

**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Co to very image/Form000 for instructions and the latest information

Open to Public

inte	ernai Hevi	enue Service	Go to www.iis.gov/Formi990 for instructions and the latest into	Tilladon.		mspection					
<u>A</u>	For th		ndar year, or tax year beginning , 2017, and ending			, 20					
В	Check	ıf applicable	C Name of organization American Friends of Yad Layeled		D Employe	er identification number					
	Addres	ss change	Doing business as			13-3275989					
	Name	change	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephor	ne number					
	Initial r		732-370-3413								
	Initial return 32 7th Street 732-370-3413  City or town, state or province, country, and ZIP or foreign postal code										
$\equiv$		ded return	Lakewood, NJ 08701		<b>G</b> Gross re	coints \$ 224.046					
	ı										
	Applica	ation pending	· <b>(</b>			subordinates? Yes No					
_						included? Yes No					
<u> </u>		empt status	<u></u> 501(c)(3) <u>501(c) (</u> ) <b></b> (insert no ) 4947(a)(1) or <u>527</u>			list (see instructions)					
<u>J</u>	Websi			H(c) Group	exemption	number >					
			Corporation ✓ Trust Association Other ► L Year of formation		M State	of legal domicile					
Li	Part I	Summ	ary \								
	1	Briefly de	scribe the organization's mission or most significant activities The organ	ization's p	ourpose i	s to promote religious					
ဗ္ဗ	! [	and charr	able needs within the community. This is done by providing assistance to des	erving an	d needy s	students and families,					
Гa			ling grants to institutions of religious learning and charitable causes								
ē	2		s box ▶ ☐ if the organization discontinued its operations or disposed of m	nore than	25% of	its net assets					
Š	3		of voting members of the governing body (Part VI, line 1a)		3	3					
~	4		of independent voting members of the governing body (Part VI, line 1b)		4						
es	5		aber of individuals employed in calendar year 2017 (Part V, line 2a)	•	5						
Z.	6				6	0					
Activities & Governance	7-		ber of volunteers (estimate if necessary)		<u> </u>	4					
ſ	-10		elated business revenue from Part VIII, column (C), line 12		7a_	0					
	Dp.		ated business taxable income from Form 990-T, line 34	<del></del> :	7b	0					
1=1		CEIVE	<u> </u>	Prior Ye	ar	Current Year					
B011 Revenue	Ιίβυ	Contribut	ions and grants (Part VIII, line 1h)		194160	228075					
14 E	167	Program,	service/revenue (Part VIII, line 2g)								
/ '§	10-	Investme	it income (Part VIII, column (A), lines 3, 4, and 7d)		50955	107985					
	440	EQther rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .		-						
	12		nue +add lines 8 through 11 (must equal Part VIII, column (A), line 12)		245115	336060					
_	13		d similar amounts paid (Part IX, column (A), lines 1-3)		107051	364518					
	14		paid to or for members (Part IX, column (A), line 4)		107031						
	14-		other compensation, employee benefits (Part IX, column (A), lines 5–10)			<del></del>					
ses	16a		nal fundraising fees (Part IX, column (A), line 11e)								
Expenses	IUa			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200						
X	b		Iraising expenses (Part IX, column (D), line 25) ►	\$15° \"	3						
-	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)		42	316					
	18		enses Add lines 13-17 (must equal Part IX, column (A), line 25)		107093	364834					
	19	Revenue	ess expenses Subtract line 18 from line 12		138022	-28774					
Net Assets or	g		Begii	nning of Cur	rent Year	End of Year					
Sets	[ 20	Total asse	ets (Part X, line 16)		1074570	1045796					
t As	21	Total liab	lities (Part X, line 26)		180000	180000					
2,	22	Net asset	s or fund balances. Subtract line 21 from line 20		894570	865796					
	art II	Signat	ure Block			<u> </u>					
Ur	nder pen	alties of penur	y, I declare that I have examined this return, including accompanying schedules and statement	ts, and to th	e best of m	ly knowledge and belief, it is					
tru	ue, corre	ct, and comple	te-pedianation of preparer (other than officer) is based on all information of which preparer has	any knowle	dge						
<b>6</b> 0		$\top$	1/2 haller			······································					
Si	an	Stanz	ture of officer	Dat	e i						
₹He	y''	) Oigin	El. Shulmen, Via fresslet	_	7/16/	10					
3	51 C		or print name and title		1.01	<u> </u>					
<u>R</u> _					Ţ	_ PTIN					
ÜΡε	aid	Printilyp	e preparer's name Preparer's signature Date		Check [	_  if {					
	epar	er		<del></del>	self-emp	oyea					
T U			me <b>&gt;</b>	Fırm	s EIN ▶	<del></del>					
•		Firm's ac	dress ▶	Phor	e no						
	ay the I	RS discuss	this return with the preparer shown above? (see instructions)			. 🔲 Yes 🗌 No					
S For	r Paper	work Reduc	tion Act Notice, see the separate instructions. Cat No 11	1282Y		Form <b>990</b> (2017)					
20	-					P. B. (5011)					
2018						•					

