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Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047 Open to Public Inspection

Α	For the	e 2009 cal	endar year, or tax year beginning and endi	ing		
В	Check if applicable	e Please use IRS	C Name of organization		D Employer identifi	cation_number
[X Addres change Name	e – -print or	FRIENDS OF YEMIN ORDE, INC.		າາ າ	000462
L	lchang	e 'JF'	Doing Business As			090463
	return Termir ated	n- Specific Instruc-	Number and street (or P 0 box if mail is not delivered to street address) Roor 12230 WILKINS AVE	m/suite	E Telephone numbe (202)237-0286
Ĺ	Ameno retum Applic tion		City or town, state or country, and ZIP + 4 ROCKVILLE, MD 20852		G Gross receipts \$ H(a) Is this a group re	10,844,724.
	pendir	F Nan	ne and address of principal officer.KAREN SALLERSON E AS C ABOVE		for affiliates? H(b) Are all affiliates inc	Yes X No
ī	Tax-exe		is. X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527			list. (see instructions)
j			W.YEMINORDE.ORG		H(c) Group exemptio	
				L Year o		A State of legal domicile MA
	Part I	Summ				
oblegatevo	1	Briefly des	scribe the organization's mission or most significant activities: SEE PAF	RT I	II, LINE 1	
2	2	Check this	s box If the organization discontinued its operations or disposed of	of more	than 25% of its net as	ssets
2	3 з	Number o	f voting members of the governing body (Part VI, line 1a)		3	31
٥	4	Number o	f independent voting members of the governing body (Part VI, line 1b)		4	31
0	5 5	Total num	ber of employees (Part V, line 2a)		5	6
Activities	6	Total num	ber of volunteers (estimate if necessary)		6	40
4	7a	Total gros	s unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	` b	Net unrela	ated business taxable income from Form 990 Tine 34		7b	0.
					Prior Year	Current Year
9	8		ons and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g)	4,999,850.	6,559,486.	
Rovenie	9	_			(226 702	11 150 202
ğ	10	Investmer	nt income (Part VIII, column (A), lines 3.44, and 7d)		<236,783.	
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9a, 19c, and 1e)		1,702. 4,764,769.	1,263.
_	1		nue · add lines 8 through 11 (must equal Partivill, conumn (A), line 12)		7,349,612.	5,401,426. 6,348,723.
			d similar amounts paid (Part IX, column (A), lines 1-3)	-	7,349,012.	0,340,723.
	1		raid to or for members (Part IX, column (A), line 4)	-	379,041.	358,305.
Fynansas	15		other compensation, employee benefits (Part IX, column (A), lines 5-10) hal fundraising fees (Part IX, column (A), line 11e)		3/5,041.	330,303.
9	l lua		Iraising expenses (Part IX, column (D), line 25) 454,279	_		:
ŭ	[] 17		enses (Part IX, column (A), lines 11a-11d, 11f-24f)	- ├	278,132.	452,065.
	1		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,006,785.	7,159,093.
	19		ess expenses Subtract line 18 from line 12		<3,242,016.	
20	Ses		See Superiose Subtract line to troth line 12		inning of Current Year	End of Year
sets	[20	Total asse	ets (Part X, line 16)		16,859,942.	17,233,225.
AS	E 21		ities (Part X, line 26)		777,761.	6,223.
Net Assets or	들 22	Net asset	s or fund balances. Subtract line 21 from line 20		16,082,181.	17,227,002.
	art II	Signa	ture Block			
e;	gn	Under pena and comple	lities of perjury, I declare that I have examined this return, including accompanying schedules and stati te Deplaration of preparer (other than officer) is based on all information of which preparer has any kno	tements, a lowledge	nd to the best of my knowled	ge and belief, it is true, correct,
	ere	Sign	ature of officer		l Date	
•••		► KA	REN SALLERSON, EXECUTIVE DIRECTOR			
			or print name and title			
D-	ııd	Preparer's		Che self-		er's identifying number structions)
_	eparer's	signature	/// (i).ET// OJA 9/24/1		oloyed 🕨 🔲	·
	e Only	Firm's name yours if	GELFIAN, ROSENBERG & FREEDRAN		EIN ►	
-	y	self-employ address, an		ORTH		
_		ZIP + 4	BETHESDA, MARYLAND 20814-2930		Phone no 🕨 (
M	ay the IF		s this return with the preparer shown above? (see instructions)			X Yes No
			A. For Driveny Act and Danomyork Poduction Act Nation, see the congre			Easter 000 (0000)

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X.	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public_office?_If "Yes,"-complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and		,	_
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/	<u>A</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	-	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			3.7
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	_8	-	X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			v
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?		х	
	If "Yes," complete Schedule D, Part V	10	^	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X	11	x	
	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
•	Part VI			
•	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.			
•	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.			
•	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		1	
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X.			
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	Χ	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		v	
4-	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45	х	
46	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Λ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
"	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	- ''		<u> </u>
	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,"	_ <u>. </u>		
-	complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990 (2	2009)

Form	990 (2009) FRIENDS OF YEMIN ORDE, INC. 22-309(0463	P	age 4
Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1º If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			İ
	Schedule J	23		х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
	·	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		_
204	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	050		X
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	054		X
00	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			x
^-	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	07		Х
00	Schedule L, Part III	27		
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):	20		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			Х
	an officer, 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	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			, .
0.4	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	01		Х
	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			_v
	sections 301.7701·2 and 301.7701·3? If "Yes," complete Schedule R, Part I	33_		X
34	Was the organization related to any tax-exempt or taxable entity?	.		v
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34_	-	<u> X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			,,
	If "Yes," complete Schedule R, Part V, line 2	35		<u>X</u>
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	1	1	1

Form **990** (2009)

Х

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Note. All Form 990 filers are required to complete Schedule O.

