

Short Form

OMB No. 1545-1150

2003

Open to Public Inspection

Form 990-EZ

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury Internal Revenue Service

A For the 2003 calendar year, or tax year beginning 01/01/03, 2003, and ending 12/31/03, 20

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: KULANU INC
Number and street (or P.O. box, if mail is not delivered to street address): 11603 Gilsan Street
Room/suite
City or town, state or country, and ZIP + 4: Silver Spring, MD 20902-3122

D Employer identification number: 52-1919094
E Telephone number: (212) 877-8082
F Enter 4-digit (GEN)

G Accounting method: [X] Cash [] Accrual Other (specify)
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Web site: www.kulanu.org
J Organization type (check only one): [X] 501(c) (3) (insert no.) [] 4947(a)(1) or [] 527

K Check [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ 92,542

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 36 of the instructions.)

Table with 9 columns: Revenue/Expenses/Net Assets, Line number, Description, Sub-line, Amount. Includes rows 1-21 for Revenue, Expenses, and Net Assets.

Part II Balance Sheets- If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 3 columns: (A) Beginning of year, (B) End of year, Line number. Includes rows 22-27 for Cash, Land and buildings, Other assets, Total assets, Total liabilities, and Net assets or fund balances.

Part III Statement of Program Service Accomplishments (See page 39 of the instructions.)		Expenses	
What is the organization's primary exempt purpose? Help lost & dispersed Jewish communities		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	See Statement 3		
	(Grants \$)	28a	48,217.00
29			
	(Grants \$)	29a	
30			
	(Grants \$)	30a	
31	Other program services (attach schedule)	(Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)		32 \$48,217

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 40 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Statement 5				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No	N/A
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a description of each activity		<input checked="" type="checkbox"/>	
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a copy of changes.		<input checked="" type="checkbox"/>	
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>	
b	If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," statement.)		<input checked="" type="checkbox"/>	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a	0		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>	
38a	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 unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>	
b	If "Yes," attach schedule specified in the line 38 instructions and enter the amount involved. 38b	0		
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0	0		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		<input checked="" type="checkbox"/>	
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 0			0
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization 0			0
41	List the states with which a copy of this return is filed. None			
42	The books are in care of Harriet Bograd Telephone no. () 212-877-8082			
	Located at 165 West End Ave 3R, New York, NY ZIP + 4 10023			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the tax year 43			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: **Harriet M Bograd, Treasurer** Date: _____

Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed Preparer's SSN or PTIN (See Gen. Inst. W): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no.: _____



SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2003

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization KULANU INC	Employer identification number 52 1919094
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
.....				
.....				
.....				
.....				
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
.....		
.....		
.....		
.....		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		✓
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	✓
b Lending of money or other extension of credit?	2b	✓
c Furnishing of goods, services, or facilities?	2c	✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓
e Transfer of any part of its income or assets?	2e	✓
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) Stmt 6	3a	✓
b Do you have a section 403(b) annuity plan for your employees?	3b	✓
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	✓

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) . ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	63,848	57,162	60,273	50,918	232,201
16 Membership fees received	0	0	0	0	0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	27,379	2,500	7,545	6,902	44,326
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	176	315	0	376	867
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22.	91,403	59,977	67,818	58,196	277,394
24 Line 23 minus line 17.	64,024	57,477	60,273	51,294	233,068
25 Enter 1% of line 23	914	600	678	582	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. ▶					26a 4,661
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b 30,097
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c
d Add: Amounts from column (e) for lines: 18 <u>867</u> 19 <u>0</u>					26d 30,964
22 <u>0</u> 26b <u>30,097</u> ▶					26e 202,104
e Public support (line 26c minus line 26d total) ▶					26f 87 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:					
(2002) (2001) (2000) (1999)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2002) (2001) (2000) (1999)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					27c
17 _____ 20 _____ 21 _____ ▶					27d
d Add: Line 27a total . _____ and line 27b total . _____ ▶					27e
e Public support (line 27c total minus line 27d total). ▶					27f
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e). ▶					27g %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). ▶					27h %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39).	40	
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is— The lobbying nontaxable amount is—		
	Not over \$500,000 20% of the amount on line 40.	41	}
	Over \$500,000 but not over \$1,000,000 . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount.					
46 Lobbying ceiling amount (150% of line 45(e)).					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e)).					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers	✓	✓	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)	✓	✓	
c Media advertisements	✓	✓	
d Mailings to members, legislators, or the public	✓	✓	
e Publications, or published or broadcast statements	✓	✓	
f Grants to other organizations for lobbying purposes	✓	✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body	✓	✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	✓	✓	
i Total lobbying expenditures (Add lines c through h.)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash	51a(i)	<input checked="" type="checkbox"/>
	(ii) Other assets	a(ii)	<input checked="" type="checkbox"/>
b	Other transactions:		
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	<input checked="" type="checkbox"/>
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	<input checked="" type="checkbox"/>
	(iii) Rental of facilities, equipment, or other assets	b(iii)	<input checked="" type="checkbox"/>
	(iv) Reimbursement arrangements	b(iv)	<input checked="" type="checkbox"/>
	(v) Loans or loan guarantees	b(v)	<input checked="" type="checkbox"/>
	(vi) Performance of services or membership or fundraising solicitations	b(vi)	<input checked="" type="checkbox"/>
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	<input checked="" type="checkbox"/>

