## **Short Form Return of Organization Exempt From Income Tax**

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

2015

OMB No 1545-1150

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-EZ and its instructions is at www.irs.gov/form990.

A			elendar year, or tax year beginning $Aug 1$ , 2015, and ending $Jul 31$		2016
<u>B</u> _		if applicable s change	C Name of organization	) Employer i	dentification number
F	Name c	•	New Jerusalem Now	23-25	76082
-	Initial re	_	Number and street (or P O box, if mail is not delivered to street address) Room/suite	Telephone	number
┢	l	urn/terminated	2011 West Norris St	(215)	786-8806
X	Amendo	ed return	City or town, state or province, country, and ZIP or foreign postal code	Group Ex	
	Applica	ition pending	Philadelphia PA 19122		<b>&gt;</b>
G	Accou	unting Metl	~~~ <u>~~</u> ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	X if the	organization is not
ı	Webs	site: 🏲 N	required	to attach S	Schedule B
J	Tax-ex	kempt status	s (check only one) — X 501(c)(3) 501(c) ( ) ◄(insert no ) 4947(a)(1) or 527 (Form 9	90, 990-EZ	, or 990-PF).
K		of organiz			
L	Add II	ınes 5b, 6c s (Part II. c	and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	►\$	169,319.
P			ue, Expenses, and Changes in Net Assets or Fund Balances (see the instru		
			the organization used Schedule O to respond to any question in this Part I		
	1	Contributi	ons, gifts, grants, and similar amounts received	. 1	91,299.
	2	Program :	service revenue including government fees and contracte CEIVED.	2	60,419.
	3	Members	hip dues and assessments	3	
	4	Investme	nt income	4	
	5 a	Gross am	ount from sale of assets other than inventory		
	Ь	Less cos	t or other basis and sales expenses		
	6	Gain or (los Gaming a	s) from sale of assets other than inventory (Subtract line 5b from megpen, UTSB)	. 5с	
R	a	Gross inc	ome from gaming (attach Schedule G if greater than \$15,000)   6 a		
R E V E	b	Gross inc	ome from fundraising events (not including \$ of contributions		
Ę			raising events reported on line 1) (attach Schedule G if the sum ross income and contributions exceeds \$15,000) 6 b		
	C	Less. dire	ct expenses from gaming and fundraising events 6 c		
	d	Net incom	ne or (loss) from gaming and fundraising events (add lir ibtract line 6c)	. 6d	
	7 a	Gross sal	es of inventory, less returns and allowances		
	Ь	Less cos	t of goods sold		
	C		ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8	Other rev	enue (describe in Schedule O)	skéurie 8	
	9_	Total rev	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	169,319.
	10		nd similar amounts paid (list in Schedule O)		
	11	Benefits p	paid to or for members	11	
E	12	Salaries,	other compensation, and employee benefits	12	31,691.
XPENSES	13		nal fees and other payments to independent contractors		6,997.
Ņ	14	•	cy, rent, utilities, and maintenance	14	47,756.
Ĕ	15		publications, postage, and shipping	15	103.
Ŭ	16		oenses (describe in Schedule O)		73,556.
	17		penses. Add lines 10 through 16	▶ 17	160,103.
Α	18	Excess or	r (deficit) for the year (Subtract line 17 from line 9)	18	9,216.
A S S E T T	19	Net asset figure rep	s or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year orted on prior year's return)	19	249,844.
T <sub>T</sub>	20	Other cha	inges in net assets or fund balances (explain in Schedule O)	. 20	
	21	Net asset	s or fund balances at end of year. Combine lines 18 through 20	<b>-</b> 21	259,060.
DA	A F	. 0	rk Poduction Act Natice, see the congrate instructions		Farm 000 F7 (2045)

Form **990-EZ** (2015)