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	I			1.03	110
	U.S. Information Returns. Enter ·0· if not applicable	1a	()		Ė
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	(5		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming	1 ″ ′		
	(gambling) winnings to prize winners?	•		1c]	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	6	5		Ė
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	•	2b	x	-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		ctions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	his return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	•		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country:					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank a	and			
	Financial Accounts				1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?	•	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	arding	Prohibited			
	Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anızatıon solicit			
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu-	tions o	r gifts			
	were not tax deductible?			6b	ig	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			ŀ		É
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	and services	_		v
	provided to the payor?			7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			v
	to file Form 8282?	7d	I	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			-	1	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a penefit contract?	berson	aı	70		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7e 7f		$\frac{x}{x}$
' ^	For all contributions of qualified intellectual property, did the organization file Form 8899 as required.			7g		
9 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		aured?	79 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or					
•	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	_		ŀ		Ė
	at any time during the year?		N/A	8		İ
9	Sponsoring organizations maintaining donor advised funds.		·			
а	Did the organization make any taxable distributions under section 4966?		N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				É
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					İ
а	Gross income from members or shareholders N/A	11a				į
b	Gross income from other sources (Do not net amounts due or paid to other sources against					İ
	amounts due or received from them.)	11b				É
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a		ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		<u> </u>	<u> </u>	Ĺ
				Fa	gan /	2000

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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.

sec	tion A. Governing Body and Management					
		١.	1	2.1	Yes	No
1a	Enter the number of voting members of the governing body	1a		31		
b	Enter the number of voting members that are independent	1b	<u> </u>	31		
2		p with	any other		v	
_	officer, director, trustee, or key employee?			_2	X	_
3	Did the organization delegate control over management duties customarily performed by or under the	ie aire	ct supervision			v
	of officers, directors or trustees, or key employees to a management company or other person?	00	10 file 40	3	Х	<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Fo		o was fileo?	5	Α_	v
5	Did the organization become aware during the year of a material diversion of the organization's asset	is?		6		X
6	Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more me	mbor	a of the	- 6		
7a	governing body?	silibei	s or the	7a		х
.	Are any decisions of the governing body subject to approval by members, stockholders, or other per	reone'	,	7a 7b	-	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken			10		
0	by the following:	Guini	g tile year			
•	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the	0.0		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	CHEC	at the	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	eveni	re Code)			
<u> </u>	tion bit onloce (mis section brequeste mismation about posicion net regalied b) the internal in	010/10	0.0000/	_	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates,	144		
	and branches to ensure their operations are consistent with those of the organization?	•	,	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	iling th	ne form?	111	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	_				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	uld giv	e rise			
	to conflicts?			12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes, '	describe	İ		
	in Schedule O how this is done			12c	Х	
13	Does the organization have a written whistleblower policy?			13	X	
14	Does 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 approve	al by ı	ndependent	-		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	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)			ŀ		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a	-		
	taxable entity during the year?			16a		X
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva-)		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anızat	ion's			ŀ
	exempt status with respect to such arrangements?			16b		L
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed CA, MA, CT		· · · · · · · · · · · · · · · · · · ·			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	(501	(c)(ಚ)s only) ava	allable for		
	public inspection. Indicate how you make these available. Check all that apply.					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	t of interest pol	icy, and fina	ancial	
•	statements available to the public.		anda fu			
20	State the name, physical address, and telephone number of the person who possesses the books a	nd red	cords of the org	anization •	_	
	KAREN SALLERSON - (202)237-0286 12230 WILKINS AVENUE, ROCKVILLE, MD 20852					
	12230 WILKINS AVENUE, ROCKVILLE, MD 20852				000	(2009)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee"

Check this box if the organization did not compensate any current officer, director, or trustee.

- 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.

