** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

ΑΙ	For the	2013 calendar year, or tax year beginning $$	JŬN 30, 201	4
	Check if applicable		D Employer ident	ification number
á				
	Address change	HEBREW FREE LOAN SOCIETY, INC.		
	Name change	Doing Business As	13-	5562239
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone num	ber
	Termin- ated	675 THIRD AVENUE 1905		-687-0188
	Amend	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,638,262.
	Applica	NEW YORK, NY 10017	H(a) Is this a group	
	pending	F Name and address of principal officer: SHANA NOVICK		es?Yes X No
		SAME AS C ABOVE		s included? Yes No
T :	Tax-exe			a list. (see instructions)
		e: ► N/A	H(c) Group exemp	
				M State of legal domicile: NY
		Summary	car or formation,	I I Otato or logal dormono, 242
		Briefly describe the organization's mission or most significant activities: PROVIDES	INTEREST-FR	EE LOANS TO
Governance	' :	INDIVIDUALS AND FAMILIES.		
na.	-	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of its net	assets
Ver	1	Number of voting members of the governing body (Part VI, line 1a)		30
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)		30
ა ა		otal number of individuals employed in calendar year 2013 (Part V, line 12)		5 12
Activities &		otal number of volunteers (estimate if necessary)		30
≨		otal number of volunteers (estimate in necessary) otal unrelated business revenue from Part VIII, column (C), line 12		
Ă		Net unrelated business taxable income from Form 990-T, line 34	·····	b 0.
_	5	vet unrelated business taxable income norm of officers, line o4	Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)	974,727	
ηne	1	Program service revenue (Part VIII, line 2g)	17,714	
Revenue	1		311,127	
æ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	-24,341	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,279,227	
_	$\overline{}$	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		. 0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	1,052,873	
ses	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	. 1,000,203.	
Expenses	loar	Professional fundraising fees (Part IX, column (A), line 11e)	0	• •
Ä	1 20 1	Total fundraising expenses (Part IX, column (D), line 25) 185,383.	448,220	. 446,115.
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,501,093	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-221,866	154,389.
_ S	19 F	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Yea	
Net Assets or Fund Balances	00 7	Table and the (Doub V. Burn 4.0)	20,681,560	
Asse Bala	20 7	otal assets (Part X, line 16)	2,057,642	
let /	21 7	otal liabilities (Part X, line 26)	18,623,918	
	22 ≥ 1 art II	let assets or fund balances. Subtract line 21 from line 20	10,023,910	• 19,102,907•
_		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	toments, and to the hest of	my knowledge and helief it is
		, and complete. Declaration of preparer (other than officer) is based on all information of which prep		Thy knowledge and belief, it is
ue	, correct	, and complete. Declaration of preparer (other than officer) is based on an information of which prep	arei ilas ally kilowieuge.	
۰		Signature of officer	I Date	
Sig		SHANA NOVICK, EXECUTIVE DIRECTOR		
Hei	re	Type or print name and title		
		,	Date Check	T T PTIN
Pai		Print/Type preparer's name I SRAEL TANNENBAUM Preparer's signature	if	
			Self-emp	13-1517563
	· L	Firm's name LOEB & TROPER LLP	Firm's EIN	T2-T3T1202
use	Only	Firm's address 655 THIRD AVENUE, 12TH FLOOR NEW YORK, NY 10017	Dhama see O	12_867_4000
_		S discuss this return with the preparer shown above? (see instructions)	Prione no. 2	12-867-4000 X Yes No
ıvıa'	v me iK	a discuss inis return with the preparer snown above (ISEE Instructions)		IAN TES I INO

4d Other program services (Describe in Schedule O.)

Expenses \$ including grants of \$

) (Revenue \$

Total program service expenses ▶ 936,972.

Part 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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	١,		Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		Α.
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
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		Х
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	l		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ' '	- 21	
124	Schedule D, Parts XI and XII	12a	х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			١
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		_^
a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	.	990	(0040)

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Form 990 (2013) HEBREW FREE LOAN S Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	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 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? If "Yes," complete	23	х	
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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 I	25a		Х
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		Х
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 so,			
	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			37
	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):	28a		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		-21
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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		Х
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		Х
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	х	
	Hote. All 1 of th 550 flicio are required to complete obligation	1 30		

