ganizations (Complet at the tax y	e if the organ ear.)	ization	answered	Yes	to Form 990), Part	1V, line 34 b	ecaus	е и па	a
(a) Name, address, and EIN of related organization	(b) Primary activity	b) (c) / activity Legal domicit or foreign co		(d) Exempt Co section			y status (f) Direct controlling entity		lling	controlled	
(1) Hatikvah International Academy Charter School 367 Cranbury Street East Brunswick, NJ 08816 27-1102088	Charter School	NJ		501(c)3		7		N/A		Yes	No X
(2)							į				
<u>(3)</u>											
(4)						*******					

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)

				T.,	·
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No
1 During the tax year did the organization engage in any of the following transactions with one or more related organization					
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity .			. <u>1a</u>	ļ	X
b Gift, grant, or capital contribution to related organization(s)	•••		. 1 b	X	
c Gift, grant, or capital contribution from related organization(s)			1c	 	X
d Loans or loan guarantees to or for related organization(s)			<u>1d</u>	 	X
e Loans or loan guarantees by related organization(s)	,	•	. <u>1e</u>		X
f Sale of assets to related organization(s)			11		х
g Purchase of assets from related organization(s)			<u> 1g</u>		X
h Exchange of assets with related organization(s)			. <u>1h</u>		х
i Lease of facilities, equipment, or other assets to related organization(s)			1 <u>i</u>	<u> </u>	X
j Lease of facilities, equipment, or other assets from related organization(s)			<u>1j</u>		x_
k Performance of services or membership or fundraising solicitations for related organization(s)			1k		х
I Performance of services or membership or fundraising solicitations by related organization(s)			. 11		х
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			. 1m		х
n Sharing of paid employees with related organization(s) .			. <u>1n</u>		х
Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses			1o 1p	х	х
q Other transfer of cash or property to related organization(s) r Other transfer of cash or property from related organization(s)			1q	_	x
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including	covered relationships a	nd transaction threshold	ds		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	Method of amoun		
(1) Hatikvah International Academy Charter School	b	123,956.	Cash		
(2) Hatikvah International Academy Charter School	o	43,742.	Cash		
(3)		_			
(4)					
(5)					
(6)					
	· · · · · · · · · · · · · · · · · · ·	6.1	1 .1 . D ./C .	000	

RankWill Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unre- lated, excluded from tax under	sec 501(organi	e) partners tion c)(3) zations?	Share of total income	(g) Share of end-of-year assets	Dispr	h) opor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	Gene man part	nal or aging ner?	(k) Percentage ownership
			section 512-514)	Yes	No			Yes	No	1 01111 (1000)	Yes	No	
<u>(1)</u>			,										
<u>(2)</u>				:									
<u>(3)</u>													
49													
<u></u>		-											
<u></u>													
<u>Ø</u>													
<u></u>				1									
RAA	<u> </u>	<u> </u>	<u> </u>	<u> </u>			L						000) 0011

Schedule R	(Form 990) 2011	PRIENDS OF HATIKVAH INTERNATIONAL CHARTER SCHOOL, INC.	45-2692359	Page 5
Part VII	Supplemental	Information	· · · · · · · · · · · · · · · · · · ·	······································
	Complete this	part to provide additional information for responses to questins).	ions on Schedule R	
	(see instructio	ns).		
	. 			
				
	· -			
		·		
	. 			
	· · · · · · · · · · · · · · · · · · ·		-	
		• • • • • • • • • • • • • • • • • • • •		

1

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

Academy Charter School in improving the quality of education for the children in East Brunswick, New Jersey and surrounding communities.

45-269235**2**

Supporting Statement of:

Form 990 p 11/Line 9, column (B)

Description	Amount		
Escrow Deposits	8,660.		
Deferred Leasehold Charges	199,608.		

Total 208,268.