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Form **990** 

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 16

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For th	e 2016 calendar year, or tax year beginning $ \mathrm{JAN} $ $19$ , $2016$ and	ending I	DEC 31, 201	6
В	Check if applicab	C Name of organization		D Employer ident	ification number
	Addre	e   UZER ULAM INC			
	Name	Doing business as		<del></del>	1139825
	Initial return Final return	Number and street (of P.O. Dox if mail is not delivered to street address)	Room/suite	E Telephone numb	oer 4493969
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	231200.
	Amen	ded LAKEWOOD, NJ 08701		H(a) Is this a group	
7	Application pendi			for subordinate	
_		13 CLAYTON CT, LAKEWOOD, NJ 08701	or 527	H(b) Are all subordinate	
	Websi		JI [] 32 <i>1</i>	H(c) Group exempt	a list (see instructions)
		forganization: X Corporation Trust Association Other	L Year		M State of legal domicile; NJ
	art I	Summary	1 = 100	<u> </u>	IVI Sales S. logal Commons, 200
	11	Briefly describe the organization's mission or most significant activities. TO Pl	ROVIDE	<b>ASSISTANC</b>	E TO
Activities & Governance		EDUCATIONAL ORGANZIATIONS IN ISRAEL AND	TO ASS	SIST INDIGE	NT SCHOLARS
ern	2	Check this box  if the organization discontinued its operations or dispos	sed of more	e than 25% of its net	
90	3	Number of voting members of the governing body (Part VI, line 1a)		LS	3 3
<u>«</u> ة	4	Number of independent voting members of the governing body (Part VI, line 1b)		<u> </u>	<del></del>
ties	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		15	<del></del>
ΞĘ	1	Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12		7	<del></del>
Ă	i	Net unrelated business taxable income from Form 990-T, line 34		<u>-</u>	<del> </del>
-	<del>                                     </del>	Total and date of the state of		Prior Year	Current Year
9	8	Contributions and grants (Part VIII, line 1h)		231200.	
Revenue	9	Program service revenue (Part VIII, line 2g)			0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>		0.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			231200. 224628.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-		224628.
	14	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<del> </del>	<del>.</del>	<del>- 0.</del>
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)	<b>—</b>		0.
per	Ь	Total fundralsing Expenses (Pate X, column (D), line 25)	0.	<del></del>	<del> </del>
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			4857.
	18	Total expenses Add lines 13-17 mustegual Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12			229485.
_	19	Revenue less expenses Subtract line 18 from line 12			1715.
ts or	3		B	eginning of Current Yea	
Sset	20	Total assets Patx间e的, UT	-		1715.
Net Asset	21	Total fiabilities (Part X, line 26)	<u> </u>		1715.
	22 art li	Net assets or fund balances. Subtract line 21 from line 20 Signature Block			1/13.
		alties of perjury, I declare that I have examined this return, including accompanying schedule	s and staten	nents, and to the best of	my knowledge and belief, it is
		ct, and complete. Declaration of pregarer (other than officer) is based on all information of wi			,
_			·-		<del></del> _
Sig	gn	Signature of officer		Date	
He	re	YESHAYA KRISPIN, TRUSTEE			
_		Type or print name and title	<del></del>	Data	TE STILL
_		Print/Type preparer's name Pre 21 's signature		Date Check	PTIN
Pa		DAVID WILCOUANGET CDA		self-em	
	eparer e Only	Firm's name DAVID WILSCHANSKI, CPA Firm's address 450 WEST KENNEDY BLVD		Firm's EIN	22-3340257
US	o omy	LAKEWOOD, NJ 08701		Phone no.	
M	v the	RS discuss this return with the preparer shown above? (see instructions)			Yes No
_	001 11-		ons.		Form <b>990</b> (2016)