Part V Statements Regarding Other IRS Filings and Tax Compliance

Section Sect		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W2G included in line 1s. Enter o'. Find applicable						Yes	No
b Enter the number of Forms W2G included in line 1a. Enter of Irind applicable OIst the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. 12 2b. If a lite of the calendar year ending with or within the year covered by this return 1b. If at least one is reported on line 2a, did the organization fall ell required federal employment tax returns? 2b. If a least one is reported on line 2a, did the organization fall ell required federal employment tax returns? 2c. 2b. X Note. If the sum of lines 1 and a das is greater than 250, you may be required to e-76 the enhancer in Schedule O 3b. OI the organization have unrelated business gross income of \$1,000 or more during the year? 3c. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c. Did the organization thave unrelated business gross income of \$1,000 or more during the year? 3c. Did the organization thave an interest in, or a signature or other authority over, a financial account or store in the organization than a shark account, securities account, or other financial accounts? 3c. Did the organization a party, to a prohibited tax shelter transaction at any time during the tax year? 3c. Did any taxelep party nofity the organization file Form 8886.77 3c. Did any taxelep party nofity the organization file Form 8886.77 3c. Did any taxelep party nofity the organization file Form 8886.77 3c. Did the organization include with every solicitation an express statement that such contributions or gifts were not tax diductible? 3c. Did the organization have accessed site an enomely greater than \$100,000, and did the organization solicity and the organization and party to prohibited tax shelter transaction? 3c. Did the organization shelt many receive deductible contributions? 3c. Did the organization shelt was present in excess of \$5's nade party is a contribution or one, shelt that accesses of \$5's nade party is a contrib	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	19			
a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statoments, filed for the calendar year ending with or within the year covered by this return **Better the number of employees reported on Form W3, Transmittal of Wage and Tax Statoments, filed for the calendar year ending with or within the year covered by this return **Better Wage and Tax Statoments	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
2a Earth the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2 a is greater than 250, you may be required to e-file (see instructions) 3a	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
freed for the calendar year ending with or within the year covered by this return 1		(gambling) winnings to prize winners?			1c		
b if a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$7,000 or more during the year? 3a A at any time during the calendary year, did the organization have underlated business gross income of \$7,000 or more during the year? 3a A at any time during the calendary year, did the organization was en interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 4a X 4b bif Yes, and the foreign country (such as a bank account, securities account, or other financial accountly? 5b lif Yes, in other the name of the foreign country (such as a bank account, securities account, or other financial accountly? 5c lif Yes, it of line \$6 or \$5,00 the organization that it was or is a party to a prohibited tax sheltor transaction? 5c lif Yes, it oline \$6 or \$5,00 the organization that it was or is a party to a prohibited tax sheltor transaction? 5c life Does the organization set were not tax deductible as chariable contributions? 5c life Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7b If Yes, if did the organization notify the donor of the value of the goods or services provided? 7c Va Va University of the organization of the value of the goods or services provided? 7c Va Va University of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If Yes, include on finicate the number of Forms 8282 filed during the year 8 pon	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross norm of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (see has a bank account, securities account, in a foreign country (see has a bank account, securities account, or other financial accountry over, a financial accountry over, a financial account in a foreign country. ► 5a If "Yes," enter the name of the foreign country. ► 5a instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a 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 deductibles as charitable contributions? 6a X 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6b Veryes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6b Veryes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 7b Variable or organization that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Variable organization organization notify the donor of the value of the goods or services provided? 7c Variable organization organization organization organization organization fee provided to the payor? 7b Variable organization organization organization organiza		filed for the calendar year ending with or within the year covered by this return	2a	12			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filled a Form 980°T for this year? If "No," to line 3b, provide an explanation in Schedule O 4b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts. 5c b If "Yes," enter the name of the foreign country" ▶ 5c se instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. 5c b Was the organization of the foreign country to a prohibited tax shelter transaction at any time during the tax year? 5c b If "Yes," to line 5a or 56t, did the organization file Form 8886.17 6c If "Yes," to line 5a or 56t, did the organization file Form 8886.17 6c If "Yes," to line 5a or 56t, did the organization file Form 8886.17 6c If "Yes," to line 5a or 56t, did the organization file Form 8886.17 6c If "Yes," to line the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If the organization shall exceed eductible contributions under section 170(c). a Did the organization shall exceed eductible contributions under section 170(c). a Did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6d If "Yes," find the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required? 6d If "Yes," find the organization received any funds, directly or indirectly, on a personal benefit contract? 7d X 7d If the organization received any funds, directly or indirectly, on a personal benefit contract? 7d If "Yes," find the organization maintaining door a divised funds and section 890(a) supporting organizations. Did the supporting organizations maintaining door a divised funds and section 890(a) supporting	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	
b if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly financial accoun		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization required as whether transaction at any time during the tax year? 5a Was the organization that as whether transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If yes, "In the propartization seems annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If Yes," in the transaction include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that many receive deductible contributions under section 170(c). 8d If Yes," indicate that many receive deductible contributions under section 170(c). 8d If Yes," indicate the number of Forms 8282 filed during the year 1	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
financial account in a foreign country (such as a bank account, securities account, or other financial accountity? b If "Yes," enter the name of the foreign country; " See instructions for fling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any atsable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twen or to tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a bild the organization state may receive deductible contributions under section 170(c). b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Organization state may receive deductible contributions under section 170(c). b If "Yes," did the organization on off the value of the goods or services provided? 7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7 A X 9 If the organization make any taxable distributions under section 49687 9 Sponsoring organizations maintaining donor advised funds an assertion 598(a)(3) supporting organizations. Did the supporting organizations. Did the supporting organizations will be approximated to the section 501(c)(12) organizations. Enter: a initiation fees and capital	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. So United State of the Organization that it was or is a party to a prohibited tax shelter transaction? So United State of the Organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that was not tax deductible as charitable contributions? So If "Yes," idid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Bid the organization that may receive deductible contributions under section 170(c). Bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? To Call the organization receive any payment in excess of \$75 made partly as a contribution of the goods or services provided? To Idid the organization receive any brinds, directly or indirectly, to pay premiums on a personal benefit contract? To United the organization received any brinds, directly or indirectly, to pay premiums on a personal benefit contract? To Idid the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 and the organization file organization file form 8989 as required? To Idid the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 and progenization services and capital contributions included on Part VIII, line 12	4a			•			
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amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 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			11a				
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 13a 13a 13b 13b 13b 14a X			1041′ '	?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		•	12b				
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b							
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а				13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		·					
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		۔۔۔ ا				
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Pid the consciention was because of the following the foll			44-		У
	O	in res, mas it liled a Form (20 to report these payments?). No, provide an explanation in Schedule	<i></i>			gan	(2012)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 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			X
Sec	tion 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 1a 30			
	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 30			
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		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	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			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	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, 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
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	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?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	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		X
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 take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	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	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the 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 organiza	tion:	_	
	VALERIE STERN - (212) 687-0188 675 THIRD AVENUE SUITE 1905, NEW YORK, NY 10017			
	O/O INITAD AVENUE SUITE ISOS, NEW IOAA, NI IOOI/			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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."
- 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.