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

Officer this box if the organization did not	<u> </u>	19 00	111011			, (111	5010	<u> </u>	(F)	(F)
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours	(6)		Pos الدي		app	dy)	Reportable compensation	Reportable compensation	Estimated amount of
	per	È	1001	(all	Inac	T	,,y, 	from	from related	other
	week	individual trustee or director					1	the	organizations	compensation
		900	<u>88</u>			sated		organization	(W-2/1099-MISC)	from the
		truste	at trus		8 €	mper		(W-2/1099-MISC)		organization
		dual	Institutional trustee	m	Key employee	oyee oyee	 =			and related
		ng.	Instit	Officer	Ke,	Highest compensated employee	Former			organizations
MARK I. SOLOMON		\vdash								
CHAIR	5.00	х		х				0.	0.	0.
MICHAEL SALZHAUER	1 3.00	 			-	 				
TREASURER	4.00	Х		х				0.	0.	0.
KAREN SALLERSON	1000	<u> </u>								-
EXECUTIVE DIRECTOR	50.00	ŀ		Х	Ì			131,254.	0.	13,207.
MICHAEL FRIEZE		 	┢		 	 				10,20.0
CAMPAIGN CHAIR	4.00	X						0.	0.	0.
MOREY GOLDBERG										
ENDOWMENT CHAIR	2.00	X						0.	0.	0.
VICTOR GELB										
BOARD MEMBER	2.00	X						0.	0.	0.
BRETT GOLDBERG			İ							-
BOARD MEMBER	1.00	X						0.	0.	0.
CHARLES GWIRTSMAN										
BOARD MEMBER	2.00	X	1					0.	0.	0.
VICTOR HAMMEL										
BOARD MEMBER	1.00	Х	ł					0.	0.	0.
JEFF MARKOWITZ										
BOARD MEMBER	0.50	X						0.	0.	0.
RICHARD LUND										
BOARD MEMBER	0.50	X			<u> </u>			0.	0.	0.
MARION WIESEL				1						
BOARD MEMBER	0.50	X		<u> </u>		<u>.</u>		0.	0.	0.
BERLE BERGER							l			
BOARD MEMBER	0.50	X						0.	0.	0.
DONALD B. CRAWFORD										
BOARD MEMBER	0.50	X						0.	0.	0.
MERYL JAFFE			1		l					
BOARD MEMBER	0.50	X			<u> </u>	L		0.	0.	0.
MYRA KRAFT										
BOARD MEMBER	0.00	X		$oxed{oxed}$	<u> </u>		<u>L</u>	0.	0.	0.
LARRY LEVY							1			
BOARD MEMBER	0.50	X		<u> </u>		<u> </u>		0.	0.	0.
000000 00 01 10										Form 990 (2009)

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Form **990** (2009)

Form 990 (2009) FRIENDS	OF YEMI	1 (<u> PRI</u>	DE,	<u>,</u>	INC	<u>:-</u>	· · · · · · · · · · · · · · · · · · ·	22-3090	<u>463</u>	P	age 8
Part VII Section A. Officers, Directors, Tr	ustees, Key E	mple	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)			
(A)	(B)	:		(0	C)			(D)	(E)		(F)	
Name and title	Average			-	itior			Reportable	Reportable		timate	-
	hours per	<u> </u>	heck	all	that	арр	iy)	compensation from	compensation from related		nount other	ot
	week	ecto			l			the	organizations		pensa	
		g 6-	- ₈₈ -			- gg		organization	(W-2/1099·MISC)		om th	
		Individual trustee or director	nstitutional trustee		88	mben		(W-2/1099-MISC)			anızat	
		qqa	utton	 	Key employee	estco	ğ.				d relat	
		Į.	Insti	Officer	Ş.	Highest compensated employee	Former			orga	anızatı	ons
TODD PATKIN					-	╁	-					
BOARD MEMBER	2.00	Х						0.	0.			0.
CHAIM PERI												
BOARD MEMBER	10.00	Х						0.	0.			0.
BERNARD POTTER						l			•			
BOARD MEMBER	2.00	X						0.	0.			0.
STEVEN I. ROSENFELD						-						
BOARD MEMBER	2.00	X	<u> </u>					0.	0.			0.
NOREEN SABLOTSKY												
BOARD MEMBER	0.50	X	<u> </u>					0.	0.			0.
ARTHUR SHEER												
BOARD MEMBER	0.50	X						0.	0.			0.
LEWIS SHUBIN												
BOARD MEMBER	2.00	Х				L		0.	0.			0.
MARC K. SUVALL						Ì		_	_			
BOARD MEMBER	2.00	X				L.		0.	0.			0.
ADAM FRIEMAN		ļ						_	_			
BOARD MEMBER	0.50	X						0.	0.			0.
MICHAEL AZEEZ						'						_
BOARD MEMBER	0.50	X						0.	0.			0.
1b Total						<u> </u>		131,254.	0.	1	3,2	<u>07.</u>
2 Total number of individuals (including but i	not limited to th	ose	liste	ed al	bov	e) wh	no re	eceived more than \$100	,000 in reportable			
compensation from the organization										ı		<u>T</u>
											Yes	No
3 Did the organization list any former officer		stee	, ke	y en	plo	yee,	or h	nighest compensated en	nployee on			v
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the s									ine organization		İ	Х
and related organizations greater than \$15									ud-ud-t-	4		
5 Did any person listed on line 1a receive or the organization? If "Ves." complete Sched	•				any	unr	elat	ed organization for servi	ces rendered to	5		x

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on		
	line 1a? If "Yes," complete Schedule J for such individual	3	Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization		
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to		
	the organization? If "Yes," complete Schedule J for such person	5	X
Sec	ction B. Independent Contractors		

1	Complete this table for	your five highest compensated independent contractors that received more than \$100,000 of compensation from
	the organization	NONE

(B) Description of services	(C) Compensation						
	(B) Description of services						

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form **990** (2009)

Form 990 (2009)