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship



Statement 1

Form: 990 EZ

Page: 1

Part: I

Question: 10

KULANU INC

52-1919094

Grants and Allocations

Type: Cash
Number of individuals: 1
Grant Amount \$500.00
Classification Outreach to Anusim
Name: Linda King Yaffah Da Costa
Address: 46371 Bengal Rd
City/State/Zip Wister, OK 74966
United States
Relationship: None
Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals: 1
Grant Amount \$150.00
Classification Award for writing competition
Name: Kokasi Keki
Address: PO Box 225
City/State/Zip Mbale, Mbale .
Uganda
Relationship: None
Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals: 1
Grant Amount \$250.00
Classification Volunteer expenses
Name: Noam Katz
Address: 1455 Beacon Street
City/State/Zip Brookline, MA 02446
United States
Relationship: None
Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:

How FMV Determined:

Type: Cash
Number of individuals: 1
Grant Amount \$575.00
Classification Jewish Outreach Project

Name: Remy Ilona
Address: POBox 11505 Area 10
City/State/Zip Garki, Abuja .
Nigeria

Relationship: None

Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals: 80
Grant Amount \$1,600.00
Classification Pre-school and elementary school

Name: Hadassah Infant School
Address: PO Box 225
City/State/Zip Mbale, Mbale ,
Uganda

Relationship: None

Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals: 200
Grant Amount \$2,710.00
Classification High School Science Lab Construction

Name: Semei Kakungulu High School
Address: PO Box 225
City/State/Zip Mbale, Mbale .
Uganda

Relationship: None

Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: NonCash
Number of individuals: 100
Grant Amount \$2,010.00
Classification Prayer books in Portuguese & Hebrew

Name: Bet Eliahu synagogue
Address: Rua Fonte Rosa
City/State/Zip: Belmonte, Portugal .
Portugal

Relationship: None

Date: 08/04/2003
Description of Property: Prayer Books bought from Brazil bookstore
Book Value of Property: \$2,010.00
How Book Value Determined: Purchase Price
FMV of Property: \$2,010.00
How FMV Determined: Purchase Price

Type: Cash
Number of individuals: 500
Grant Amount: \$500.00
Classification: Culturual Center

Name: BahalachinEthiopian Jewish Heritage & Cult Ctr
Address: PO Box 26448
City/State/Zip: Tel Aviv, . 61264
Israel

Relationship: None

Date:
Description of Property:
Book Value of Property:
How Book Value Determined:
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals: 3000
Grant Amount: \$454.00
Classification: Hydrologist fees for water planning

Name: Abayudaya Congregation
Address: PO Box 225
City/State/Zip: Mbale, Mbale .
Uganda

Relationship: none

Date:
Description of Property:
Book Value of Property:
How Book Value Determined:
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals: 30
Grant Amount: \$700.00
Classification: Crafts grant from Aid to Artisans

Name: Abayudaya Women's Association
Address: PO Box 225
City/State/Zip: Mbale, Mbale .
Uganda

Relationship: None

Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals: 3
Grant Amount \$700.00
Classification Volunteer expenses in Uganda

Name: Emily Weinstein
Address: 165 Seaman Ave
City/State/Zip New York, NY 10034
United States

Relationship: None

Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals: 20
Grant Amount \$1,400.00
Classification Costs of Lemba Conference, Zimbabwe

Name: Ernest Nhandi
Address: 2 Stirling Road
City/State/Zip Workington, Harare .
Zimbabwe

Relationship: None

Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals: 1
Grant Amount \$500.00
Classification Volunteer expenses in Uganda

Name: Rabbi Darren Levine
Address: 753A Union St
City/State/Zip Brooklyn, NY 11215
United States

Relationship: None

Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals: 600
Grant Amount \$700.00
Classification Jewish congregation-general support

Name: Abayudaya Congregation
Address: PO Box 225
City/State/Zip Mbale, Mbale .
Uganda

Relationship: None

Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals: 100
Grant Amount \$4,168.00
Classification Outreach to Jews in Belmonte, Portugal

Name: Amishav USA
Address: c/o Bruce Terris 1121 12th St NW
City/State/Zip Washington, DC 20005
United States

Relationship: None

Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals: 10
Grant Amount \$100.00
Classification Travel to Passover Seder

Name: Loja Passover Project Temple Beth Shalom
Address: 4144 Chase Ave
City/State/Zip Miami Beach, FL 33140
United States