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

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

(A) Name and Title	(B) Average hours per week	box,	not c unle	ss pe	ition more rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) VIVIAN MAMELAK	1.00	.,		v					0.	0
PRESIDENT	1 00	Х		Х				0.	0.	0.
(2) MARK GERSTEIN	1.00	х		х				0.	0.	0
VICE PRESIDENT (3) PHILLIP SCHATTEN	1.00	Δ		Λ		_		0.	0.	0.
	1.00	x		х				0.	0.	0.
VICE PRESIDENT (4) IAN SHRANK	1.00	Λ		Λ				0.	0.	<u> </u>
VICE PRESIDENT	1.00	х		х				0.	0.	0.
(5) DAVID B. KAUFMAN	1.00	Λ		Λ				0.	•	
TREASURER	1.00	$ _{\mathbf{X}} $		х				0.	0.	0.
(6) SIBYL R. GOLDEN	1.00	22							•	
SECRETARY	1.00	x		х				0.	0.	0.
(7) DANIEL BENDHEIM	0.50								•	
BOARD MEMBER		x						0.	0.	0.
(8) ABRAHAM BIDERMAN	0.50									
BOARD MEMBER		х						0.	0.	0.
(9) ELLEN M. BRAITMAN	0.50									
BOARD MEMBER		x						0.	0.	0.
(10) DOV B. BRAUN	0.50									
BOARD MEMBER		х						0.	0.	0.
(11) DAVID M. DURST	0.50									
BOARD MEMBER		Х						0.	0.	0.
(12) LAUREL DURST STRONG	0.50									
BOARD MEMBER		Х						0.	0.	0.
(13) GARY S. GLADSTEIN	0.50									
BOARD MEMBER		Х						0.	0.	0.
(14) DAVID G. GLASSER	0.50									
BOARD MEMBER		Х						0.	0.	0.
(15) MICHELLE GREENBERG-KOBRIN	0.50								_	_
BOARD MEMBER	0.50	Х						0.	0.	0.
(16) ERIC GRIBETZ	0.50									•
BOARD MEMBER	0 50	Х						0.	0.	0.
(17) JUDAH GRIBETZ	0.50									•
BOARD MEMBER		Х						0.	0.	0.

332007 10-29-13

Form 990 (2013) HEBREW F1	REE LOAI	N S	SO	CIE	ET:	Υ,	ΙI	NC.	13-556	2239) F	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)			
(A) Name and title				Pos heck ss pe	more rson	n than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimated mount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	mpens from th ganiza nd rela ganizat	ation ne tion ted
(18) FRANCES D. HOROWITZ BOARD MEMBER	0.50	X						0.	0			0.
(19) SANDRA R. KAHN	0.50											
BOARD MEMBER	0 50	Х				-		0.	0	•		0.
(20) EDWARD S. KARAN BOARD MEMBER	0.50	x						0.	0			0.
(21) DAVID M. KARNOVSKY BOARD MEMBER	0.50	х						0.	0			0.
(22) BRIENDY KATZ	0.50	┢				-		0.	0	+		0.
BOARD MEMBER		х						0.	0			0.
(23) CHESKY KAUFTHEIL	0.50											_
BOARD MEMBER		X						0.	0	•		0.
(24) ALAN LAYTNER	0.50	↓						_	0			0
BOARD MEMBER	0.50	Х				-		0.	U	-		0.
(25) ALON LEDERMAN BOARD MEMBER	0.50	x						0.	0			0.
(26) EZRA G. LEVIN	0.50	 						•	, and the second	1		
BOARD MEMBER		\mathbf{x}						0.	0			0.
1b Sub-total	1	<u> </u>					<u> </u>	0.	0			0.
c Total from continuation sheets to Part V	II. Section A						•	272,538.	0	. 7	72,5	62.
d Total (add lines 1b and 1c)							•	272,538.	0	. 7	72,5	62.
2 Total number of individuals (including but n							no re	eceived more than \$100	0,000 of reportable			
compensation from the organization									•			1
3 Did the organization list any former officer,	director or tr	ıcto	o ka	w or	mole	2000	orl	highost componented o	mployoo on		Yes	No
line 1a? If "Yes," complete Schedule J for s										3		Х
4 For any individual listed on line 1a, is the su	um of reportab	le c	amo	ensa	atior	 n and	d oth	her compensation from	the organization			
and related organizations greater than \$15									g	4	Х	
5 Did any person listed on line 1a receive or a	-				-		elat	ed organization or indiv	idual for services	_		Х
rendered to the organization? If "Yes," com	ipiete Scheaui	e J i	or s	ucn	pers	son				5	1	ΙΛ.
Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comper	sation	from	
the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	ithir	n the organization's tax	year.			
(A) Name and business	address	N	INC	FC.				(B) Description of s	services	(Comp	C) ensatio	on
			11	_			\dashv					
							\dashv					
							\downarrow					
							- 1		1			

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization • 0 \$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

	REE LOAI	N 5	300	; T F	7.T. 7	Υ,	11	NC.	13-556	2239
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd l	ligh	est		ees (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	,_,		Pos			I. A	Reportable	Reportable	Estimated
	hours per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(27) JACK RUDIN	0.50	-								
BOARD MEMBER		Х						0.	0.	(
(28) STANFORD WARSHAWSKY	0.50									
BOARD MEMBER		Х						0.	0.	(
(29) STEVEN H. WEISS	0.50									
BOARD MEMBER		Х						0.	0.	(
(30) CORY WISHENGRAD	0.50									
BOARD MEMBER		Х						0.	0.	
(31) SHANA NOVICK	40.00			<u>-</u>				004 505		E0 011
EXECUTIVE DIRECTOR	40.00	_		Х	_		_	201,503.	0.	53,94
(32) RONA GOTTLIB BOCHENEK	40.00			37				71 025	0	10 60
DIRECTOR OF FINANCE AND AD				Х				71,035.	0.	18,62
	+									
		1								
		1								
		1								
	1									
		-								
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		\vdash					\vdash			
		ĺ								
	1									
								272,538.		72,56