Form	n 990 (2016) OZER OLAM INC	81-1139825	Page 2
	rt III   Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
•	TO PROVIDE ASSISTANCE TO EDUCATIONAL ORGANZIATIONS IN I	CRARI. AND TO	Λ
		SKAEL MID IV	<del>-</del>
	ASSIST INDIGENT SCHOLARS		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ye:	s 🗓 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services.	2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	s X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners, the total expenses	i, and
	revenue, if any, for each program service reported		
4a			)
	PROVISION OF ASSISTANCE TO EDUCATIONAL INSTITUTIONS IN		
	INDEGENT SCHOLARS BY ISSUING GRANTS BASED ON OFFICER RE	COMMENDATIO	<u>ทร</u>
		<del></del>	
		<del> </del>	<del></del>
4b	(Code) (Expenses \$	enue \$	<del></del> )
			·
		<del></del>	
		<del></del>	
		<u> </u>	
		<del></del>	
40	(Code ) (Expenses \$ including grants of \$ ) (Reve		
4c	(Code) (Expenses \$ including grants of \$) (Reve	nue \$	——— <i>'</i>
		<del></del>	<del></del>
			<del></del>
		<del></del>	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
46	Total program service expenses 227835.	_ <del>_</del>	

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			**
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7.7
	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,			v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			v
	Part VI	11a		X
b	, , , , , , , , , , , , , , , , , , ,	441		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
а	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		v	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u>X</u> _	<del></del>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40	х	ł
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<del>-</del>	<del> </del>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	1	х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	<del>                                     </del>	<del>                                     </del>
18	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,"	۳.	<del>                                     </del>	<del></del> -
13	complete Schedule G, Part III	19	1	x
			990	(2016)

Form 990 (2016) OZER OLAM INC
Part IV Checklist of Required Schedules (continued)

	Dutille and the second and the second		Yes	No X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	-		
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	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	ł	}	
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	l	}	}
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20	_	
_,	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	ļ		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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)		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	<b> </b>	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1	1	,,
	If "Yes," complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32	├	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 35	<del>                                     </del>	
<b>-</b>	Part V, line 1	34		х
35a	- 1	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	L	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		}	_
	Note. All Form 990 filers are required to complete Schedule O	38	X	(2010)
		_		

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Pai	Check if Schedule O contains a response or note to any line in this Part V			
	Greek it conteduce o contains a response of note to any line in this Fart v	<u></u> I	Ver T	<u> </u>
4.	Enter the number reported in Box 3 of Form 1096. Enter -0, if not applicable		Yes	No
_	Effect the Hamber reported in Box of Form 1000. Effect of infect applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  Did the experience comply with bookup with bolding rules for reportable governors to vendors and reportable governors.		ł	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4-	ŀ	
0-	(gambling) winnings to prize winners?	1c		
za	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.		l	
_	ince for the calculate year chains with an year covered by this retain	2b	ļ	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
20	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		<del></del> -
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30	-+	
48	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ľ	х
b		70	$\dashv$	<del></del> -
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	]	ľ	
5a		5a	ł	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>x</u>
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	$\neg \dashv$	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	"	$\neg \neg$	
-	any contributions that were not tax deductible as charitable contributions?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	[	X
b	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 was required			
	to file Form 8282?	7c	_	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<b> </b>	- 1	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		İ	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b		9b		
10	Section 501(c)(7) organizations. Enter:			
а	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	1 1		
b				
11	Section 501(c)(12) organizations. Enter	ii		:
a	and the second s			
р	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the	]		
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	[		
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<del>-``</del> -
	II 199, That it find a 1 offir 120 to report these payments: If the provide all explanation in concease of	<u>, , 70</u>		——