Part IX Statement of Functional Expenses

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

	· All other organizations must compl		tions must complete al not required to comple		(D).
	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 U-S See Part TV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	6,348,723.	6,348,723.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	144,461.		57,154.	87 , 307.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	75,618.		16 156	EO 162
7	Other salaries and wages	73,010.		16,456.	59,162.
8	Pension plan contributions (include section 401(k)	34 791		11 2/17	22 444
9	and section 403(b) employer contributions) Other employee benefits	34,791. 7,593.		11,347. 2,531.	23,444. 5,062. 63,895.
10	Payroll taxes	95,842.		31,947.	63.895.
11	Fees for services (non-employees):	30,0121		01/51/6	00,000
	Management				
	Legal				
	Accounting	23,690.		7,897.	15,793.
	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	31,895.		10,632.	21,263.
g	Other				
12	Advertising and promotion	1,995.		665.	1,330. 51,433.
13	Office expenses	77,150.		25,717.	51,433.
14	Information technology	12,528.		4,176.	8,352.
15	Royalties	27 400		0 122	10 267
16	Occupancy	27,400. 39,105.		9,133. 13,035.	18,267. 26,070.
17	Travel	39,103.		13,033.	20,070.
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,730.		3,577.	7,153.
23	Insurance	4,586.		1,529.	3,057.
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	OTHER PROJECTS	128,952.	128,952.		
b	CONTRACT LABOR	59,486.		19,829.	39,657.
С	ENDOWMENT EXPENSES	17,309.		5,770.	11,539.
đ	SPECIAL EVENTS/PROGRAM	7,031.		2,344.	4,687.
е	MARKETING/COMMUNICATION	4,527.	-	1,509.	3,018.
f	All other expenses	5,681.	6 477 675	1,891.	3,790.
25	Total functional expenses. Add lines 1 through 24f	7,159,093.	6,477,675.	227,139.	454,279.
26	Joint costs Check here I if following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		1		
92201	0 02-04-10	. 1		<u> </u>	Form 990 (2009)
	U UL U→ 1U				· (EUU3)

	990 (; r t X	2009) FRIENDS OF YEM Balance Sheet	IIN O	RDE, INC.		22-	3090463 Page
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			2,233,584.	2	3,177,27 5,166,32
	3	Pledges and grants receivable, net			7 , 358,581.	3	5,166,32
	_ 4_	.Accounts receivable, net				4	
-	5	Receivables from current and former officers, di	rectors, t	rustees, key			
		employees, and highest compensated employee	es. Comp	olete Part II			
		of Schedule L			5		
	6	Receivables from other disqualified persons (as					
		4958(f)(1)) and persons described in section 495					
		Part II of Schedule L				6	
2	7	Notes and loans receivable, net				7	
233613	8	Inventories for sale or use				8	
(9	Prepaid expenses and deferred charges			11,845.	9	7,81
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	575,228.			
	ь	Less: accumulated depreciation	10b	33,366.	552,592. 6,703,340.	10c	541,86 8,339,94
	11	Investments · publicly traded securities			6,703,340.	11	8,339,94
	12	Investments · other securities. See Part IV, line 1			12		
	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 equa	al line 34)	16,859,942.	16	17,233,22 6,22
	17	Accounts payable and accrued expenses			10,889.		6,22
	18	Grants payable			766,872.	18	
	19	Deferred revenue				19	- -
	20	Tax-exempt bond liabilities				20	
ß	21	Escrow or custodial account liability. Complete f				21	
ĺ	22	Payables to current and former officers, director					
		highest compensated employees, and disqualific	ed perso	ns. Complete Part II			
		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third pa	arties		24	
	25	Other liabilities Complete Part X of Schedule D			777,761.	25	6,22
	26	Total liabilities. Add lines 17 through 25		V	///,/01.	26	0,22
•		Organizations that follow SFAS 117, check he	ere 🚩	X and complete			
Net Assets of Fund balances	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			10,362,526.	27	12,371,43
2	28	Temporarily restricted net assets			4,514,375.	28	3,550,29
Š	29	Permanently restricted net assets			1,205,280.	29	1,305,28
5	23	Organizations that do not follow SFAS 117, cl	hook hor	e ▶ ☐ and	1/203/2001	29	1/303/20
<u> </u>		complete lines 30 through 34.	HECK HE	e P allu			
2	30	Capital stock or trust principal, or current funds				30	
0	31	Paid-in or capital surplus, or land, building, or eq	uunment	fund		31	
ξ.	32	Retained earnings, endowment, accumulated in				32	
Ž	33	Total net assets or fund balances	come, or	other fulles	16,082,181.	33	17,227,00
	,	Total not assets of fund balances				34	17,233,22

Form **990** (2009)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2009)