		Check if Schedule O conf	tains a resnonse	or note to any lir	ne in this Part VIII			
		Check ii Conedaic C com	taine a response	or note to any in	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenuè éxcluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
ΩS	1.0	Federated campaigns	1a	380,070.		10701140	Tovolido	312 314
ani				300,0700				
٦٩		Membership dues		103,284.				
fts, r A		Fundraising events		103,204.				
ja ja		Related organizations	·····					
Sin		Government grants (contribut	· —					
utic	T	All other contributions, gifts, gran		115 111				
rib Ott		similar amounts not included abo		445,411.				
Contributions, Gifts, Grants and Other Similar Amounts	9				928,765.			
a C	n	Total. Add lines 1a-1f		<u></u>				
	_	DDOCDAM CEDUTCI	र राज्यात	Business Code 611430		14 040		
/ice	2 a	,	r rees	011430	14,040.	14,040.		
ser, ue	b							
m S	С							
Program Service Revenue	d	·						
ro	е	· 						
_		All other program service reve			14 040			
_		Total. Add lines 2a-2f			14,040.			
	3	Investment income (including			27,556.			27 556
		other similar amounts)			27,550.			27,556.
	4	Income from investment of ta						
	5	Royalties						
	_		(i) Real	(ii) Personal				
	6 a							
		Less: rental expenses						
		Rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities 650,000.	(ii) Other				
		assets other than inventory	030,000	<u> </u>				
	D	Less: cost or other basis	209 229					
		and sales expenses	440 771	<u>'</u>				
	C	Gain or (loss)	440,//1	<u>'</u>	440,771.			440,771.
		Net gain or (loss)		>	440,771.			440,771.
ıne	8 а	Gross income from fundraisin including \$ 103,2	284. of					
ver								
Other Reven		contributions reported on line	•	17,901.				
her		Part IV, line 18		49,022.				
ŏ					-31,121.			-31,121.
		Net income or (loss) from fund	-	>	J			31,121.
	эa	Gross income from gaming and Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gan						
		Gross sales of inventory, less	-					
	ю а	•						
	h	and allowances						
		Less: cost of goods sold						
		Net income or (loss) from sale						
	11 a	Miscellaneous Revenu	ic .	Business Code				
	II a							
	c d							
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			1,380,011.	14,040.	0.	437,206.
	14				_, , , + _ •	, 5 = 5 •	<u> </u>	,

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respon				
	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 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	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	352,629.	209,657.	102,821.	40,151.
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	567,249.	363,285.	116,422.	87,542.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	21,583.	13,776.	3,478.	4,329. 12,383.
9	Other employee benefits	84,429.	54,376.	17,670.	12,383.
10	Payroll taxes	62,395.	38,991.	14,620.	8,784.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	33,472.		33,472.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	12 001		12 071	
f	Investment management fees	13,071.		13,071.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	54,851.		54,056.	795.
12	Advertising and promotion	44,746.	44,746.		
13	Office expenses	82,075.	49,462.	10,466.	22,147.
14	Information technology	15,469.	9,667.	3,625.	2,177.
15	Royalties				
16	Occupancy	86,015.	70,532.	11,182.	4,301.
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,051.	5,680.	2,146.	1,225.
20	Interest	17,803.	17,803.		<u> </u>
21	Payments to affiliates		-		
22	Depreciation, depletion, and amortization	11,439.	7,178.	2,712.	1,549.
23	Insurance	22,751.		22,751.	
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	TRAINING COURSES	51,339.	51,339.		
b					
С					
d					
е	All other expenses	4,033.	480.	3,553.	
25	Total functional expenses. Add lines 1 through 24e	1,534,400.	936,972.	412,045.	185,383.
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)				Form 990 (2013)

Form 990 (2013)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			388,897.	1	358,012.
	2	Savings and temporary cash investments			869,720.	2	1,071,107.
	3	Pledges and grants receivable, net			71,634.	3	66,628.
	4	Accounts receivable, net			,	4	00,000
	5	Loans and other receivables from current and for				7	
	"	trustees, key employees, and highest compensations					
		D . III . CO		5			
		Part II of Schedule L		3			
	6	Loans and other receivables from other disquali	-	·			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sections					
Assets	l _	employees' beneficiary organizations (see instr).			11 102 /20	6	10 702 204
Ass	7	Notes and loans receivable, net			11,182,439.	7	10,792,294.
_	8	Inventories for sale or use			02 042	8	02 704
	9				23,043.	9	23,704.
	10a	Land, buildings, and equipment: cost or other		066 016			
		basis. Complete Part VI of Schedule D	10a	266,016. 258,162.	10.001		E 054
	b	1	10b		18,031.	10c	7,854.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	l1		8,127,796.	12	8,774,938.
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			20,681,560.	16	21,094,537.
	17	Accounts payable and accrued expenses		240,279.	17	275,476.	
	18	Grants payable		18			
	19	Deferred revenue			167,052.	19	128,321.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Ş	22	Loans and other payables to current and former	office	rs, directors, trustees,			
≝		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D		· · · ·	1,650,311.	25	1,527,833.
	26	Total liabilities. Add lines 17 through 25			2,057,642.	26	1,931,630.
	1	Organizations that follow SFAS 117 (ASC 958			· · ·		, ,
S		complete lines 27 through 29, and lines 33 an					
nce	27	Unrestricted net assets			14,889,266.	27	15,493,165.
ala	28	Temporarily restricted net assets			357,204.	28	292,294.
B	29				3,377,448.	29	3,377,448.
ڃ	_	Organizations that do not follow SFAS 117 (A					, , , , , , , , ,
ΣF		and complete lines 30 through 34.		5,, 5.100K 11010 F			
ts c	30	Capital stock or trust principal, or current funds			30		
SSe	1	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	31					32	
Ne.	32	Retained earnings, endowment, accumulated in			18,623,918.	33	19,162,907.
-	33	Total net assets or fund balances			20,681,560.	34	21,094,537.
	34	Total liabilities and net assets/fund balances			20,001,300.	34	Z1, U34, 337.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,38	0,0	<u>11.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,53		
3	Revenue less expenses. Subtract line 2 from line 1	3	-15		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,62	3,9	18.
5	Net unrealized gains (losses) on investments	5	63	7,3	78.
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	5	6,0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	19,16	2,9	07.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HEBREW FREE LOAN SOCIETY, INC.

