OMB No 1545 1150

2009

-	Q	Q	n.	F.	7
Form		2	U ''		

Short Form 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) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Dep: Inter	artment of the Treasury may use this form rinal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements	-	Inspection
	For the 2009 calendar year, or tax year beginning , 2009, and ending		
		molover	, Identification number
B			
=	Address change use IRS JERUSALEM ORPHAN HOME INC.		390849
 	Internetinge Institut of 10 10 AVE. OF	elephone	number
)==	Initial return type. BROOKLYN, NY 11219	(718)	851-0176
			xemption
	i de la companya	lumber	
	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting meth Other (specify)		Cash Accrual
			ganization is not
1			dule B (Form 990,
1	fax-exempt status (check only one) - $[A] = 501(c)$ (5) = (insert no.) [$4947(a)(1)$ or [527]		
К	Check \blacktriangleright [X] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are non \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be s	mally n ure to t	ot more than file a complete return
ĩ	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	► \$	170,863.
D	art I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the ins		
		T	
	1 Contributions, gifts, grants, and similar amounts received		170,863.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory 5a b Less cost or other basis and sales expenses 5b	-1 1	
8		╡╺╻	
R E V	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)	<u>5c</u>	
E N	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here		
U	a Gross revenue (not including \$ of contributions		
E	reported on line 1) 6a	-1 1	-
	b Less direct expenses other than fundraising expenses 6b	4	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a Gross sales of inventory, less returns and allowances 7a		
	b Less cost of goods sold 7b		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
	8 Other revenue (describe >)	8	
	9 Total revenue. Add lines 17:2; '3, 4,7'5c, 6c, 7c, and 8	- 9	170,863.
		10	168,083.
			100,005.
E	11 Benefits paid to or for members	11	
₽Ŷ	12 Salaries, other compensation, and employee benefits	12	· · · · · · · · · · · · · · · · · · ·
25	13 Professional fees and other payments to independent contractors	13	
eg e	14 Occupancy rent, utilities, and maintenance	14	2 051
ي ا	5 Printing, Fullication, postage, and shipping	15	3,851.
	6 Other expenses (describe See Statement 2)	16	369.
NON	Total expenses. Add lines through 16		172,303.
Z.	8 Excess or (derict) full the pear (Subtract line 17 from line 9)	18	-1,440.
O N S	19 Net-assets-or-fund-balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	1	54 001
ΞĘ	field anti-euron grier years return)	.19	51,801.
	20 Other changes in neurossets or fund balances (attach explanation)	20	
\$	21 Net assets or fund balances at end of year Combine lines 18 through 20		50,361.
SCANNED In The Scanned	art II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 inste	ead of F	orm 990-EZ
Ō	(See the instructions for Part II) (A) Beginning of y	ear	(B) End of year
22	Cash, savings, and investments	1.22	
23		23	
24			50,000.
25	5 Total assets 51, 80		50,361.
26). 26	0.
27	E1 00	1.27	50,361.
BA			Form 990-EZ (2009)
	A For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. TEEA0803L 01/30/10 $G - \mathcal{C}$		
	G C		2