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI								
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3						
	If there are material differences in voting rights among members of the governing body, or if the governing	1	i						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1							
b	Enter the number of voting members included in line 1a, above, who are independent	1b	3	}		1			
2									
	officer, director, trustee, or key employee?			2_		X			
3	Did the organization delegate control over management duties customanly performed by or under the	e dire	ct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 w	as filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X			
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			ļ			
	more members of the governing body?			7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or			ļ			
	persons other than the governing body?			7b_		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by tl	ne following:						
а	The governing body?			8a_	X	Ĺ			
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 real	ached	at the			(			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9_		X			
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code )						
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
þ	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapte	rs, affiliates,			1			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	<u> </u>				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	ore filing the form?	11a	X				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	<b> </b>				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es, " c	lescribe	ŀ					
	ın Schedule O how this was done			12c	<u> </u>	<del>  ,, -</del>			
13	Did the organization have a written whistleblower policy?			13	ļ	X			
14	Did the organization have a written document retention and destruction policy?			14	<u> </u>	X			
15	Did the process for determining compensation of the following persons include a review and approv	-	ndependent	1		ì			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,		1	ļ	- V			
	The organization's CEO, Executive Director, or top management official			15a	<del> </del>	X			
þ	Other officers or key employees of the organization			15b	<del> </del>	<del> </del> ^			
46 -	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	mart.	with a			ł			
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a	40-	ļ	x			
	taxable entity during the year?			16a	-	<del>  ^</del> -			
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the organization of the		•		]	)			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements?	mzau	on S	465					
500	tion C. Disclosure	_	<del></del>	16b	L	Ь			
	List the states with which a copy of this Form 990 is required to be filed NONE								
17 10		T /Sac	tion 501(a)(3)a anlik	overlet					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- for public inspection. Indicate how you made these available. Check all that apply	1 (360	tion sortojojs only)	avalidi	JI <del>C</del>				
	Own website Another's website X Upon request Other (explain	n in Sc	hedule (1)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		•	d fina-	noial				
15	statements available to the public during the tax year.	a mili Ci	or interest policy, ar	u iirlaf	icidi				
20	State the name, address, and telephone number of the person who possesses the organization's bo	noke a	nd records						
20	THE ORGANIZATION - 9174493969								
	13 CLAYTON COURT, LAKEWOOD, NJ 08701								

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CK	OTAM	INC	0 T -	1139825	Page /

#### Form 990 (2016) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
   Enter -0- in columns (D), (E), and (F) if no compensation was paid.
   List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization (A)	(B)	T-3-			<del>)</del>			(D)	(E)	(F)
Name and Title	Average	1		Pos	ition	)		Reportable	Reportable	Estimated
Name and The	hours per	(do	not c	heck	more	than is bot	one h an	compensation	compensation	amount of
	week	offic	cer ar	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	ē						the	organizations	compensation
	hours for	direc		İ	ŀ	25	ĺ	organization	(W-2/1099-MISC)	from the
	related	5   8	ş			usat		(W-2/1099-MISC)		organization
	organizations	fust	重	l	e A	E E	l			and related
	below	Individual trustee or director	Institutional trustee	ᡖ	Key employee	estc	je l			organizations
	line)	lpdi	Inst	Officer	Key	Highest compensated employee	Former			
(1) YESHAYA KRISPIN	20.00									
TRUSTEE		X		ĺ	ŀ			0.	0.	0.
(2) JOE NOVOSELLER	1.00									
TRUSTEE		X		1		l		0.	0.	0.
(3) ELIEZER COHEN	2.00									
TRUSTEE		X			1			0.	0.	0.
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(B)

Average

hours per

week

(list any

hours for

related

organizations

below line)

Individual trustee or director

Institutional trustee

(C)

Position (do not check more than one box, unless person is both an officer and a director/trustee)

sy employee

(D)

Reportable

compensation

from

the

organization

(W-2/1099-MISC)

0.

1b Sub-total

(A)

Name and title

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es (continued) (E)			(F)	
Reportable	1	Es	יי tımate	d
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(W-2/1099-MIS	SC)		om the anızatı	
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\$100,000 of cor	npens	ation	from	
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ervices		ompe	nsatio	n —

Ç	Total from continuation sneets to Part VII, Section A					<u> </u>
d	Total (add lines 1b and 1c)	<b>O.</b>	0.			0.
2	Total number of individuals (including but not limited to those listed above) wh	o received more than \$100	,000 of reportable		_	
	compensation from the organization					0
					Yes	No
3	Did the organization list any former officer, director, or trustee, key employee,	or highest compensated e	mployee on			
	line 1a? If "Yes," complete Schedule J for such individual			3		X
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	<u> </u>	X
5	Did any person listed on line 1a receive or accrue compensation from any unre	elated organization or indiv	dual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person			5	L	X
Sec	tion B. Independent Contractors					
1	Complete this table for your five highest compensated independent contractor	rs that received more than	\$100,000 of compens	ation	from	
	the organization. Report compensation for the calendar year ending with or wi	thin the organization's tax	/ear			
	(A)	(B)			C) .	
	Name and business address NONE	Description of s	ervices	ompe	ensatio	'n
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2	Total number of independent contractors (including but not limited to those lis	sted above) who received n	nore than			
	\$100,000 of compensation from the organization					
				Form	990	(2016)
63200	3 11-11-16					
	9					