Employer identification number 13-5562239

Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	:.) See inst	ructions.				
Γhe	organi	zation is not a	private foundation	because it is: (For lines 1	I through	11, check	only one b	ox.)					
1				s, or association of churc									
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3				tal service organization of		in section	170(b)(1)	A)(iii).					
4		•	•	operated in conjunction					(b)(1)(A)(iii	i). Enter	the hos	oital's nar	ne.
		city, and state	-	,						•	'		,
5		•		benefit of a college or ur	niversity o	wned or or	perated by	a governi	mental unit	t describ	ed in		
•		section 170(b)(1)(A)(iv). (Complete Part II.)											
6				ent or governmental unit	t describe	d in sectio	n 170(h)(1	ι γ Δ\(_V)					
7	X								r from the	general	nublic c	lescribed	in
•		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	一			eives: (1) more than 33 1			rom contri	hutions m	nemhershir	n fees la	nd aros	s receints	s from
5				nctions - subject to certa									
			•	axable income (less sect	•	•	•				•		
			509(a)(2). (Complete			n, irom ba	011100000	ioquirea b	y the orga	mzation	untor ou	110 00, 10	70.
10				perated exclusively to te	st for nubl	ic safety 9	See sectio	n 509(a)(4	ı)				
11	一	-	-	perated exclusively for the		-			-	out the	nurnos	es of one	or
•		J		ations described in section		′ '		,	•	•			, 0,
				organization and comple				.,. 000 000	/o., 000 ₍ 0	.,(0). 0	0011 1110	DOX triat	
		a Type I				nctionally		d		e III - No	n-functio	onally inte	egrated
е			•	at the organization is not		•	-		• •			•	-
_				han one or more publicly									
f				ten determination from t						(-)(-)		(/(/	
_			rganization, check th										
g				organization accepted ar									
3				irectly controls, either al							,_	Yes	No
				upported organization?								g(i)	
				n described in (i) above?								g(ii)	
				person described in (i) o									
h				about the supported org							····	<u> </u>	
			3	,	,	()							
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Did you	ı notify the	(vi) Is organizațio	the .	(vii) Am	ount of mo	netary
(')		nization	(11) E114	(déscribed on lines 1-9	in col. (i) lis	sted in your	organizat	ion in col.	organizatio (i) organize	n in col. ed in the	(****)	support	one tar y
	Ü			45010 01 1110 00011011	governing	document?	(i) of your	support?	Ü.S.	.?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
Γota	ıl												

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

	/						
Galendar y	/ear (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	, grants, contributions, and bership fees received. (Do not						
	de any "unusual grants.")	1,281,147.	988,282.	1,221,891.	974,727.	928,765.	5,394,812.
	revenues levied for the organ-	, ,	•	, ,	•	,	. , ,
	on's benefit and either paid to						
	pended on its behalf						
	value of services or facilities						
	shed by a governmental unit to						
	organization without charge						
	I. Add lines 1 through 3	1,281,147.	988,282.	1,221,891.	974,727.	928,765.	5,394,812.
	portion of total contributions		-				
=	ach person (other than a						
	ernmental unit or publicly						
	ported organization) included						
on lin	ne 1 that exceeds 2% of the						
amou	unt shown on line 11,						
colur	mn (f)						501,914.
6 Publi	ic support. Subtract line 5 from line 4.						4,892,898.
Section	B. Total Support						
Calendar y	rear (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amou	unts from line 4	1,281,147.	988,282.	1,221,891.	(d) 2012 974,727.	(e) 2013 928, 765.	5,394,812.
8 Gross	s income from interest,						
divide	ends, payments received on						
secu	irities loans, rents, royalties						
and i	income from similar sources	62,433.	82,180.	48,064.	65,969.	27,556.	286,202.
9 Net in	ncome from unrelated business						
activi	ities, whether or not the						
busir	ness is regularly carried on						
10 Othe	er income. Do not include gain						
or los	ss from the sale of capital						
asset	ts (Explain in Part IV.)						
11 Total	I support. Add lines 7 through 10						5,681,014.
12 Gros	s receipts from related activities,	etc. (see instruction	ons)			12	57,404.
13 First	t five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	nization, check this box and stop						<u></u> ▶□
	C. Computation of Publ	• • • • • • • • • • • • • • • • • • • •					
	ic support percentage for 2013 (I					14	86.13 %
	ic support percentage from 2012					15	81.51 %
	/3% support test - 2013. If the o	-					
stop	here. The organization qualifies	as a publicly supp	orted organization				►X
	/3% support test - 2012. If the o	•		•		•	
	stop here. The organization qual						
	-facts-and-circumstances test						
and i	if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Pa	rt IV how the orgar	nization
meet	ts the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	d organization		▶□
b 10%	-facts-and-circumstances tes	t - 2012. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	e, and if the organization meets th						
orgar	nization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a publi	cly supported orga	anization	▶∐
18 Priva	ate foundation. If the organizatio	n did not check a	box on line 13, 16a	ı, 16b, 17a, or 17b	o, check this box a		s ► L