Form	1990-EZ (2015) New Jerusalem I	Now		23-	-257	6082 Page <b>2</b>
Par	Balance Sheets (see the ins Check if the organization used Sche	tructions for Part II)	on in this Part II			
	. •	date of the topportor to diff quode		) Beginning of year		(B) End of year
22	Cash, savings, and investments			55,398	$\overline{}$	64,415.
23	Land and buildings			210,617		210,617.
24	Other assets (describe in Schedule O) .		<b>L</b>	1,296		1,296.
25	Total assets		<u> </u>	267,311	25	276,328.
26	Total liabilities (describe in Schedule O)			17,467	26	17,268.
27	Net assets or fund balances (line 27 of		<u> </u>	249,844	27	259,060.
	Statement of Program Service			249,044	. [21]	Expenses
ETTAI	Check if the organization used Sci					•
What	is the organization's primary exempt purpose? Si	o Organization's Brimani Evan	ant Disconn			ured for section 501 and 501(c)(4)
Desc	cribe the organization's program service ac	complishments for each of its th	ree largest program sen	rices, as		iizations, optional
mea	cribe the organization's program service ac sured by expenses. In a clear and concise efited, and other relevant information for ea	manner, describe the services	provided, the number of p	persons	for ot	hers)
=						
28	The immediate focus is r					
	The long-range focus is		<u>obstacles to </u>			
	the fullness of human li	<u>fe</u> .			1	
	(Grants \$ 0.) If t	his amount includes foreign gra	nts, check here		28 a	106,254.
29						
	(Grants \$ ) If t	his amount includes foreign grai	nts, check here	· · · · · · · · · · · · · · · · · · ·	29 a	
30						
	(Grants \$ ) If t	his amount includes foreign gra-	nts, check here	<b></b>	30 a	
31						
•		his amount includes foreign gra			31 a	
32	Total program service expenses (add I				32	100 254
	List of Officers, Directors					106,254.
Had	Check if the organization used Sci					
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employ benefit plans, and defe	vee I	(e) Estimated amount of other compensation
		F	(,	compensation		
			1			
	<u> Margaret McKenna</u>			- component		
	under	0.00	0.	- Composition	0.	0.
	under rbara Brigham	_	0.		0.	0.
Boa	under rbara Brighamard Member	0.00	0.		0.	0.
Boa Gan	under rbara Brigham ard Member ry Robbins	0.00				
Boa Gan	under rbara Brighamard Member	_				
Boa Gar Pro	under rbara Brigham ard Member ry Robbins	0.00 - 24.00	0.		0.	0.
Boa Gar Pro	under rbara Brigham ard Member ry Robbins oject Director	0.00	0.		0.	0.
Boa Gan Pro Pet Boa	under rbara Brigham ard Member ry Robbins oject Director ter Sigmund	0.00 - 24.00	27,041.		0.	0.
Boa Gar Pro Pet Boa Kat	under rbara Brigham ard Member ry Robbins oject Director ter Sigmund ard Member	0.00 - 24.00	27,041.		0.	0.
Boa Gar Pet Boa Kat	under rbara Brigham ard Member ry Robbins oject Director ter Sigmund ard Member te Sannicks	0.00 -24.00 -0.00	27,041. 0.		0.	0. 0.
Boa Gar Pet Boa Kat Sec Mar	under rbara Brigham ard Member ry Robbins oject Director ter Sigmund ard Member te Sannicks cretary	0.00 -24.00 -0.00	27,041. 0.		0.	0. 0.
Boa Gan Pet Boa Kat Sec Man Boa	under rbara Brigham ard Member ry Robbins oject Director ter Sigmund ard Member te Sannicks cretary ry Jo Macarthur ard Member	- 0.00 - 24.00 - 0.00 - 0.00	0. 27,041. 0.		0. 0. 0.	0. 0. 0.
Boa Gan Pro Pet Boa Kat Sec Man Boa Gun	under rbara Brigham ard Member ry Robbins oject Director ter Sigmund ard Member te Sannicks cretary ry Jo Macarthur ard Member retti Poovathunkel	- 0.00 - 24.00 - 0.00 - 0.00	0. 27,041. 0.		0. 0. 0.	0. 0. 0.
Boa Gan Pro Pet Boa Kat Sec Man Boa Gun	under rbara Brigham ard Member ry Robbins oject Director ter Sigmund ard Member te Sannicks cretary ry Jo Macarthur ard Member	- 0.00 - 24.00 - 0.00 - 0.00	0. 27,041. 0. 0.		0. 0. 0.	0. 0. 0.
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Boa Gan Pro Pet Boa Kat Sec Man Boa Gun	under rbara Brigham ard Member ry Robbins oject Director ter Sigmund ard Member te Sannicks cretary ry Jo Macarthur ard Member retti Poovathunkel	- 0.00 - 24.00 - 0.00 - 0.00	0. 27,041. 0. 0.		0. 0. 0.	0. 0. 0.
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Boa Gan Pro Pet Boa Kat Sec Man Boa Gun	under rbara Brigham ard Member ry Robbins oject Director ter Sigmund ard Member te Sannicks cretary ry Jo Macarthur ard Member retti Poovathunkel	- 0.00 - 24.00 - 0.00 - 0.00	0. 27,041. 0. 0.		0. 0. 0.	0. 0. 0.
Boa Gan Pro Pet Boa Kat Sec Man Boa Gun	under rbara Brigham ard Member ry Robbins oject Director ter Sigmund ard Member te Sannicks cretary ry Jo Macarthur ard Member retti Poovathunkel	- 0.00 - 24.00 - 0.00 - 0.00	0. 27,041. 0. 0.		0. 0. 0.	0. 0. 0.
Boa Gan Pro Pet Boa Kat Sec Man Boa Gun	under rbara Brigham ard Member ry Robbins oject Director ter Sigmund ard Member te Sannicks cretary ry Jo Macarthur ard Member retti Poovathunkel	- 0.00 - 24.00 - 0.00 - 0.00	0. 27,041. 0. 0.		0. 0. 0.	0. 0. 0.
Boa Gan Pro Pet Boa Kat Sec Man Boa Gun	under rbara Brigham ard Member ry Robbins oject Director ter Sigmund ard Member te Sannicks cretary ry Jo Macarthur ard Member retti Poovathunkel	- 0.00 - 24.00 - 0.00 - 0.00	0. 27,041. 0. 0.		0. 0. 0.	0. 0. 0.
Boa Gan Pro Pet Boa Kat Sec Man Boa Gun	under rbara Brigham ard Member ry Robbins oject Director ter Sigmund ard Member te Sannicks cretary ry Jo Macarthur ard Member retti Poovathunkel	- 0.00 - 24.00 - 0.00 - 0.00	0. 27,041. 0. 0.		0. 0. 0.	0. 0. 0.