Part	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
'	The organization's purpose is to promote religious and charitable needs within the community. This is done by providing assistance.
	to deserving and needy students and families, and awarding grants to institutions of religious learning and charitable causes
	to deserving and noosy students and termines, and available grants to institutions of religious fear and and characters are
_2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	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?
4	If "Yes," describe these changes on Schedule O
7	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4a	(Code ) (Expenses \$ 219,155 including grants of \$ 219,155) (Revenue \$ )
	Awarded grants to Netiv Bina, an institution of religious learning in Israel, for scholarships and support of needy students
4b	(Code ) (Expenses \$ 128,161 including grants of \$ 128,161) (Revenue \$ )
	Provided food and shelter and other expenses for needy families, and scholarships and tutoring for needy students in religious
	Institutions in the United States
4c	(Code ) (Expenses \$ 17,202 including grants of \$ 17,202 ) (Revenue \$ )
	Provided food and shelter for needy families in Israel
	,
	······································
4d	Other program services (Describe in Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )
	Total program service expenses ▶ \$364.518

ABFILO

# 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	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	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		~
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		v
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			,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		v
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		~
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		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	**************************************	***	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		·
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
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		<b>'</b>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	-	_
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
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		
13	ls the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
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	,	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	,	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	,	
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		·
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		·
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		~
		Form	990	(2017)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	~	
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	~	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	<del></del>	-	-
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			-
2-14	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		<b>,</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		<del> </del>
	Did the organization invest any proceeds of tax-exempt boilds beyond a temporary period exception:  Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
•	to defease any tax-exempt bonds?	24c		
4	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	24U		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		,
ь.		25a		
Ь	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?	İ		
	If "Yes," complete Schedule L, Part I	25b		~
00	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		-
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	000	!	, I
07		26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			,
00		27	1	10 TO TO THE
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):			
_			麗	A. I
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	006		
		28b		~
С	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	00-		
		28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	00		_
0.4		30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			,
00	Part I	31		•
32		00		/
00	complete Schedule N, Part II	32		
33	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	32	·	·
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
34		24	Ì	<b>/</b>
05-	or IV, and Part V, line 1	34		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	۱ ۵۲۰		
		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		
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		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		ار	
	19? Note. All Form 990 filers are required to complete Schedule O	38	<b>~</b>	

Form **990** (2017)