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	990-EZ (2009) JERUSALEM ORPHAN	N HOME INC.	<u> </u>	11	-339	0849 Page 2			
Par	III Statement of Program Ser	vice Accomplishments	See the instructi	ons.)	Real	Expenses ured for section			
What I	s the organization's primary exempt purpose? SC	HOOLING & NEEDS OF	URPHANS IN 151		501(0	ured for section (3) and (4) nizations and section (a)(1) trusts, optional			
descr	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each and for a data and concise manner.								
	PROVIDE SCHOOLING, TUITIO	N, HOUSING AND LIV	ING EXPENSES F	OR NEEDY					
	ORPHANS & WIDOWS IN ISRAE								
	(Grants \$ 168,083.) If the	is amount includes foreign gra	ants, check here	► X	28 a	168,083.			
29									
	(Grants \$) If th	is amount includes foreign gra	ants, check here	► []	29 a				
30									
		is amount includes foreign gra	ants, check here		30 a				
31	Other program services (attach schedule		anta ahaak hara		31 a				
27	(Grants \$) If th Total program service expenses (add lin	is amount includes foreign gra			32	168,083.			
Par			nlovees. List each o	ne even if not con					
L		(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account			
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plar	ns and	and other allowances			
<u> </u>	CHELTNERY	to position		deferred compensa					
<u> </u>	STEFANSKY	Director	0.	1	0.	0.			
		0			1				
BRU	OKLYN, NY			├ _					
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Form 990-EZ (2009) JERUSALEM ORPHAN HOME INC.	11-3390849		Page 3
Part V Other Information (Note the statement requirements in the instris for Part V.)	See Stat	.ement	. 4
		Ye	s No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed d each activity	lescription of	33	x
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of	the changes	34	X
	E I		_
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported attach a statement explaining why the organization did not report the income on Form 990-T		ļ	
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section reporting, and proxy tax requirements?	-	35a	<u> </u>
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		35 b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets year? If 'Yes,' complete applicable parts of Schedule N	 	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	0.	ŧ	
b Did the organization file Form 1120-POL for this year?		37 b	<u> </u>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or any such loans made in a prior year and still outstanding at the end of the period covered by this return?	' were	38 a	<u>x</u>
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	N/A		
39 Section 501(c)(7) organizations. Enter	Ĺ	ŧ	
a Initiation fees and capital contributions included on line 9	N/A	ŧ	
b Gross receipts, included on line 9, for public use of club facilities.	N/A	ţ	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		ŧ	
section 4911 ►0., section 4912 ►0., section 4955 ►	0.	Ţ	
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess be transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualifie prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 'Yes,' complete Schedule L, Part I	ed person in a	40 Б	x
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		40 e	X
41 List the states with which a copy of this return is filed None			
42 a The organization's books are in care of ► E.STEFANSKY	ine no ► <u>347.285</u> IP + 4 ►	<u>5-369</u>	8
	" · · · · · · · · · · · · · · · · · · ·		
b At any time during the calendar year, did the organization have an interest in or a signature or other auth	ority over a 🗸 🗕	Ye	
financial account in a foreign country (such as a bank account, securities account, or other financial account	uni) ²	42 Ь	X
If 'Yes,' enter the name of the foreign country			
	Ì		
	ļ		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Account	F.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42 c	X
	· · · ·	420	^
If 'Yes,' enter the name of the foreign country.			

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year		L	N/A N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		Х
BAA	TEEA0812L 01/30/10	Form 990	-EŻ ((2009)

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•	- CONTRACTOR ODDIAN UC	ME INC		11-33	90849 Page 4			
Part VI	EZ (2009) JERUSALEM ORPHAN HO Section 501(c)(3) organizations 501(c)(3) organizations and sec 46-49b and complete the tables		(a)(1) nonexer nexempt chari 1.	and also the late to the	- all All controls			
46 Did	the organization engage in direct or indirect public office? If 'Yes,' complete Schedule C	t political campaign acti						
47 Did	The second se							
	e organization a school as described in sec				48 X 49a X			
	the organization make any transfers to an e es,' was the related organization a section		elated organization	17	49a X 49b			
50 Com	plete this table for the organization's five h loyees) who each received more than \$100	inhest compensated en	ployees (other the	an officers, directors, truste	es and key			
	a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation					
None								
					<u> </u>			
f Tota	al number of other employees paid over \$10	00,000						
51 Com	nplete this table for the organization's five h pensation from the organization. If there is	nghest compensated inc none, enter 'None '	dependent contrac	tors who each received mo	re than \$100,000 of			
	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Compensation			
None_								
			<u> </u>					
					<u> </u>			
d Tota	I number of other independent contractors	each receiving over \$10	00,000	•				
<u> </u>	Under penalties of perjury, I declare that I have exam true, currect and complete Declaration of preparer (ined this return, including acco	mpanying schedules and all information of which	d statements, and to the best of my	knowledge and belief, it is			
Sian	. E Alefanly		-		10			
Sign Here	Signature of officer			Date				
	ELI STEFANSKY Type or print name and title			Director				
Paid Pre-	Preparer's Market	۲.	Date 11/01	check fi	Preparer's Identitying Number (See instructions) N/A			
parer's		ublic Accountan	ts					
Use	employed = 11/2 - 51st Stre			EIN ►	N/A			
Only	12IP+4 Brooklyn, NY 112			Phone no ► (7)	18) 438-9200 ►X Yes No			
BAA	RS discuss this return with the preparer sho	win above: See instruc			► X Yes No Form 990-EZ (2009)			