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Form	990-EZ (2015) New Jerusalem Now 23-25769	82 K	<b>\</b> Pa	age 3
্টিপ্তার্	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. 🛮
	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O	33		<u> </u>
	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a	l	Х
	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		<del></del> -
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		x
	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a			
	Did the organization file Form 1120-POL for this year?	37 b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
b	If 'Yes,' complete Schedule L, Part II and enter the total			
39	amount involved	_		
	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.	_		
	section 4911 , section 4912 ; section 4955 ;			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed			
	The organization's books are in care of Sr Sylvia Strahler Telephone no C215 Located at 2011 West Norris St Philadelphia PA ZIP+4 19112  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)?		-880 <b>Yes</b>	6 No X
c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the U.S.?	42 c		Х
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		Yes	No
	Did the organization maintain any donor advised funds during the year? If Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		Х
	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		X
	Did the organization receive any payments for indoor tanning services during the year?	44 c		Х
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O	44 d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)			ض
		45b		X
	ICEANO12 10/12/13	orm 990	-EZ (2	.u 15)

Page 4
Yes No

	id the organization engage, directly or indirect andidates for public office? If 'Yes,' complete S				46	\	Х
<b>ि</b> वृत्तः \	Section 501(c)(3) organization All section 501(c)(3) organization for lines 50 and 51.		estions 47-49b and 5	2, and complete the	e tables		
	Check if the organization used Schedule	O to respond to any que	estion in this Part VI	<u> </u>	<u></u> .		$\cdot \square$
	id the organization engage in lobbying activitie				47	Yes	No X
	the organization a school as described in sec					<del>                                     </del>	x
	id the organization make any transfers to an e		· ·		<u> </u>	<del>                                     </del>	X
<b>50</b> C	'Yes,' was the related organization a section 5 omplete this table for the organization's five himployees) who each received more than \$100	ghest compensated emp	loyees (other than officer	s, directors, trustees and	d key		Х
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other con		
None							
	otal number of other employees paid over \$10 complete this table for the organization's five his ompensation from the organization. If there is		pendent contractors who	each received more tha	n \$100,000	of	
	(a) Name and business address of each independent co		1	of service	T	pensatio	n
None							
52 D	otal number of other independent contractors of the organization complete Schedule A? Note of the organization completed Schedule A	te: All section 501(c)(3) o	•		► X <sub>Ye</sub>		
Under per	naities of perjury, I declare that I have examined this return, in ect, and complete. Declaration of preparer (ether than officer)	cluding accompanying schodules	and statements, and to the best	of my knowledge and bellef, it is			=
440, 0011	Macearet AI Mittau	лс	or property rias any knowledge,	May 21	2050		
Sign Here	Signature of officer  NARGARCTM. M  Type or print name and title	KENNA		Date			
Paid	Print/Type preparer's name  George R. O'Connell	Preparer's signature  Leoval III	Varsel 05/11/1	Check I if	PTIN P0051411	. 3	
Prepar	[	npany, LLC					
Use O		<u> Township Line R</u>		Firm's EIN	47-1352	2305	
	<u>Jenkintown</u>		PA 19046	Phone no (21	L5) 887-	4425	
May the	e IRS discuss this return with the preparer sho	wn above? See instruction	ons		► ∐Ye:		No
					Form 99	0 E7 /	20151