Part	V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u></u>		<u>,                                    </u>		
		1 . 1	5.39.69	Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	의		L 1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	의				
С	Did the organization comply with backup withholding rules for reportable payments	to vendors and		Fi.	1		
0-	reportable gaming (gambling) winnings to prize winners?		1c	152, 3,	V		
2a	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '						
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		2.2			
b	If at least one is reported on line 2a, did the organization file all required federal employment <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins		2b	<b>4</b> .1	<del> </del>		
32	Did the organization have unrelated business gross income of \$1,000 or more during the year	•	3a	A	1		
3a _	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in S		3b	-	-		
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature			-	+		
4a	over, a financial account in a foreign country (such as a bank account, securities account,						
	account)?	or other intancial	4a	}	1		
h	If "Voo." optor the name of the foreign accustor.		4a	136-12	2 220127		
b	If "Yes," enter the name of the foreign country: ►		1.3				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and F (FBAR).	nanciai Accounts			T. i		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	woar?	5a	والمساواتا	<u></u>		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	•	5b	<del>                                     </del>	1		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	a transaction:	5c		+		
6a	Does the organization have annual gross receipts that are normally greater than \$100,0	000 and did the	30	-	<del> </del>		
	organization solicit any contributions that were not tax deductible as charitable contributions		6a		V		
b	If "Yes," did the organization include with every solicitation an express statement that such		Va		Ť		
	gifts were not tax deductible?	contributions of	6b				
7	Organizations that may receive deductible contributions under section 170(c).		· 125 a.f.	10 34 ·	"k 1 20h - V/C		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partiv for goods	MA				
_	and services provided to the payor?		7a		<b>√</b>		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		+		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property				<del>                                     </del>		
v	required to file Form 8282?		7c		<b>,</b>		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	15. 14. 21. 21.		( )		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal l		7e	Mirica a.	1		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefits		7f	<del></del>	1		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7h		$\vdash$		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m		A.A	S.E. L	M., '		
	sponsoring organization have excess business holdings at any time during the year?		8	rafba.u. bi			
9	Sponsoring organizations maintaining donor advised funds.			14.54	14°61		
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a	144112	8351.7		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	son?	9b				
10	Section 501(c)(7) organizations. Enter:			Han's	Will.		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			211		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b	164	* K			
11	Section 501(c)(12) organizations. Enter			7	100		
а	Gross income from members or shareholders	11a			图 章		
ь	Gross income from other sources (Do not net amounts due or paid to other sources		] · [3] .		5.* 		
	against amounts due or received from them.)	11b			D.		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	W. C	掛い。 対称: 27g			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	1 di . 3	(a)			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	Note. See the instructions for additional information the organization must report on Schedul	e O.	304	TOR	\$1.5		
b	Enter the amount of reserves the organization is required to maintain by the states in which		**				
	the organization is licensed to issue qualified health plans	13b		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18		
С	Enter the amount of reserves on hand	13c		20	, s l <sub>ep</sub>		
14a	Did the organization receive any payments for indoor tanning services during the tax year? .		14a		~		
h	If "Vos." has it filed a Form 720 to report these payments? If "No." provide an explanation in	Schedule O	14b	1	I		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.		
	Check if Schedule O contains a response or note to any line in this Part VI		
Sect	ion A. Governing Body and Management		
		Ye	s No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 1	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	~
5	Did the organization become aware during the year of a significant diversion of the organization's assets?,	5	~
6 7a	Did the organization have members or stockholders?	7a	V V
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	1,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	76	* West
а	The governing body?	8a	<b>✓</b>
b	Each committee with authority to act on behalf of the governing body?	8b	~
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	-
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Code	e.)
		Ye	s No
10a b	Did the organization have local chapters, branches, or affiliates?	10a	V -
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	<del></del> -
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	- 241 1 823	2/ -
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	
13	Did the organization have a written whistleblower policy?	13	~
14 15	Did the organization have a written document retention and destruction policy?	14	<b>/</b>
а	The organization's CEO, Executive Director, or top management official	15a	
b	Other officers or key employees of the organization	15b	V
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	53.5	
	with a taxable entity during the year?	16a	William Control
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	
Secti	on C. Disclosure		
17	List the states with which a copy of this Form 990 is required to be filed ▶		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available Check all that apply.	ı 501(c)(3	)s only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integration in the statements available to the public during the tax year.	erest poli	cy, and
20	State the name, address, and telephone number of the person who possesses the organization's books and receil Shulman, 32 7th Street, Lakewood, NJ 08701 732-370-3413	cords: ►	

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Page	
raue	

Form 990 (2017)	
	ı

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

Check if Schedule O contains a respons	se or note to any line in this Part VI							

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 no	r any relate	d org	anız	atic	n c	ompe	ensa	ated any currer	it officer, directo	r, or trustee
				•	C)					
(A)	(B)	ido n	ot ct		ation	e than o	one	(D)	(E)	(F)
Name and Title	Average hours per week (list any	box,	unies	s pe	rson	is both	n an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Abraham Shulman President	0	~						0	0	0
(2) Eli Shulman	11									
Vice President		~			_		ļ	0	0	0
(3) Jacob Shulman	0	~						0	0	0
(4) Rivka Shulman	2									
Secretary								0	0	0
(5)										
(6)										
(7)							-			
(8)										
(9)		-								
(10)										
(11)						-				
(12)										
(13)				-						
(14)	<u> </u>									