За

3b

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

20047

Open to Public Inspection

Name or	tne organizati		OF VENTAL OF	DE T	NO				rnproyer ic			mber
Part I	Pagan		OF YEMIN OR						22	-3090	463	
			ity Status (All organiz					ructions.				
		=	because it is: (For lines 1	_								
1			s, or association of church		ribed in se	ction 1/U	(D)(T)(A)(i)	•				
2			0(b)(1)(A)(ii). (Attach Sc			4						
3 🖳	•	•	tal service organization of					(L) (4) (A) (C	3 5.446		•	
4 🗀			operated in conjunction	with a nos	pitai descr	noea in se	ction 170	(D)(1)(A)(II	ı). Enter tn	e nospitai	s nam	e,
	city, and stat		banafit of a sallana anna							J		
5 📖		on operated for the (b)(1)(A)(iv). (Comple	benefit of a college or un	niversity ov	wnea or op	perated by	a governr	nentai uni	t described	חו כ		
6 🔲			ent or governmental unit	t described	d in sectio	n 170(b)(1)(A)(v).					
7 X	Ī	•	eives a substantial part					r from the	general ou	ıblıc desc	ribed i	n
		b)(1)(A)(vi). (Comple				9			S + +			
8 🗆	h		ection 170(b)(1)(A)(vi). ((Complete	Part II.)							
9 🗌	· ·		eives: (1) more than 33 1	•	•	rom contri	butions, m	nembershi	n fees, and	d aross rea	eints:	from
·	-	· · · · · · · · · · · · · · · · · · ·	nctions - subject to certa							_	•	
		•	axable income (less sect	•	-	•				-		
		509(a)(2). (Complete	•		.,			, and enga	inization a		0, 101	•
10 🗀			perated exclusively to te	st for publi	c safety S	See sectio	n 509(a)(4	ι).				
11 🔲	_		perated exclusively for th		•			-	v out the p	urposes o	f one	or
	-		ations described in section		•					•		
			organization and comple				•	,				
	a Type I	·· · · · ·	7 <u>-</u>		e III - Func		egrated		d 🔲 .	Type III · C	Other	
е 🔙	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one or	more disc	qualified pe	ersons oth	er tha	n
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	tions desc	cribed in s	ection 509	9(a)(1) or se	ection 509	(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting of	rganization, check th	ns box									
g	Since August	17, 2006, has the c	rganization accepted an	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
	(i) A perso	n who directly or ind	rectly controls, either al	one or tog	ether with	persons c	lescribed i	n (II) and (III) below,		Yes	No
	the gove	erning body of the si	upported organization?							11g(i)		
	(ii) A famıly	member of a persor	described in (i) above?							11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	∍?					11g(iii)		
h	Provide the f	ollowing information	about the supported org	ganızatıon	(s).							
				_								
(ı) Nam	e of supported	(ii) EIN	(iii) Type of	(IV) Is the o	rganization	(v) Did you	notify the	(vi) is		(vii) Am	ount o	f
	ganization	(,	organization (described on lines 1-9		sted in your			organizatio (i) organiz			port	
			`above or IRC section	governing	document?	(i) of your	support	US	2			
			(see instructions))	Yes	No	Yes	No	Yes	No			
]				
	<u> </u>											
		_										
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		-		 					 			
		<u> </u>		<u> </u>		ļ	ļ		 -			
Takal		[[i i				
Total	Drivany Ant an	d Pananuark Padu	ction Act Notice, see the	ho Inctric	tions for	t	ſ	Sahadul	e A (Form	990 07 00	0_E7	2000
LOAPOT	ELIVACY ACT AN	canerwork real	CHOILAGLINGHER, SPR H	or ursitic	HOUS 107			acatemi	E M IL OLIM	-MU OF MM		/UL1M

Form 990 or 990-EZ.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I)

<u>Sec</u>	tion A. Public Support											
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not	_ [
_	include any "unusual grants.")	4,590,649.	6,813,382.	8,071,421.	4,999,850.	6,559,486.	31,034,788.					
2	Tax revenues levied for the organ-											
	ization'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	4,590,649.	6,813,382.	8,071,421.	4,999,850.	6,559,486.	31,034,788.					
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)						6,512,023.					
6	Public support. Subtract line 5 from line 4						24,522,765.					
Sec	ction B. Total Support											
Cale	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total					
7	Amounts from line 4	4,590,649.	6,813,382.	8,071,421.	4,999,850.	6,559,486.	31,034,788.					
8	Gross income from interest,											
	dividends, payments received on											
	ecurities loans, rents, royalties 59,691. 198,362. 818,934. 277,421. 421,768.											
	and income from similar sources	59,691. 198,362. 818,934. 277,421. 421,768.										
9	Net income from unrelated business											
	activities, whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain	1										
	or loss from the sale of capital											
	assets (Explain in Part IV)		4,808.	6,795.	1,702.	1,263.	14,568.					
11	Total support. Add lines 7 through 10						32,825,532.					
	Gross receipts from related activities,	•	'-			12						
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)						
	organization, check this box and stor						<u> ▶</u> <u> </u>					
	ction C. Computation of Publ				· · · · · · · · · · · · · · · · · · ·	 	74 71					
	Public support percentage for 2009 (column (f))		14	74.71 %					
	Public support percentage from 2008					15	79.01 %					
16a	33 1/3% support test - 2009. If the o	Ü		•	4 is 33 1/3% or m	ore, check this bo						
	stop here. The organization qualifies		_				► X					
b	33 1/3% support test - 2008.If the o				line 15 is 33 1/3%	or more, check th	is box					
	and stop here. The organization qual	, ,					▶□					
17a	10% -facts-and-circumstances tes	_										
	and if the organization meets the "fac					rt IV how the orgar	ization					
	meets the "facts-and-circumstances"	_			_							
b	10% -facts-and-circumstances tes	_										
	more, and if the organization meets the											
	organization meets the "facts-and-cire			· ·								
18	Private foundation. If the organization	on did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17b</u>								
					Sche	dule A (Form 990	or 990-EZ) 2009					