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Classic de Masaire.

Employer Identification number

	Jerusalem Now					23-257608	
Part	Reason for Public Cha	arity Status (All or	ganizations must co	omplete	this p	art.) See instruction	is.
The o	rganization is not a private foundat	ion because it is: (For l	lines 1 through 11, chec	k only on	e box )		
1	A church, convention of church	hes, or association of c	churches described in se	ction 17	0(b)(1)(	A)(i).	$\mathcal{O}$
2	A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E (Form 99	or 990-	EZ).)	( )	
3	A hospital or a cooperative hospital	spital service organizat	tion described in section	170(b)(	1)(A)(iii	<u>.</u>	V.
4	A medical research organization	on operated in conjunc	tion with a hospital desc	лbed in s	ection	170(b)(1)(A)(iii). Enter th	ne hospital's
	name, city, and state:	,	•			, , , , , , , , , , , , , , , , , , ,	•
5	An organization operated for the 170(b)(1)(A)(iv). (Complete P	he benefit of a college	or university owned or o	perated i	oy a gov	ernmental unit described	in section
6	A federal, state, or local gover	nment or governmenta	l unit described in <b>secti</b>	on 170(b	)(1)(A)(v	<b>/</b> ).	
7	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial <sub>l</sub> Complete Part II)	part of its support from a	governn	nental u	nit or from the general pu	ublic described
8	A community trust described in	n section 170(b)(1)(A)	(vi). (Complete Part II.)				
9	X An organization that normally from activities related to its exinvestment income and unrela June 30, 1975 See section 5	empt functions – subje ted business taxable ir <b>09(a)(2).</b> (Complete Pa	ect to certain exceptions, ncome (less section 511 art III )	and (2) tax) from	no more n busine	than 33-1/3% of its supp sses acquired by the org	port from gross
10	An organization organized and	•	•			, ,, ,	
11	An organization organized and or more publicly supported organizes 11a through 11d that des	anizations described in	n <b>section 509(a)(1)</b> or s	ection 5	09(a)(2)	. See section 509(a)(3).	irposes of one Check the box in
а	Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	equiarly appoint or elec	ed, or controlled by its s it a majority of the direct	upported ors or tru	organiz stees of	ation(s), typically by givil the supporting organiza	ng the supported tron. <b>You must</b>
b	Type II. A supporting organiza management of the supporting must complete Part IV, Section 11.	organization vested ii	trolled in connection with the same persons that	ts supp control o	orted or or manag	ganization(s), by having ge the supported organiz	control or ation(s) <b>You</b>
С	Type III functionally integrat organization(s) (see instruction	t <b>ed.</b> A supporting orgar ns). <b>You must compl</b> e	nization operated in coni ete Part IV, Sections A,	nection w <b>D, and E</b>	ith, and	functionally integrated w	rith, its supported
d	Type III non-functionally inte functionally integrated. The or- instructions) You must comp	ganization generally m	ust satisfy a distribution	connect requirem	on with ent and	its supported organization attentiveness require	n(s) that is not ment (see
е	Check this box if the organization integrated, or Type III non-fundamental control in the contro	tion received a written o	determination from the li	RS that it	ıs a Typ	oe I, Type II, Type III fund	ctionally
f	Enter the number of supported or	ganizations					
g	Provide the following information	about the supported or	ganization(s)				·
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is organizati in your go docum	on listed everning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		ļ		Yes	No		
<u>(A)</u>				-			
<u>(B)</u>	·						!
(C)							
<u>(D)</u>		<del>                                     </del>		<del> </del>	<u> </u>		<del></del>
<u>(E)</u>							
Total			-				
BAA	For Paperwork Reduction Act N	otice, see the Instruc	tions for Form 990 or 9	90-EZ.		Schedule A (Form	n 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 New Jerusalem Now 23-2576082