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (c	ontinu	ed)	_
	(A) Name and title		box,	unles	s pe	ition more	than one that the the that the the the the the the the the the th	n an tee)	(D)  Reportable compensation	(E) Reportable compensation		(F) Estimated amount of	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organization (W-2/1099-Mi		other compensation from the organization and related organizations	
(15)													
(16)													
(17)													
(18)													
(19)											-		
(20)													
(21)													
(22)				_							-		
(23)						-					-		
(24)					_								
(25)					_						_	_	
1b	Sub-total							<b>•</b>	0		0		
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)							<b>•</b>	0		0		
2	Total number of individuals (including but reportable compensation from the organi	not limited							no received mo			of	
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete \$	ficer, direct						mp	loyee, or high	est compen	sated	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of repartments	oortat an \$1	ole c 50,0	000°	? <i>If</i>	satio "Yes	n ar s," (	nd other comp complete Sch	ensation from edule J for	m the such	4	
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or indi	vidual	5	() ()
Section	on B. Independent Contractors												_
1	Complete this table for your five highest compensation from the organization. Rep year.												
	<b>(A)</b> Name and business addi	ress							(B) Description of se	ervices	С	(C) ompensation	
2	Total number of independent contractor received more than \$100,000 of compensations.							the	ose listed abo	ve) who	ŢŸ,		*, ,

Form 9	990 (201	7)							Page 9
Par	t VIII	Statement of Reve							
		Check if Schedule C	contains a	a resp	onse or note t				<u> </u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts ıts	1a	Federated campaigns	s .	1a		PAPPE			
Grants	b	Membership dues		1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events		1c					
	d	Related organizations	3	1d					
	e	Government grants (cor		1e					
	f	All other contributions, g					1. The state of th		
흎粪		and similar amounts not inc		1f	228075	edā s iši			
d g	g	Noncash contributions include		1f \$					
	h	Total. Add lines 1a-1	<u>f</u>		<u> </u>	228075	Miles of Target Park 1		
Program Service Revenue					Business Code			lta 193	N. C. A. G. A.
eve	2a								
ē.	b			}					ļ
ۼٙ	C			}			-		
နို	d			}					
гап	e	All ather program som							
õ	f g	All other program ser Total. Add lines 2a-2		e [	•		Control of the contro	<u> </u> 	TIN COLUMN
	3	Investment income		qivide	· · · · · · · · · · · · · · · · · · ·		7,77,772	1 · · · · · · · · · · · · · · · · · · ·	W T F'' St. St will be
	•	and other similar amo				107985	107985		
	4	Income from investmen		ant ha	nd proceeds	107703	107703		
	5	Royalties							
,	•		(ı) Real		(II) Personal		16. 12. 24. 14. 14. 14. 14. 14. 14. 14. 14. 14. 1		The Building
	6a	Gross rents							
	b	Less: rental expenses							
	С	Rental income or (loss)							
	d	Net rental income or (	(loss)		▶		,	, , , , , , , , , , , , , , , , , , , ,	2 De de la contraction de
	7a	Gross amount from sales of	(i) Securitie	es	(II) Other				A. Walling
		assets other than inventory							
	b	Less <sup>,</sup> cost or other basis		İ					
		and sales expenses							
	С	Gain or (loss) .	<u></u>						
	d	Net gain or (loss)	•	-	<u> </u>	3.0.1A was:	30, 80, 30	<b>A b b a</b>	200 # 4 700
enne/	8a	Gross income from fu events (not including \$	ındraısıng						
Other Revenue		of contributions reported See Part IV, line 18	ed on line 1c	). a					
돥	b	Less: direct expenses		b		ELMIN.			
•	С	Net income or (loss) fi			events . ►				
	9a	Gross income from ga	ımıng actıvit	ıes					18. 3.3.1
		See Part IV, line 19 .	•	а					
	b	Less: direct expenses		b					
	С	Net income or (loss) fr		-	vities ▶		non the	7 200	, A. 140 1 2000 VO
	10a	Gross sales of in		ess					
		returns and allowance		a					
	b	Less cost of goods s	st of goods sold <b>b</b>				er. A dezen	i katiwa	
	С	Net income or (loss) fr		t inve				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	30 ) 25 (20 18 May ( ) 3 )
		Miscellaneous Re	evenue		Business Code	Linkal	AR BARELER		
	11a			}					
	b			}					
	۲ 0	All other revenue .		}					
	d e	Total. Add lines 11a-		L	<u> </u>		AN A TANK	/ "' <u>''                                 </u>	STANGER PROTECTION OF
	12	Total revenue. See in		•		336060		2 25/2/2017 (16/2/17/2)	7年できたいい、大学の大学、日本選手のよう。