Schedule A (Form 990 or 990-EZ) 2013

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and	(a) 2003	(5) 2010	(6) 2011	(u) 2012	(6) 2010	(i) rotai
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- ization'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						
6 Total. Add lines 1 through 5						
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						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
c Add lines 10a and 10b						
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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	•			•	. , . ,	
check this box and stop here Section C. Computation of Publi						<u></u>
15 Public support percentage for 2013 (li			column (f))		15	
16 Public support percentage for 2013 (iii					16	<u>%</u> %
Section D. Computation of Inves					10	70
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2					18	
19a 33 1/3% support tests - 2013. If the						
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2012. If the						
line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u> </u>

hedule A	(Form 990 or 990-	EZ) 2013 HEBREV	N FREE L	OAN SOC.	LETY,	INC.	13-5562239 _{Pa}
art IV	Supplementa	al Information. Pr	rovide the expla	nations require	d by Part II	I, line 10; Part I	13-5562239 Pa I, line 17a or 17b; and Part III, line 12.
	Also complete th	is part for any additio	nal information.	(See instruction	ons).		

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

2013

H	EBREW FREE LOAN SOCIETY, INC.	13-5562239						
Organization type (check	one):							
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	n is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.						
General Rule								
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in maplete Parts I and II.	noney or property) from any one						
Special Rules								
509(a)(1) and 17	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the rec 0(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the n (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
total contribution	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contrus of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or ed for cruelty to children or animals. Complete Parts I, II, and III.							
contributions for If this box is che purpose. Do not	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year							
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Feet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

HEBREW FREE LOAN SOCIETY, INC.

13-5562239

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$35,460.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 22,854.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 379,672.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$8	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 25,873.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 23,115.	Person X Payroll

Name of organization **Employer identification number**

HEBREW FREE LOAN SOCIETY, INC.

13-5562239

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
		- Γ Ψ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- \$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- - -	
202452 10 0		Schedule R (Form 6	990-F7 or 990-PF\ (2013)

Name of organization Employer identification number HEBREW FREE LOAN SOCIETY, INC. 13-5562239 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

	HEBREW FREE LOAN SOCIETY, INC.	13-5562239
Par	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 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 donor advisors in writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose col	
	impermissible private benefit?	Yes No
Par	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	ically important land area
	Protection of natural habitat Preservation of a certified	d historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the or	rganization during the tax
	year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(````
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state and the described of the described by the described of the described by the described	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the	e organization's accounting for
Par	conservation easements. rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets
ı uı	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	or ommar 7.000to.
12	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statemen	at and halance sheet works of art
ıa	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	•
	the text of the footnote to its financial statements that describes these items.	e or public service, provide, irri art XIII,
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	· ·
	relating to these items:	s service, provide the following amounts
	(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 art, historical treasures, or other similar assets for financial ga	
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	V1 - 11755
а	D	> \$
	Assets included in Form 990, Part X	
		<u></u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2013

	t III Organizations Maintaining C	Collections of A				or Oth	er Simi	lar Asse			age Z
3	Using the organization's acquisition, accessi										
3		on, and other record	15, CHEC	Kany or the	Tollowing the	al ale a s	signincani	use of its	COllectio	II ILEII	.5
_	(check all that apply): Public exhibition	_	. \square	l oon or ove	hanaa nease	ama					
a											
b											
C	Preservation for future generations										
4	Provide a description of the organization's co							ose in Pai	rt XIII.		
5	During the year, did the organization solicit o								٦.,		٦
Da	to be sold to raise funds rather than to be ma								_ Yes		<u> No</u>
Pai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		ete if the	e organizatio	on answered	"Yes" to	Form 990	D, Part IV,	line 9, or		
12	Is the organization an agent, trustee, custodi		diany for	contribution	ne or other as	seate no	t included	1			
ıa									Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII								_ 1es		_ INO
b	in res, explain the arrangement in Fart Allis	and complete the it	hiowing	labie.					Amoun	+	
_	Reginning balance						1c		Amoun		
	Beginning balance										
	Additions during the year										
4	Distributions during the year										
0-	Ending balance								Yes		TNA
	Did the organization include an amount on Fo										∐ No
Pai	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete it										
ı uı	Endownient i diids. Complete ii	(a) Current year		Prior year	(c) Two yea			years back	(e) Fou	r veare	hack
10	Paginning of year halance	(a) Current year	(D) F	fior year	(C) Two yea	13 Dack	(u) Tillec	yours back	(e) 1 0u	yours	back
	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	ce (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c should										
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for	the organ	ization	1		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sche	dule R?					. 3b		ĺ
4	Describe in Part XIII the intended uses of the		owment	funds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" to Form 990), Part IV	/, line 11a. S	See Form 990	, Part X	, line 10.				
	Description of property	(a) Cost or o			t or other		Accumulat		(d) Boo	k valu	е
		basis (investi	ment)	basis	(other)	de	epreciation	1			
	Land										
	Buildings										
С	Leasehold improvements										
d	Equipment			26	6,016.		258,1	62.		7,8	54.
	Other										
<u>Tot</u> al	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line i	10(c).)	<u></u>		. ▶		7,8	54.

Schedule D (Form 990) 2013

Part VII	Investments -	Other	Securities.