Schedule A (Form 990 or 990-EZ) 2009						Page 3
Part III Support Schedule for Or	ganizations	Described in	Section 509(a)(2) (Complete only	ıf you checked the bo	x on line 9 of Part
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")				_ =		
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6					_	
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						
Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)						
4 First five years. If the Form 990 is for t	he organization's	first second this	rd fourth or fifth t	ax vear as a sectio	on 501(c)(3) organiz	ation
check this box and stop here	organization s	,	-, 1001til, OI lillill t	, jour us a scotte	Jo Hoylo, Organiz	▶
Section C. Computation of Public	Support Per	rcentage		-		<u> </u>
15 Public support percentage for 2009 (lin			column (fl)		15	- 1
a some support percentage for 2009 (III)	e o, column (i) di Schedule A, Part	-	J J J J J J J J J J J J J J J J J J J		16	

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

17 18

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2008 Schedule A, Part III, line 17

Schedule D

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FRIENDS OF VEMIN ORDE TNC **Employer identification number** 22-3090463

Par	t I Organizations Maintaining Donor Advise		is or Accounts. Complete if the
<u> </u>	organization answered "Yes" to Form 990, Part IV, line		·
		(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 adv	used funds
•	are the organization's property, subject to the organization's	=	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
Ū	for charitable purposes and not for the benefit of the donor of	• •	•
	impermissible private benefit?	in definer advices, or for any earlier purpos	Yes No
Pai		ganization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organizati	•	
•	Preservation of land for public use (e.g., recreation or p		ustorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space	Treservation of a ce	Tanco motorio structure
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	n of a conservation easement on the last
-	day of the tax year.	ned conservation contribution in the for	in or 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
C	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	2d
3	Number of conservation easements modified, transferred, re		
3	year	leased, extinguished, or terminated by the	ne organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		- f
J	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
Ŭ	and section 170(h)(4)(B)(ii)?	re satisfy the requirements of section 17	Yes No
9	In Part XIV, describe how the organization reports conservat	ion assements in its revenue and expens	
٠	include, if applicable, the text of the footnote to the organiza		
	conservation easements.	tion o midnolal statements that describe	o the organization o accounting for
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures. or	Other Similar Assets.
h	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116, no	at to report in its revenue statement and	halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	·	
	the footnote to its financial statements that describes these	·	
h	If the organization elected, as permitted under SFAS 116, to		ance sheet works of art, historical treasures
-	or other similar assets held for public exhibition, education, of	•	·
	these items:	research in furtherance of public service	ce, provide the following amounts relating to
			> ¢
			> \$ > \$
^	(ii) Assets included in Form 990, Part X	course or other civiler assets for first	
2	If the organization received or held works of art, historical tre	•	nai yairi, provide
	the following amounts required to be reported under SFAS 1	ro relating to these items.	> 0
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		*

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

Schedule D (Form 990) 2009

18

Schedule D (Form 990) 2009

541,862.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

932053 02-01-10

	dule D (Form 990) 2009 FRIENDS OF YEMIN ORDE, INC.		d Financial			3090463	Page 4
		Audite	T	State	mem	5,401,	126
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			7,159,	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	4			
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	-		<1,757,	
4	Net unrealized gains (losses) on investments		4			2,902,	488.
5	Donated services and use of facilities		- 5	 _			
6	Investment expenses		6				
7	Prior period adjustments		7				
8	Other (Describe in Part XIV)		8				
9	Total adjustments (net). Add lines 4 through 8		9			2,902,	488.
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statements		h Revenue	ner R	eturn	1,144,	821.
		1113 1111	irrevenue	pei n	1	8,303,	911
1	Total revenue, gains, and other support per audited financial statements					0,303,	714.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		2 902	100			
a	Net unrealized gains on investments	2a	2,902,4	100.			
b	Donated services and use of facilities	2b					
C	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d				2e	2,902,	488.
3	Subtract line 2e from line 1				3	5,401,	426.
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					
b	Other (Describe in Part XIV.)	4b					
С	Add lines 4a and 4b				4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	5,401,	426.
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expense	s per	Retu	rn	
1	Total expenses and losses per audited financial statements		•	•	1	7,159,	093.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				•		
- а	Donated services and use of facilities	2a					
	Prior year adjustments	2b			1		
b	• •	2c			1		
C	Other losses	2d			1		
d	Other (Describe in Part XIV.)	20					Λ
	Add lines 2a through 2d				2e	7,159,	00.
3	Subtract line 2e from line 1				3	1,139,	093.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1					
	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b					•
С	Add lines 4a and 4b				4c	1-0	0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	7,159,	093.
Pa	t XIV Supplemental Information						
X, lın	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III $_{ ext{e}}$ 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complex $ ext{RT}$ $ ext{V}$, $ ext{LINE}$ $ ext{4}$: $ ext{THE}$ $ ext{ENDOWMENT}$ $ ext{OPERATES}$ $ ext{FOR}$ $ ext{THE}$	lete this p	part to provide	any ado	ditional	information.	4; Part
LO	IG-TERM NEEDS OF FRIENDS OF YEMIN ORDE TO C	CARRY	OUT ITS	5 СН	ARI	FABLE	
PUI	RPOSES.			<u> </u>			
<u>-</u>							
PAI	RT X: IN JUNE 2006, THE FINANCIAL ACCOUNTIN	IG ST	ANDARDS	BOA	RD		
(F	ASB) RELEASED FASB ASC 740-10, INCOME TAXES,	THA	T PROVII	DES	GUI	DANCE FO	DR
REI	PORTING UNCERTAINTY IN INCOME TAXES. FOR TH	HE YE	AR ENDEI	DE	CEM	BER 31,	
200	9, FYO HAS DOCUMENTED ITS CONSIDERATION OF	FAS	B ASC 74	<u> 10-1</u>	0 A1	ND	
93205	4_				Sched	ule D (Form 99	90) 2009