Section	on 501(c)(3) and 501(c)(4) organizations must coi			ns must complete c	olumn (A).
	Check if Schedule O contains a respor				
	ot include amounts reported on lines 6b, 7b, o, 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 domestic organizations				
	and domestic governments See Part IV, line 21	32439	32439		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	95722	95722		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	236357	236357		
4 5	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees				(4), 22, 25 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10 11 a b c d	Other employee benefits Payroll taxes Fees for services (non-employees) Management Legal Accounting Lobbying Professional fundraising services See Part IV, line 17				
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) .		- 1 d 1	The said the	
12 13 14 15 16 17 18	Advertising and promotion	316		316	
19 20 21 22 23	Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a b c d e	All other expenses				
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here   If following SOP 98-2 (ASC 958-720)	364834	364518	316	

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . . (A) (B) Beginning of year End of year Cash -- non-interest-bearing 127302 1 1 118481 2 2 Savings and temporary cash investments 947268 927315 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . . . . 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Assets 7 Notes and loans receivable, net . 7 Inventories for sale or use . . . . 8 8 9 Prepaid expenses and deferred charges . 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a Less accumulated depreciation 10c Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 . 12 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 equal line 34). 1074570 16 1045796 17 Accounts payable and accrued expenses . . . . . . . . . 17 18 18 19 Deferred revenue . 19 20 Tax-exempt bond liabilities . . . 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties . . . 180000 24 180000 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 180000 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . 27 27 894570 28 28 Temporarily restricted net assets . . . 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . 31 31 Paid-in or capital surplus, or land, building, or equipment fund . 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 33 894570 865796 34 34 Total liabilities and net assets/fund balances 1074570 1045796

Page	1	2

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	0 (2017)			Page 12
Part	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		336060
2	Total expenses (must equal Part IX, column (A), line 25)	2		364834
3	Revenue less expenses. Subtract line 2 from line 1	3		-28774
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		894570
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		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10		865796
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			П
				res No
1	Accounting method used to prepare the Form 990  ☐ Cash ☐ Accrual ☐ Other		, 17 m	18 To 18 18 18 18 18 18 18 18 18 18 18 18 18
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain in		
	Schedule O			
2a	Were, the organization's financial statements compiled or reviewed by an independent accountant? .		2a	·
	If "Yes," check a box below to indicate whether the financial statements for the year were compi	led or		- I -
	reviewed on a separate basis, consolidated basis, or both.			7 -784-7
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited	· ·	37.4	A SERVING
	separate basis, consolidated basis, or both	2 O/1 U	Sale I	A Marie Andrews
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	reight	**	The state of the state of
С	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	
	If the organization changed either its oversight process or selection process during the tax year, exp		2C	خ میا اشقال ا
	Schedule O	нант н		The state of the s
0-		orth in		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set to the Single Audit Act and OMB Circular A-133?	טונוו ווו		
	· ·	~	3a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	
	required audit or audits. Explain why in Schedule U and describe any stens taken to Underdo such allo			