Pal	T VI			or note to and to	ne in this Dart VIII			
		Check if Schedule O cont	ань а гезропѕе	or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts s	1 8	Federated campaigns	1a					
اع قا		Membership dues	1b		!			
Contributions, Gifts, Grants and Other Similar Amounts	•	Fundraising events	1c				ļ	
声		Related organizations	1d					
S.E	•	Government grants (contribut	tions) 1e				ļ	
i Sign	f	All other contributions, gifts, gran	its, and					
اعْق		similar amounts not included abo	ve 1f	231200.				
불위	ç	Noncash contributions included in lines	1a-1f \$					
ರ್ಷ	1	Total. Add lines 1a-1f		<b>•</b>	231200.			
_				Business Code				
Program Service Revenue	2 6							
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_	f	All other program service reverse All other program service reverse at the All other program service reverse reverse at the All other program service reverse	enue					<del></del> -
	<u>`</u>	Investment income (including	dividends intere	<del> </del>				
}	Ŭ	other similar amounts)	aividenda, inter	<b>&gt;</b>			j	
	4	Income from investment of ta	x-exempt bond r	proceeds				
- 1	5	Royalties		<b>•</b>				
	_	,	(i) Real	(II) Personal				<del></del>
- {	6 a	Gross rents	· · · · · · · · · · · · · · · · · · ·		1			
	ı	Less: rental expenses						l
ĺ		Rental income or (loss)			1			
		d Net rental income or (loss)		<b>&gt;</b> _				
	7 8	a Gross amount from sales of	(i) Securities	(II) Other				
- 1		assets other than inventory						
	ı	Less: cost or other basis	1					
		and sales expenses						
	•	Gain or (loss)		<u> </u>		]		i
		d Net gain or (loss)						
e e	8 :	a Gross income from fundraising	ng events (not					
venue		including \$	of					
Ş.		contributions reported on line	e 1c). See	1				•
Other Re		Part IV, line 18	a					
<b>≢</b>		Less: direct expenses	<b>b</b>					
		Net income or (loss) from fund	_		<del> </del>	<del> </del>	<del></del>	
	9 :	a Gross income from gaming a						
	١.	Part IV, line 19	a		1			
		b Less direct expenses	b bana activities		1			
		<ul> <li>Net income or (loss) from gan</li> <li>Gross sales of inventory, less</li> </ul>	-		<del></del>	<del></del>		<del></del> _
	י טו	and allowances		}	1			
	Ι,	b Less cost of goods sold	a b		1			
	J	Net income or (loss) from sale	_		1			ı
	<del></del>	Miscellaneous Revent		Business Code				
	11 :				1	[	1	
		b			1		·	
		 c						
	1	d All other revenue						
	1	e Total. Add lines 11a-11d		<b></b>				
	1	Total revenue See instructions			231200	0		

Check if Schedule O contains a response or note to any fine in the Part IX.  Do not include amounts reported on times 60; 77, 88, 98, and 106 of Part VIII.  Gratial and Offer assistance to dimestic organizations and domestic governments. See Part IV, ling 21  Grants and other assistance to domestic organizations and domestic governments. See Part IV, ling 21  Grants and other assistance to consent organizations and domestic governments. See Part IV, ling 21  Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  Bernifers and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  Bernifers and to fire members of control officers, directors, trustees, and to or for members of the pressor (as defined under section 4958(k)(1)) and persons discribed allow, to disqualified persons (as defined under section 4958(k)(1)) and persons discribed in section 4958(k)(1)) and persons discribed in section 4958(k)(3)(8)  Other administration of the proper contributions of the propers of the pro	Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	ner organizations must co	omplete column (A)	
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educational campaign and fundraising solicitation.	20		,			
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Total liabilities and net assets/fund balances

Form	1990 (2016) OZER OLAM INC_	gT-	1139825	Pag	je 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		312	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	294	
3	Revenue less expenses Subtract line 2 from line 1	3		17	<u> 15.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1 1			
	column (B))	10		17	<u> 15.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both		1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs	· [		
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		<b>i</b> i		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	I		
	Act and OMB Circular A-133?		3a		X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired au			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (	(2016)