Relationship: None

Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals: 1
Grant Amount \$3,000.00
Classification Scholarship Fund

Name: Institute for Jewish & Community Research

Address: 3198 Fulton
City/State/Zip San Francisco, CA 94118
United States

Relationship: Previous nonprofit donor

Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals: 300
Grant Amount \$6,950.00
Classification Elementary & Secondary Schools

Name: Abayudaya Lorna Margolis Orphan's Education Fund
Address: PO Box 225
City/State/Zip Mbale, Mbale .
Uganda

Relationship: None

Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals: 60
Grant Amount \$1,030.00
Classification Secondary School

Name: Semei Kakungulu High School
Address: PO Box 225
City/State/Zip Mbale, Uganda .
Uganda

Relationship: None

Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals: 1
Grant Amount \$375.00
Classification Travel-related expenses

Name: Rachel Namudosi Keki
Address: PO Box 225
City/State/Zip Mbale, Mbale .
Uganda

Relationship: None

Date:

Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals: 50
Grant Amount \$150.00
Classification Women's study group

Name: Abayudaya Women's Association
Address: PO Box 225
City/State/Zip Mbale, Mbale ,
Uganda

Relationship: None

Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals: 1000
Grant Amount \$1,055.00
Classification Outreach to Indian Jews

Name: Amishav USA
Address: c/o Bruce Terris 1121 12th St NW
City/State/Zip Washington, DC 20005
United States

Relationship: None

Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Total Grants: **\$29,577.00**

Statement 2

Form: 990 EZ

Page:

Part:

Question:

KULANU INC

52-1919094

Attachment listing other expenses for Part II

Description	Total:	Pgm Services	Mgt and General	Fundraising
Telephone & Telecommunications	\$209.00			
Insurance	\$1,794.00			
Other taxes	\$75.00			
Supplies	\$624.08			
Bank Charges & Credit Card Fees	\$879.00			
Books, Subscriptions, Reference	\$765.00			
Travel	\$6,922.70			
Total:	\$11,268.78			

Statement 3

Form: 990 EZ

Page: 2

Part: III

Question:

KULANU INC**52-1919094****Program Services**

Achievement	Pgm. Svc. Exp.
Other Communities: Worked on Judaism and Jewish heritage with communities in Eduador, Ghana, India, Myanmar, Mexico, Nigeria, Portugal, South Africa, US, and Zimbabwe.	\$18,105.00
Grants and Allocations: \$13,308.00	
Abayudaya Community, Uganda. Gave stipends to volunteers, support for elementary & secondary schools, science lab construction, hydrologist for water planning.	\$21,077.00
Grants and Allocations: \$16,269.00	
Education and Networking: Published a 16-page quarterly newsletter and distributed 1500-2000 copies of each. Published book, "Under One Canopy," about Jewish diversity. Sponsored or encouraged many lectures and speaking tours.	\$9,035.00
Grants and Allocations: \$0.00	
Kulanu Boutique: Paid \$9075 to Abayudaya Jewish community in Uganda and \$3242 to Sefwi Wiawso Jewish community in Ghana from sales of their religious crafts. See Kulanuboutique.com. Sales publicize these communities.	\$0.00
Grants and Allocations: \$0.00	
Total:	\$48,217.00

Statement 4

Form: 990 EZ

Page: 1

Part: II

Question: 24

KULANU INC

52-1919094

Other Assets

Asset Description	BOY Amount	EOY Amount
Cash	\$37,995.00	\$48,812.00
Total:	\$37,995.00	\$48,812.00

Statement 5

Form: 990 EZ

Page: 2

Part: IV

Question:

KULANU INC**52-1919094****Officers, Directors, Trustees, and Key Employees**

Name and Address	Title	Hrs	Comp.	Benefits	Expenses
Karen Primack 1217 Edgevale Road Silver Spring, MD 20910 United States	Secretary	20	\$0.00	\$0.00	\$0.00
Harriet Bograd 165 West End Ave 3R New York, NY 10023 United States	Treasurer	20	\$0.00	\$0.00	\$0.00
Moshe Cotel 639 West End Ave New York, NY 10025-7343 United States	Board Member	5	\$0.00	\$0.00	\$0.00
Aron Primack 1217 Edgevale Road Silver Spring, MD 20910 United States	Vice President	5	\$0.00	\$0.00	\$0.00
Jack Zeller 11603 Gilsan Street Silver Spring, MD 20902-3122 United States	President	20	\$0.00	\$0.00	\$0.00

Statement 6
Form: Schedule A
Page: 2
Part: III
Question: 3

KULANU INC
52-1919094

Explanation of Grant Determination

Explanation of grant qualifications

In 2003, Kulanu, Inc. did not make direct grants to individuals for scholarships, fellowships, student loans, etc. It did make a grant to the Lorna Margolis Orphan's Education Fund of the Abayudaya Congregation in Uganda so they could give small tuition subsidies to needy elementary and secondary students, and for uniforms and school supplies for needy students.