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

**Employer identification number** 

American Friends of Yad Layeled 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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) 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 An organization that normally receives (1) more than 331/3% 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 33½% 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.) 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 II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (ii) EIN (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (f) Total (e) 2017 Gifts, grants, contributions, membership fees received (Do not include any "unusual grants.") revenues levied 2 Tax the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3. 5 The portion of total contributions by (other person governmental unit publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 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). Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) . 12 12 . . 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 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 15 Public support percentage from 2016 Schedule, Á, Part II, line 14 . . . . . . . . . . . . . . . . . 15 331/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . . . . . 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2017. 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 . . . 10%-facts-and-circumstances test-2016. 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 Private foundation of the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 

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

### 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 tes	ts listed belo	w, please co	mplete Part I	1.)	
Secti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees					1	
2	received. (Do not include any "unusual grants") 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	140376	116101	127850	194160	228075	806562
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	140376	116101	127850	194160	228075	806562
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						806562
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	(e) 2017	(f) Total
9	Amounts from line 6	140376	116101	127850	194160	228075	806562
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	39486	63284	43957	50955	107985	305667
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	9,199	3020				
С	Add lines 10a and 10b	39486	63284	43957	50955	107985	305667
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)	179862	179385	171807	245115	336060	1112229
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization'	s first, second	d, third, fourth,	or fifth tax ye		501(c)(3) ▶ □
Secti	on C. Computation of Public Suppor		,				
15	Public support percentage for 2017 (line 8			3, column (f))		15	72.52 %
16	Public support percentage from 2016 Sch				<u></u>	16	81 16 %
	on D. Computation of Investment In-						
17	Investment income percentage for 2017 (			line 13, colum	nn (f))	17	27 48 %
18	Investment income percentage from 2016					18	18 83 %
19a	331/3% support tests-2017. If the organ	ization did not o	check the box				, and line
	17 is not more than 331/3%, check this box	and <b>stop here.</b> <sup>-</sup>	The organization	n qualifies as a	publicly suppo	orted organization	on . ▶ 🗹
b	331/3% support tests—2016. If the organize line 18 is not more than 331/3%, check this line 18 is not more than 331/3%.	ation did not ch	eck a box on I	ine 14 or line 19	9a, and line 16	is more than 30	31/3%, and
20	Private foundation. If the organization di						

#### Part IV Supporting Organizations

(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 Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 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.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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 **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Scheal	DIE A (FORM 990 OF 990-EZ) 2017			Page 🔾
Part	Supporting Organizations (continued)		1.4	
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	Yes	No
	and the second s	11b 11c		
0000	ion b. Type reapporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	N Company		
Sect	ion C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		Yes	No
Sect	ion D. All Type III Supporting Organizations		<del></del>	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	ction	s).
a b c	<ul> <li>☐ The organization satisfied the Activities Test Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity.</li> </ul>			
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2</b> a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations <i>Answer (a) and (b) below</i> .  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b	EZ.	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	j tru nzat	st on Nov. 20, 1970 (explai tions must complete Section	n in Part VI). <b>See</b> ns A through E.
Section 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		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	es d		
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c 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)			
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		
Section 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	第一次 · · · · · · · · · · · · · · · · · · ·	
4 Enter greater of line 2 or line 3.	4	2.251以及基本 、集团	
5 Income tax imposed in prior year	5	Carrie - Propins	
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		tegrated Type III supporting	organization (see
Instructions)	,	9:2:2c . ) ha aabba	,