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SCHEDULE A
(Form 990 or 990-EZ)

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Public Charity Status and Public Support

2	0	0	9	

OMB No 1545 0047

	Complete if the orga	nization is a section 501			n or a s	ection 4	1947(a)(D =			
Department of the Treasury	nonexempt charitable trust. Open to Public Inspection								ic		
Internal Revenue Service	Afrach to Form 990 or Form 990-E2 See separate instructions.										
Name of the organizationEmployer identificaJERUSALEM ORPHAN HOME INC.11-339084											
	or Public Charity Stat	us (All organization	s must	compl	ete thi	s part					
	a private foundation becau										
ř.	nvention of churches or ass										
2 A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E	E)								
	cooperative hospital servic			on 170(b)(1)(A)(ii	i).					
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's											
5 An organizat	name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)										
7 X An organizat	ate, or local government or ion that normally receives a 0(b)(1)(A)(vi). (Complete P	substantial part of its su					or from	the gene	eral public c	lescrib	ed
8 🛄 A community	trust described in section	1 70(b)(1)(A)(vi). (Complet	ie Part II)							
from activitie	ion that normally receives s related to its exempt func icome and unrelated busine 5. See section 509(a)(2). (C	tions – subject to certain ess taxable income (less	i excepti	ons, and	l (2) no i	more th	an 33-17	'3 % of it	s support f	rom gr	ross
10 🗌 An organizat	ion organized and operated	exclusively to test for pu	blic safe	ty See	section	509(a)(4	4).				
more publicly	ion organized and operated v supported organizations o type of supporting organiz	described in section 509(a	a)(1) or s	ection 5	09(a)(2)	tions of See s	, or car ection 5	y out the 09(a)(3).	e purposes Check the	of one box ti	e or nat
а 🗍 Туре I	b 🗍 Type II	c 🗍 Type II	ll — Fun	ctionally	integrat	ed		d 🗍	Type III-	Other	
e By checking than foundat 509(a)(2)	this box, I certify that the or on managers and other tha	rganization is not controllin in one or more publicly si	ed direct upported	ly or ind organiz	lirectly b ations d	y one o escribe	r more d in sec	disqualifi tion 509(i	ed persons a)(1) or sec	s other stion	ſ
f If the organiz check this bo	ation received a written det	ermination from the IRS	that is a	Type I,	Туре II	or Type	III supp	orting or	ganization,		
g Since Augus	t 17, 2006, has the organiza	ition accepted any gift or	r contribi	ution fro	m any o	f the fol	lowing p	ersons?			·
										Yes	No
(I) a perso below,	in who directly or indirectly the governing body of the s	controls, either alone or t upported organization?	logether	with per	sons de	scribed	in (ii) ai	nd (III)	11g(i)		ļ
	member of a person desc	11 5							11g (II)		
	controlled entity of a person	.,	ove?						11 g (iii)		
h Provide the f	ollowing information about t	he supported organizatio	ns								
(I) Name of Support Organization	ed (II) EIN	(III) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) lister gove docu	Is the ion in col d in your ment?	the organ col your su	ou notify iization in (i) of ipport?	organizal (i) organi U	s the ion in col zed in the S ?	(vii) Amount of Support		
			Yes	No	Yes	No	Yes	No			<u>. </u>
				ł	} .						
		<u> </u>	╆╌╌╌╸	<u> </u>			 				
			ł	ł	}		ł				
			+				<u> </u>				<u> </u>
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	7										
Total BAA For Privacy Act and I	Paperwork Reduction Act Notice,	see the Instructions for Form	990 or 990)-EZ	L		Schedul	e A (Fori	m 990 or 99	 90-EZ)	2009

JERUSALEM ORPHAN HOME INC.

258,794

1	-	3	3	9	0	8	4	9	

170,863

Page 2

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806,481.

806,481.