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" to (a) Description of security or category (including name of security)			
• • • • • • • • • • • • • • • • • • • •	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other (A) FJC AGENCY LOAN FUND	853,129.	END-OF-YEAR MARKE	יחי זו זו זו מין
	7,921,809.	END-OF-YEAR MARKE	
(=)	7,521,005.	END OF TEAK MARKE	TI VALUE
(C)			
(D)			
(E)			
(F)			
(G) (H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	8,774,938.		
Part VIII Investments - Program Related.	0,774,550.		
	to Form 000 Port IV line 1	1a Saa Form 000 Port V line 12	
Complete if the organization answered "Yes" to (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
	(b) Book value	(b) Welfied of Valuation. Cost of	ond or your market value
(1)			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" t	to Form 990, Part IV, line 1	1d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	: 15.)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes" t	to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes			
(2) LOAN PAYABLE-AVI CHAI		214,995.	
(3) LOAN PAYABLE-UJA LOANS		62,838.	
(4) LOAN PAYABLE-MARTY AND DOI			
(5) SILVERMAN FOUNDATION SPEC			
(6) EDUCATION LOAN		1,250,000.	

1,527,833. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoonup2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2013

(7) (8)

Sche	dule D (Form 990) 2013 HEBREW FREE LOAN SOCIETY,	INC.		13-	5562239	Page 4
	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	eturr	1 .	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a					
1	Total revenue, gains, and other support per audited financial statements			1	2,120,	318.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	. 2a	637,378.			
b	Donated services and use of facilities		60,000.			
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		56,000.			
е	Add lines 2a through 2d			2e		378.
3	Subtract line 2e from line 1			3	1,366,	940.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,071.			
b	Other (Describe in Part XIII.)	-				
С	Add lines 4a and 4b			4c	13,	071.
5	This was also also also also also also also al			5	1,380,	
Pa	t XII Reconciliation of Expenses per Audited Financial Staten			Retu		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	1,581,	329.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	_ 2a	60,000.			
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	60,	.000
3	Subtract line 2e from line 1			3	1,521,	329.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,071.			
b	Other (Describe in Part XIII.)		· · · · · · · · · · · · · · · · · · ·	1		
	Add lines 4a and 4b			4c	13.	071.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.</i>)			5	1,534,	
	t XIII Supplemental Information.					
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV lines 1h	and 2b: Part V line	4· Part	X line 2: Part)	ΚI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			i, i ai c	,, 10 <u>L</u> , 1 dit,	υ,
	and its, and it are this, into the articles to provide any day	anional innon	Tiddioi ii			
PAI	RT X, LINE 2:					
EX.	PLANATION: THE SOCIETY HAS DETERMINED THAT	THERE	ARE NO MA	TER	IAL	
UN	CERTAIN TAX POSITIONS THAT REQUIRE RECOGNI	TION O	R DISCLOSU	RE	IN THE	
FII	NANCIAL STATEMENTS. PERIODS ENDING JUNE 3	30, 201	1 AND SUBS	EQU:	ENT REMA	AIN
SU	BJECT TO EXAMINATION BY APPLICABLE TAXING	AUTHOR	ITIES.			
.	OM W					
PA]	RT XI, LINE 2D - OTHER ADJUSTMENTS:					
7 F	HIGHWENE EO ALLOWANCE EOD DOWNERS ACCOUNT	10			F.C	000
AD	USTMENT TO ALLOWANCE FOR DOUBTFUL ACCOUNT	: ත්			56,	000.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

Inspection ► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form 990 Inspection Employer identification number

Internal Revenue Service Name of the organization

Department of the Treasury

OMB No. 1545-0047

Open To Public

HEBREW	FREE LOAN SOCIETY,	IN	c.		13-5562	
Part I Fundraising Activities required to complete this par	- Complete if the organization answert.	red "Y	es" to	Form 990, Part IV, I	ne 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p ividuals or entities (fundraisers) purs	ion of ion of fundra (includ	non-govern govern dising of ding of ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(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			
Total 3 List all states in which the organization		contrib	utions	s or has been notified	d it is exempt from re	egistration
or licensing.						

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Schedule G (Form 990 or 990-EZ) 2013

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

Schedule G	3 (Form 990 or 990-EZ) 2013 H					INC.			. age =
Part II	Fundraising Events. Co	omplete if th	ne organiz	ation ansv	vered "Yes" to Fo	rm 990, Par	t IV, line 18, or reported r	nore than \$15,	,000
	of fundraising event contribute	itions and gr	oss incon	ne on Forn	n 990-EZ, lines 1 a	and 6b. List	events with gross receip	ts greater than	\$5,000
			(a)	Event #1	(b) Eve	ent #2	(c) Other events	(d) Total ev	vents
1			1		NTT377	NIONIE:	(a) rotarot	CITE	

		or fullulaising event contributions and gre		LZ, IIIC3 T AIIG OD. LIST	Sverite with gross recor	pro greater than 40,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				NEXT GENERATION E	NONE	(add col. (a) through
4			(event type)	(event type)	(total number)	col. (c))
anue			, , , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
Revenue	1	Gross receipts	100,722.	20,463.		121,185.
_	2	Less: Contributions	88,462.	14,822.		103,284.
	_	Less. Contributions	0071021	11/0221		103/2010
	3	Gross income (line 1 minus line 2)	12,260.	5,641.		17,901.
		Cook prime				
	4	Cash prizes				
	5	Noncash prizes				
ses			E 450	F 000		14 250
xper	6	Rent/facility costs	7,150.	7,200.		14,350.
Direct Expenses	7	Food and beverages	6,458.	0.		6,458.
Dire		, ood and bovolages				
	8	Entertainment	^^ 4	540.		4,220.
	9	Other direct expenses		819.		23,994. 49,022.
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	0 1 (1)		_	-31,121.
Pa	ırt l	Gaming. Complete if the organization a	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	31,121.
		\$15,000 on Form 990-EZ, line 6a.				
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue				billyo/progressive billyo		col. (a) through col. (c))
Re	1	Gross revenue				
es	2	Cash prizes				
sens	_	Noncook prizos				
EXF	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses		W 0/	W 0/	
	6	Volunteer labor	Yes % No	Yes %	☐ Yes % ☐ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
		Net continue in a continue of the continue of	Strange than do not have see (al)		_	
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)		·····	
9	En	ter the state(s) in which the organization opera	tes gaming activities:			
		the organization licensed to operate gaming ac	_	states?		Yes No
b	lf "	No," explain:				
	_					
10a	— We	ere any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax v		Yes No
		Yes," explain:	,			
	_					
	_					