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

Department of the Treasury

Internal Revenue Service

Total

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

OMB No 1545-0047

Open to Public

Name of the organization

81-1139825 OZER OLAM INC Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X 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 exempt 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). (Complete Part III ) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2014 (d) 2015 (e) 2016 (a) 2012 (f) Total **(b)** 2013 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 15 15 Public support percentage from 2015 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

# Schedule A (Form 990 or 990-EZ) 2016 OZER OLAM INC Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	siow, picase com	picte r art n.j	<del> </del>	<del></del>		
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not				ĺ	1	
	ınclude any "unusual grants.")					231200	231200.
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					231200	231200.
72	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	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						0.
c	Add lines 7a and 7b						0.
8_	Public support. (Subtract line 7c from line 6)						231200.
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
_	Amounts from line 6					231200	231200.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						1
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b			<u> </u>	ļ		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)					231200	231200.
	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) orga	inization,
	check this box and stop here						<b>X</b>
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2016 (I	ine 8, column (f) o	divided by line 13,	column (f))		15	100.00 %
16	Public support percentage from 2015	Schedule A, Par	t III, line 15			16	%
<u>Se</u>	ction D. Computation of Inves	stment Incom	ne Percentage	<del> </del>			
17	·			ne 13, column (f))		17	%
18	Investment income percentage from 2	2015 Schedule A,	, Part III, line 17			18	%
19	a 33 1/3% support tests - 2016. If the	-					ne 17 is not
ı	more than 33 1/3%, check this box a 33 1/3% support tests - 2015. If the						▶∟
	line 18 is not more than 33 1/3%, che	•					
20			-	•		-	

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete

<u>sec</u>	tion A. All Supporting Organizations			<del></del>
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain.	1_1_		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		Ĺ
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	[	1
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			Γ
-	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		]	ļ
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	}		j
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		'	
	purposes	4c		ł
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI,</b> including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,		1	İ
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action		ļ	}
	was accomplished (such as by amendment to the organizing document)	5a	<b>.</b>	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b	1	
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	ļ	l	ļ
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also	ľ	1	Į
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	Ĭ	į	Ì
	Part VI.	6		1
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			<u> </u>
-	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	}	}
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		_	<u> </u>
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	1	ĺ
9a				
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	j		j
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		1
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	<del> </del>		<del>                                     </del>
	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	1	
r	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			$T^{-}$
·	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	1	1
102	Was the organization subject to the excess business holdings rules of section 4943 because of section	<u>                                   </u>	T	<del>                                     </del>
.04	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a	1	1
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	100	+	<del>                                     </del>
J	determine whether the organization had excess business holdings )	10b	1	

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	inizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	$\top$		
	collection of gross income or for management, conservation, or	1 1		
	maintenance of property held for production of income (see instructions)	6		<u> </u>
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	T		
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			<u> </u>
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5_	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2016

ect	rt V Type III Non-Functionally Integrated 509 ion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes					
_	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose						
1	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI) See instructions						
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9				
	(provide details in Part VI). See instructions	,					
9	Distributable amount for 2016 from Section C, line 6						
0	Line 8 amount divided by Line 9 amount						
	<del></del>	(i)	(ii)	(ıii)			
ect	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016			
1	Distributable amount for 2016 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2016 (reason-						
_	able cause required- explain in Part VI). See instructions						
3	Excess distributions carryover, if any, to 2016:	·					
_a				_ <del></del>			
b							
С	From 2013	<u></u>		<del></del>			
d	From 2014						
е	From 2015			<del></del>			
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
_ <u>h</u>	Applied to 2016 distributable amount						
į	Carryover from 2011 not applied (see instructions)			·- <u>-</u> -			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2016 from Section D,	_					
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2016 distributable amount						
С	Remainder Subtract lines 4a and 4b from 4	<u> </u>					
5	Remaining underdistributions for years prior to 2016, if						
	any Subtract lines 3g and 4a from line 2 For result greater						
	than zero, explain in Part VI. See instructions						
6	Remaining underdistributions for 2016 Subtract lines 3h						
	and 4b from line 1 For result greater than zero, explain in						
	Part VI See instructions						
7	Excess distributions carryover to 2017. Add lines 3j and 4c	·					
8	Breakdown of line 7	<del>                                 </del>		<del></del>			
a				<del></del>			
	Excess from 2013						
	Excess from 2014	<del> </del>					
	Excess from 2015	<del> </del>					
	Excess from 2016	<del> </del>	<del>                                     </del>	<del></del>			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016 OZER	OLAM	INC	81-1139825 Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3d line 1, Part IV, Section D, lines 2 an	Provide the Ab, 4c, 5ad d 3, Part IV	ne explanations required by Part II, line 10, Part II, line 17a or a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V in E, lines 2, 5, and 6 Also complete this part for any addition	17b; Part III, line 12, and 2, Part IV, Section C, , Section B, line 1e, Part V,

# SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

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

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Attach to Form 990. Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

07	ER OLAM INC					81-11398	25
		mation on A	ctivities Ou	tside the United States. Comple	te if the organ		
	Form 990, Part IV				to ii alo organ		
1				ds to substantiate the amount of its gra			
	the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	grants or assi	stance? X	Yes No
2	For grantmakers. Desc United States	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and of	ther assistance ou	tside the
3	Activities per Region. (11	ne following Part	I, line 3 table c	an be duplicated if additional space is n	eeded.)		
	(a) Region	(b) Number of offices in the region	`employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	orty listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
_							
							<del> </del>
							<u> </u>
				<del>   </del>		<del></del>	<del> </del>
_	Sub-total  Total from continuation	<u> </u>	00				<u> 0.</u>
C	sheets to Part I		0				0.
c	: Totals (add lines 3a and 3b)	0	0				0.

81-1139825

Page 2

OZER OLAM INC

Schedule F (Form 990) 2016 OZER OLAM INC

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed.

- (e)	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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MIDDLE EAST AND NORTH AFRICA	EDUCATIONAL	17500.	17500. CHECKS	0.		ВООК
!			MIDDLE EAST AND NORTH AFRICA	EDUCATIONAL	174000.	174000, WIRE TRANSPERS	0.		воок
							1		
1	Enter total number of the IRS, or for which the	recipient organizations he grantee or couns	Enter total number of recipient organizations listed above that are in the IRS, or for which the grantee or counsel has provided a section	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		
m	Enter total number of other organizations or entities	other organizations	or entities						

Schedule F (Form 990) 2016

OZER OLAM INC

81-1139825

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Schedule F (Form 990) 2016 OZER OLAM INC

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)	ВООК					Schedule F (Form 990) 2016
(g) Description of noncash assistance	4658, CLOTHING					Schedul
(f) Amount of noncash assistance	4658,01					
(e) Manner of cash disbursement	ASH					
(d) Amount of cash grant	18350, CASH	,				
(c) Number of recipients	15					
(b) Region	MIDDLE EAST AND NORTH AFRICA					
(a) Type of grant or assistance	CHARITY TO INDIGENT SCHOLARS					

Schedule F (Form 990) 2016

Yes X No

Instructions for Form 5713, do not file with Form 990)

Schedule F (Form 990) 2016 OZER OLAM INC	81-1139825 Page 5
Part V Supplemental Information	
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (a	accounting method: amounts of
investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting	
(estimated number of recipients), as applicable. Also complete this part to provide any additional	al information. See instructions
DADM T TIME 9.	
PART I, LINE 2:	
	a prapputiva on
OFFICERS ABROAD RECOMMEND ORGANIZATIONS AND INDIVIDUAL	S DESERVING OF
	<b>_</b>
GRANTS AND MONITOR THE USE OF FUNDS. ALL RECOMMENDATIO	NS ARE REVIEWED BY
A TRUSTEE. IN ADDITION TRUSTEES REVIEW THE CONTINUED E	LIGIBILITY OF ALL
GRANTEES AS PER THE ORGANIZATIONS MISSION.	
	<del></del>
	<del></del>
	<del></del>
	<del></del>
	<del></del>
	<del></del>

## **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Employer identification number

OMB No 1545-0047 Open to Public Inspection

Name of the organization OZER OLAM INC	Employer identification number 81-1139825
FORM 990, PART VI, SECTION B, LINE 11B:	
TRUSTEES REVIEW PRIOR TO FILING	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST	
	····