Schedule A (Form 990 or 990-EZ) 2009 1 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) Section A. Public Support (d) 2008 (e) 2009 Calendar year (or fiscal year (c) 2007 (f) Total (b) 2006 (a) 2005 beginning in) * Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') 1 159,086 170,863 806,481. 119,308 98,430 258,794 Tax revenues levied for the 2 organization's benefit and either paid to it or expended on its behalf

119,308

98,430

159,086

3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge

4	Total. Add lines 1-through 3
5	The portion of total
	contributions by each person
	(other than a governmental
	unit or publicly supported
	organization) included on line

unit of publicity 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

- C.In

Sec	non b. rotal Support			· · · · · · · · · · · · · · · · · · ·			
	ndar year (or fıscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	258,794.	119,308.	98,430.	159,086.	170,863.	806,481.
8	Gross income from interest, dividends, payments received on securities loans, rents, royallies and income form similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11	Total support. Add lines 7 through 10						806,481.
12	Gross receipts from related activi	ities, etc. (see inst	ructions)			12	0.

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)	14	100.0%
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	100.0%

- 16a 33-1/3 support test 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization X
- b 33-1/3 support test 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test – 2009 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 – 2008. 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 organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions	,

Schedule A (Form 990 or 990-EZ) 2009

TEEA0402L 10/08/09

JERUSALEM ORPHAN HOME INC. Schedule A (Form 990 or 990-EZ) 2009

Part III	Support Sched	lule for Organiz	ations Desc	ribed in	Section	509(a)(2)
	(Complete only if y	ou checked the box	on line 9 of Par	<u>tl)</u>		

Section A. Public Support Calendar year (or fiscal yr beginning in) (a) 2005 Τ (b) 2006 Т (c) 2007 (d) 2008 (e) 2009Т Т Т

Cale	ndar year (or fiscal yr beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total	
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	(+)				(0) 200			-
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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								_
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons								
_	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year								
c	: Add lines 7a and 7b	[]							
8	Public support (Subtract line				; 	 			
	7c from line 6)	[]							
Sec	tion B. Total Support						_		_
Cale	ndar year (or fiscal yr beginning in) 🛌	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(I) Total	
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								-
Ł	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								_
11	Add lines 10a and 10b Net income from unrelated business activities not included inline 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)								
	Total support. (add Ins 9, 10c, 11, and 12)		<u></u>			l		··	
14	First five years. If the Form 990 i organization, check this box and	s for the organizat	ion's first, second	, third, fourth, or	fifth tax year as a	a section 50	1(c)(3)	▶ [٦
Soc	tion C. Computation of Pu		Percentage	·					4
	Public support percentage for 20			13 column (ft)		<u></u>	15	%	
<u>16</u>	Public support percentage from 2 tion D. Computation of Inv			<u></u>			16	%	
	······································								
17	Investment income percentage for	•		-	n (<i>I)</i>)		17	%	
18	Investment income percentage fr				luna 15 co conserve 11		18	%	
	33-1/3 support tests – 2009. If the more than 33-1/3%, check this bo 33-1/3% support tests – 2008. If the	ox and stop here.	The organization of	qualifies as a pub	licly supported or	ganization		►]
a	is not more than 33-1/3%, check	this box and stop	here. The organiz	ation gualifies as	a publicly suppor	ted organiza	ition]
20	Private foundation. If the organiz	-						►	7

BAA

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Schedule A (Form 990 or 990-EZ) 2009

11-3390849

······			
2009	Federal Statements		Page 1
Client JERORPHO	JERUSALEM ORPHAN HOME INC.		11-3390849
11/01/10 Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid Class of Activity: Donee's Name: Donee's Address:	NEEDY FAMILIES-CHARITY JERUSALEM ORPHAN HOME RECHOV SHAAREI MOSHE #3 JERUSALEM, Israel		02 49PM
Relationship of Donee: Cash Amount Given:	DESIGNEE	\$	168,083.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses			
BANK CHARGES		Total \$	<u>369.</u> <u>369.</u>
Statement 3 Form 990-EZ, Part II, Line 24 Other Assets		D	
Notes and Loans Receivable	Tota	<u>Beginning</u> \$ 50,000. \$ \$ 50,000. \$ \$	<u>Ending</u> 50,000. 50,000.
indirectly, to pay premiums	during the year, receive any fur on a personal benefit contract? during the year, pay premiums, c	2	No No

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