Schedule F (Form 990).

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

OMB No 1545-0047
0000
2009
2003
Open to Public
Open to Public
Inspection

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

nternal Rěvenue Service			•		<u> </u>	inspection
Name of the organization		<u> </u>			Employer ident	ification number
FRIENDS OF YEMI	N ORDE.	INC.			22-30904	63
			tside the United States. Compl	ete if the orga		
to Form 990, Par						
			ds to substantiate the amount of the gi			
grantees' eligibility for th	ne grants or assi	stance, and the	selection criteria used to award the gra	ints or assista	nce? <u>X</u>	Yes No
			procedures for monitoring the use of g	rant funds ou	tside the United St	ates.
			ditional space is needed.)			1
(a) Region	(b) Number of offices	(c) Number of employees or	(d) Activities conducted in region (by type) (i.e., fundraising,		vity listed in (d) gram service,	(f) Total expenditures
	in the region	agents in	program services, grants to		e specific type	for region
		region	recipients located in the region)	of servi	ce(s) in region	
						1
MIDDLE EAST AND			GRANTS TO RECIPIENTS			
NORTH AFRICA	0	0	LOCATED IN THE REGION		·	6,348,723.
 	ļ		,			
		ŀ				
						
	-					
Totals •	0	ıl o		ŧ		6 348 723

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

Schedule F (Form 990) 2009

6,348,723.

Schedule F (Form 990) 2009

22-3090463

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed

×	
A	

Page 2

חשם חברו בתחום ו	1 (1 OIIII 990) II additi	Ulai space is liceded						
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUPPORT THE PROGRAMS					
			AND ACTIVITIES OF				-	
		MIDDLE EAST AND	YEMIN ORDE YOUTH					
		NORTH AFRICA	VILLIAGE	3,028,389.	WIRE	0		
			SUPPORT THE PROGRAMS					
			AND ACTIVITIES OF					
		MIDDLE EAST AND	YEMIN ORDE				- - -	
		NORTH AFRICA	INITIATIVES	3,320,334.WIRE	VIRE	0	_	
							-	
2 Enter total number of the IRS, or for which t	recipient organizatio the grantee or couns	Enter total number of recipient organizations listed above that are recog the IRS, or for which the grantee or counsel has provided a section 501	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-ex	empt by		2

3 Enter total number of other organizations or entitles

Schedule F (Form 990) 2009

Page 3	•	(h) Method of valuation, (book, FMV, appraisal, other)					 Schedule F (Form 990) 2009
_	V, line 16.	(g) Description of non-cash assistance	 				Schedu
22-3090463	o Form 990, Part l	(f) Amount of non-cash assistance					
22	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.	(e) Manner of cash disbursement					
INC.	ites. Complete if	(d) Amount of cash grant					
MIN ORDE	e the United Sta eded.	umber of apients					
FRIENDS OF YEMIN ORDE,	e to Individuals Outsid if additional space is ne	(b) Region					
Schedule F (Form 990) 2009 F1	Part III Grants and Other Assistance to Individuals Outside the Use Schedule F-1 (Form 990) if additional space is needed.	(a) Type of grant or assistance					

SCHEDULE J-2

Department of the Treasury

(Form 990)

Continuation Sheet for Form 990

ion A. line 1a. Open to

➤ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

➤ See the Instructions for Form 990.

Open to Public Inspection

Name of the Organization

FRIENDS OF YEMIN ORDE, INC.