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

, ,	(Complete only if you checked organization fails to qualify un	the box on line 5,	7, or 8 of Part I or	if the organization nplete Part III)	failed to qualify un	der Part III. If the	
Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support				1		
Cale	ndar year (or fiscal year nning in) ►	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4				1		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					The state of the s	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						1
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10			:			
12	Gross receipts from related activiti	es, etc (see instru	ictions)			12	
13	First five years. If the Form 990 is organization, check this box and s	for the organizati	on's first, second,	third, fourth, or fifth	tax year as a secti	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support F	Percentage				
	Public support percentage for 201:	5 (line 6, column (i	) divided by line 1				%
15	Public support percentage from 20	14 Schedule A, P	art II, line 14			15	%
16 8	33-1/3% support test — 2015. If and stop here. The organization of	the organization di jualifies as a publi	id not check the bo cly supported orga	ox on line 13, and li	ne 14 is 33-1/3% o	r more, check this I	box · · · · · · ▶
ı	33-1/3% support test — 2014. If t and stop here. The organization o	he organization di qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, a inization	nd line 15 is 33-1/3	% or more, check	this box
17 :	a 10%-facts-and-circumstances to or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and	-circumstances' tes	st, check this box a	nd stop here. Exp	lain in Part VI how	
	o 10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-	eets the 'facts-and circumstances' tes	-circumstances' test. The organization	st, check this box a n qualifies as a pub	nd stop here. Exp licly supported orga	laın ın Part VI how anization	the · · · · · · ▶ □
18	Private foundation. If the organiz	annu an not cuec	k a box on line 13,	10a, 100, 1/a, or 1	to, check this box	and see instruction	15 · · · · · ▶ [_]

Schedule A (Form 990 or 990-EZ) 2015

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support							
Calendar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 201	5	(f) Total
Gifts, grants, contributions and membership fees							
received (Do not include	1		Ì	62 154	01 0	ا م	154 453
any 'unusual grants ')				63,154.	91,2	99.	154,453.
sions, merchandise sold or	1		}	1		i	
services performed, or facilities		•	i				
furnished in any activity that is related to the organization's			l	1		1	
tax-exempt purpose				85,752.	60,4	19.	146,171.
3 Gross receipts from activities that are not an unrelated trade				l l		1	
or business under section 513 .						İ	
4 Tax revenues levied for the							
organization's benefit and either paid to or expended on						1	
its behalf			}			- 1	
5 The value of services or facilities furnished by a							
governmental unit to the			1	ļ ,		- 1	
organization without charge.							<del></del>
6 Total. Add lines 1 through 5			ļ	148,906.	151 <b>,</b> 7	18.	300,624.
7 a Amounts included on lines 1, 2, and 3 received from							
disqualified persons	L						
b Amounts included on lines 2						ļ	
and 3 received from other than disqualified persons that		ļ		,		1	
exceed the greater of \$5,000 or							
1% of the amount on line 13 for the year				ļ			
c Add lines 7a and 7b	<u> </u>		<u> </u>	· · · · · · · ·			<del></del>
8 Public support. (Subtract line							
7c from line 6.)		ene series		·			300,624.
Section B. Total Support	1		1	1			<del></del>
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 201		(f) Total
9 Amounts from line 6	<b>—</b>			148,906.	151,7	18.	300,624.
10 a Gross income from interest, dividends, payments received on securities loans,				j		ŀ	
rents, royallies and income from			<b>\</b>				•
sımılar sources				0.		0.	0.
income (less section 511				}		1	
taxes) from businesses acquired after June 30, 1975							
c Add lines 10a and 10b				0.		0.	0.
11 Net income from unrelated business							
activities not included in line 10b, whether or not the business is			İ	<b>,</b>		ļ	
regularly carried on			<u>L</u>				
12 Other income. Do not include						T	-
gain or loss from the sale of capital assets (Explain in							
Part VI.)		<u> </u>	<del> </del>	2,591.	<u>17,6</u>	01.	20,192.
13 Total support. (Add lines 9, 10c, 11, and 12.)				151,497.	169,3	10	320,816.
14 First five years. If the Form 990		on's first, second.	third, fourth, or fifth	tax year as a section			320,010.
organization, check this box and	stop here	<u> </u>	<u></u>	<u> </u>			
Section C. Computation of Po	<u>ublic Support F</u>	ercentage					
15 Public support percentage for 20						15	93.71 %
16 Public support percentage from 2				· · · · · · · · · · · · · · · · · · ·	· · <u>· · ·</u>	16	<u> </u>
Section D. Computation of In					<del></del>	4 <del>5</del> T	
17 Investment income percentage for	•	• •	•	• •		17	0.00 %
18 Investment income percentage fr						18	<del>8</del>
19 a 33-1/3% support tests - 2015. is not more than 33-1/3%, check							
b 33-1/3% support tests — 2014.	•	_			-		
	If the organization d	lid not check a box	on line 14 or line	19a, and line 16 is n	nore than 30	3-1/3%.	and
line 18 is not more than 33-1/3%  20 Private foundation. If the organ	, check this box and	stop here. The o	rganızation qualifie	s as a publicly supp	orted organ	ization	▶ [_]