332082 09-12-13

Schedule G (Form 990 or 990-EZ) 2013

Sch	edule G (Form 990 or 990-EZ) 2013 HEBREW FREE LOAN SOCIETY, INC. 13-5	<u> 562</u>	<u> 239</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	└─ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	□ No
13	Indicate the percentage of gaming activity operated in:			
	The organization's facility	13a		%
	An outside facility			%
	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
	old "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I	ines 9,	9b, 10)b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	,	,	, ,
			_	
_				

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HEBREW FREE LOAN SOCIETY, INC.

Employer identification number 13-5562239

Pa	rt I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			l
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	1	i

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Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title					other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	in prior Form 990
1) SHANA NOVICK	(i)	201,503.	0.	0.	32,834.	21,108.	255,445.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (i)							
	(ii)							
	(i) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

g.
Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 4B:
EXPLANATION: PART I, LINE 4B: SHANA NOVICK \$16,555.

SCHEDULE 0 (Form 990 or 990-EZ)

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.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

INC.

Name of the organization HEBREW FREE LOAN SOCIETY, **Employer identification number** 13-5562239

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE HEBREW FREE LOAN SOCIETY MAKES INTEREST-FREE LOANS FOR PHILANTHROPIC PURPOSES THROUGHOUT THE NEW YORK METROPOLITAN AREA. GOAL IS TO PROVIDE FINANCIAL ASSISTANCE THAT HELPS BORROWERS ACHIEVE AND MAINTAIN ECONOMIC SELF-SUFFICIENCY. LOANS ARE MADE ON A NONSECTARIAN BASIS WHERE THE AVAILABILITY OF INTEREST-FREE CREDIT WILL MAKE A SIGNIFICANT DIFFERENCE IN AN INDIVIDUAL'S OR FAMILY'S LIFE. THE LOANS ALSO HELP ENSURE THE CONTINUED VIBRANCY OF NEW YORK'S JEWISH COMMUNITY BY STRENGTHENING JEWISH INSTITUTIONS AND HELPING INDIVIDUALS MEET THE COST OF PARTICIPATING IN THE COMMUNITY.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: BOARD MEMBER LAUREL DURST STRONG HAS A FAMILY RELATIONSHIP WITH BOARD MEMBER DAVID M. DURST.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE ORGANIZATION'S FORM 990 IS INITIALLY REVIEWED BY BOTH THE SOCIETY'S EXECUTIVE DIRECTOR AND THE DIRECTOR OF FINANCE AND ADMINISTRATION. IT IS THEN REVIEWED BY THE TREASURER TO VERIFY THAT ALL REQUIRED DISCLOSURES HAVE BEEN MADE. THE SOCIETY'S EXECUTIVE COMMITTEE THEN PERFORMS A FINAL REVIEW BEFORE THE FORM 990 IS DISTRIBUTED TO THE ENTIRE BOARD AND RECEIVES FINAL APPROVAL FOR FILING FROM THE ORGANIZATION'S EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: A CONFLICT OF INTEREST POLICY APPLIES TO ALL OFFICERS AND

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

Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013) Page 2 Name of the organization **Employer identification number** HEBREW FREE LOAN SOCIETY, INC. 13-5562239 TRUSTEES OF THE ORGANIZATION. ALL TRANSACTIONS ARE MONITORED TO DETERMINE IF ANY POTENTIAL CONFLICT EXISTS. IF IT IS DETERMINED THAT A POTENTIAL CONFLICT DOES EXIST, THE OFFICER OR TRUSTEE IS PROHIBITED FROM PARTICIPATING IN THE DELIBERATIONS AND DECISIONS RELATING TO THAT TRANSACTION. FORM 990, PART VI, SECTION B, LINE 15A: EXPLANATION: THE PRESIDENT AND MEMBERS OF THE EXECUTIVE COMMITTEE REVIEW COMPARABLE DATA OF OTHER ORGANIZATIONS (VARIOUS OTHER SIMILARLY-SIZED FREE LOAN SOCIETIES) TO DETERMINE THE COMPENSATION OF THE EXECUTIVE DIRECTOR. ALL DISCUSSIONS OF THE EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS REGARDING COMPENSATION OF OFFICERS ARE DOCUMENTED IN THE SOCIETY'S RECORDS. THIS PROCESS WAS PERFORMED IN JUNE 2013. FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: A SUMMARY OF THE FINANCIAL STATEMENTS IS INCLUDED IN THE ANNUAL REPORT WHICH IS MADE AVAILABLE ON OUR WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: ADJUSTMENT TO ALLOWANCE FOR DOUBTFUL ACCOUNTS 56,000. FORM 990 PART XII, LINE 2C

EXPLANATION: THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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Asset No.	Description	Acc)ate quired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT												
1	FURNITURE AND EQUIPMENT	VAF	RIES	SL	.000	16	265,854.			265,854.	246,561.		11,439.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM * GRAND TOTAL 990						265,854.		0.	265,854.	246,561.	0.	11,439.
	PAGE 10 DEPR						265,854.		0.	265,854.	246,561.	0.	11,439.