Employer Identification number 22-3090463

FRIENDS					IN(_		22-3090463			
Part I Continuation of Officers, D	rectors, Tr	rustees, Key Employees, and						yees, and Highes	Highest Compensated Employees			
(A)	(B)							(D)	(E)	(F)		
Name and title	Average			Pos				Reportable	Reportable	Estimated		
	hours	(c	heck	call	that	арр	ly)	compensation	compensation	amount of		
	per	1						from	from related	other		
	week	5				Highest compensated employee		the	organizations	compensation		
		E E				lem d		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization		
		8	stee			nsate		(**-2/1099-14/130)		and related		
		Tust.	at fri:		88	mber				organizations		
		Individual trustee or director	Institutional trustee	 	Key employee	estco	20			J		
		ģ	Instil	Officer	Ke	Ŧ,	Former					
CRAIG COGUT												
BOARD MEMBER	0.50	X						0.	0.	0.		
DAVID CORDISH												
BOARD MEMBER	0.50	Х						0.	0.	0.		
TONY D'ORAZIO		\vdash										
BOARD MEMBER	0.50	x						0.	0.	0.		
BETH LANDMAN		Г							<u>- · - · · · · · · · · · · · · · · · · ·</u>			
BOARD MEMBER	2.00	X						0.	0.	0.		
PAUL SILBERBERG									· <u></u> i			
BOARD MEMBER	10.00	X						0.	0.	0.		
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. Name of the organization

FRIENDS OF YEMIN ORDE, INC.

Employer identification number _ _ _22=3090463- ---

Pai	rt I Types of Property				•			
<u> </u>		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method o	(d) of determination	ning	
1	Art · Works of art							-
2	Art · Historical treasures							
3	Art · Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities · Publicly traded	X	6	61,104.	PROCEEDS	FROM	SAL	E
10	Securities · Closely held stock							
11	Securities · Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate · Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies				_			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other () Other ()							
26 27	Other (<u> </u>				
28	Other ()							
29	Number of Forms 8283 received by the organi	Ization during	the tax year for o	contributions				
	for which the organization completed Form 82							
	To Who who organization completed form of	.00,1 0.11,1	201100 / 101(11011100	go.it			Yes	No
30a	During the year, did the organization receive b	ov contributio	on any property re	oorted in Part I, lines 1-28 th	at it must hold for		1.00	110
	at least three years from the date of the initial							
	the entire holding period?		,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	30a	ĺ	Х
ь	If "Yes," describe the arrangement in Part II					300		
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contrib	utions?	31	Х	Ī
	Does the organization hire or use third parties	or related or	ganizations to sol	cit, process, or sell noncash				
	contributions?		•	, ,		32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization did not report revenues in o	column (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							<u> </u>
ΙНΔ	For Privacy Act and Panenwork Reduction	Act Notice	coa the Instruct	ions for Form 000	Sahadu	le M (For	~ 000	2000

Schedule M (Form 990) 2009

Schedule M (Form 990) 2009 FRIENDS OF YEMIN ORDE, INC.							22-3090463 Page 2			
Part II Sup	ple	mental I	nformat	ion. Complete the	is part to prov	vide the informat	tion required by Part	I, lines 30b,	32b, and 33.	
Also	com	piete this p	ert for any	additional informa	ation.					
	M	TTNE	220.	TNIVECOMEN	אמדם מו	CANEODD	DEDNOMETN	CELLC	7. T	
CHEDOLE	11,	LINE	32D:	INAFOTHER	II FIRM	SANTURD	BERNSTEIN	оппо	ЖПП	
ONATED S	ECI	ודיידו	es.							
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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

FRIENDS OF YEMIN ORDE, INC.

Employer identification number 22-3090463

FORM 990, PART VI, SECTION A, LINE 2: BOARD MEMEBERS MARK SOLOMON, PAUL SILBERBERG, AND MOREY GOLDBERG ARE BUSINESS PARTNERS.

FORM 990, PART VI, SECTION A, LINE 4: CORPORATE BY LAWS WERE UPDATED TO INCLUDE GIFT ACCEPTANCE POLICY, CONFLICT OF INTEREST STATEMENT, NEW TERM LIMITS, AND NEW COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY THE

OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT AND THE TREASURER.

THE FORM IS THEN SUBMITTED TO THE BOARD PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST:

- (A) AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE LEAVES THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULT IN THE CONFLICT OF INTEREST.
- (B) THE CHAIRPERSON OF THE BOARD OR COMMITTEE, IF APPROPRIATE, APPOINTS A

 DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE

 PROPOSED TRANSACTION OR ARRANGEMENT.
- (C) AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE DETERMINES

 WHETHER THE CORPORATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR

 ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT

 GIVE RISE TO A CONFLICT OF INTEREST.
- (D) IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY

 ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF

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

 Schedule O (Form 990) 2009
 932211
 02-03-10

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

FRIENDS OF YEMIN ORDE, INC.

Employer identification number 22-3090463

INTEREST, THE BOARD OR COMMITTEE DETERMINES BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE CORPORATION'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER IT IS FAIR AND REASONABLE TO THE CORPORATION AND MAKES ITS DECISION AS WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION.

VIOLATIONS OF THE CONFLICT OF INTEREST POLICY:

IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS

FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT INFORMS THE

MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORDS THE MEMBER AN OPPORTUNITY

TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE RESPONSE

OF THE MEMBER AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN

THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THAT THE MEMBER HAS,

IN FACT, FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT

TAKES APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR SALARY IS

REVIEWED ANNUALLY BY THE CHAIR OF THE BOARD AND CHAIR OF THE COMPENSATION

COMMITTEE. RESEARCH IS DONE WITH AN EXECUTIVE RECRUITER TO DETERMINE

APPROPRIATE COMPENSATION. THE PROCESS IS DOCUMENTED.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.