Park V Supporting Organizations

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

-	Citori A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
	<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported	40		
	organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		-
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8		8		
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If 'Yes,' provide detail in Part VI	9a		
	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с		
10	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below	10a		
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

Pe	☑ Supporting Organizations (continued)			
44	Lies the agreement a content of a gift or contribution from any of the following manners?		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
•	governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b	<u> </u>	<del> </del> -
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		L
<u>Se</u>	ction B. Type I Supporting Organizations		,	г—-
4	Did the directors, tructors, or membership of one or more curported erganizations have the newer to regularly ennext		Yes	No
7	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sei	ction C. Type II Supporting Organizations		<u>                                     </u>	·
<u> </u>	otion of type in outporting organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
•	of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ction D. All Type III Supporting Organizations	l		
			Yes	No
_				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Se	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
	a The organization satisfied the Activities Test. Complete line 2 below			
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ons)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

120	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nızat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Section 2.	lovemb	per 20, 1970 See instru	ctions. All
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of pnor-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	<u></u>	
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1 b	_	
	Fair market value of other non-exempt-use assets	1 c		
	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI).			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of pnor-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
_3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		<b>-</b>
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrated (see instructions).	d Type	III supporting organizati	on
BAA	· · · · · · · · · · · · · · · · · · ·		Schedule A (Fo	rm 990 or 990-EZ) 2015

Par	₹♥ Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)	
Sect	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose			
2	Amounts paid to perform activity that directly furthers exempt purposes on excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	rted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	<u></u> .		
6	Other distributions (describe in Part VI). See instructions			
_ 7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
9	Distributable amount for 2015 from Section C, line 6	<u> </u>		<u></u>
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
_1_	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2015			
a				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D, line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7.			
а				
ь				
С	Excess from 2013			
d	Excess from 2014			
_	Evenes from 2015	İ		

BAA

Schedule **A** (Form 990 or 990-EZ) 2015

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

Pt III Ln 12

Other Income Part III, Line 12 Description: Short-Term CD Interest 2014: 3. 2015: 7. Description: Interest Income 2014: 2. 2015: 7. Description: Miscellaneous Income 2014: 2586. 2015: 16585. Description: Other Income 2014: 0. 2015: 1002.

## SCHEDULE O (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.

2015

orani in militari organization

OMB No 1545-0047

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.

Name of the organization

New Jerusalem Now

Employer identification number

23-2576082

The return is being amended because on the previously filed return, cash was overstated, other assets were understated and total liabilities were also understated. Cash, Other Assets, Total Liabilities and Net Assets have all been adjusted to the correct balances as of July 31 2016 on this amended 990-EZ.

Other