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	anizations	
4	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 (provide details in <b>Part VI</b> ). See instructions	th the organization is re	sponsive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1_	Distributable amount for 2017 from Section C, line 6		PARTY BOX PROME	
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ) See instructions.			
3	Excess distributions carryover, if any, to 2017	HER TO A COMPANY		
а	DESTRUCTION OF THE STATE OF THE		AND BAD AND SWE	LATE BOOK A
b	From 2013	建"美"、共同的		134 2 7 7 1
c	From 2014	N W N AND		
ď	From 2015	15 A T. 1802	TOKAK TYA	
e	From 2016	STATE AND A MARKET AND A STATE OF THE STATE	TENTANT TO AND	
f	Total of lines 3a through e	1440 114 944 944		WALL BETWEEN
g	Applied to underdistributions of prior years		· · · · · · · · · · · · · · · · · · ·	"多以生"第1条"多"。
h	Applied to 2017 distributable amount	Mill Att. Sag.		
i	Carryover from 2012 not applied (see instructions)	ALCOHOL:		
j	Remainder Subtract lines 3g, 3h, and 3i from 3f.		235-1606 7 1508	
4	Distributions for 2017 from	The same of the sa		T. T. T. T. T. T. T. T. T. T. T. T. T. T
	Section D, line 7. \$			
а	Applied to underdistributions of prior years	Nich. A WARRY		I CAA TEBA
b	Applied to 2017 distributable amount			
C	Remainder, Subtract lines 4a and 4b from 4.	W. 17 300 75 W. 18		
5	Remaining underdistributions for years prior to 2017, if	TO TRUE LE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
·	any Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017. Subtract lines 3h	Maria Harana		3444
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018 Add lines 3j	7		
	and 4c	ののできなる。************************************	28 - 28 28 29 24 12 	
8	Breakdown of line 7.	THE TAX AND THE TA	A CONTRACTOR OF THE SECOND	MANAGERY CARE CONTROL OF A
a	Excess from 2013	THE RESERVE OF THE PARTY OF THE		
<u>b</u>	Excess from 2014 .			14 3
<u>c</u>	Excess from 2015	CALC G R. L. MORREY		2 7 to 4 2 3 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
d_	Excess from 2016 .			
е	Excess from 2017	を表示の対象を表	ことでは、おいななった。	56007" (5560004.5 20

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

#### SCHEDULE F (Form 990)

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

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

Amer	can Friends of Yad Layeled					13-3275989
Par	General Information Form 990, Part IV, line		es Outside	the United States. Comp	olete if the organization	answered "Yes" on
1	For grantmakers. Does the					
	assistance, the grantees' el				criteria used to award	
	grants or assistance? .					· Yes No
2	For grantmakers. Describ assistance outside the Unit	ed States				rants and other
3	Activities per Region. (The for			can be duplicated if addition	nal space is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	expenditures for
(1)	Middle East	0	0	Grants to recipients	scholarships, charity	236357
(2)						
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3a b	Sub-total  Total from continuation				TOTAL TERROTT	236357
U	sheets to Part I					
С	Totals (add lines 3a and 3b)				i with the constitution of	236357

Page 2

Schedule F (Form 990) 2017

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. Part II

(i) Method of valuation (book, Prook, Prook, Prook)															
(h) Description of noncash assistance															
(g) Amount of noncash assistance				!											
Purpose of (e) Amount of (f) Manner of (g) Amount of (h) C ash grant cash grant disbursement assistance	169 155 Checks, wire transfers	50,000 wire transfer											٠		
(e) Amount of cash grant	169 155	50,000													
(d) Purpose of grant	student scholarships	food and shelter													
(c) Region	Middle East	Middle East													
(b) IRS code section and EIN (if applicable)									? (\$ <b>3€</b> , {						
1 (a) Name of organization			(6)		(2)	(9)	(7)	(8)		(11)	(12)	(13)		(15)	

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

Enter total number of other organizations or entities

က

Schedule F (Form 990) 2017

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. Schedule F (Form 990) 2017

Part III Grants a

(h) Method of valuation (book, FMV, appraisal other)																			Schedule F (Form 990) 2017
(g) Description of noncash assistance																			Sch
(f) Amount of noncash assistance																			
(e) Manner of cash disbursement	17202 checks																		
(d) Amount of cash grant	17202																		
(c) Number of recipients	2																		 
of grant or assistance (b) Region (c) Number of recipients	Middle East																		
(a) Type of grant or assistance	(1) food and shelter	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	

Page	•

Part	IV	Foreign Forms		
1	the c	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	☐ Yes	☑ No
2	may Trus	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to separately file Form 3520, Annual Return To Report Transactions With Foreign ts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign twith a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	✓ No
3	the c	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To ain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	quali Infor	the organization a direct or indirect shareholder of a passive foreign investment company or a fired electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing d (see Instructions for Form 8621)	☐ Yes	☑ No
5	the o	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain ign Partnerships (see Instructions for Form 8865)	☐ Yes	<b>₽</b> No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If "the organization may be required to separately file Form 5713, International Boycott Report (see uctions for Form 5713, don't file with Form 990)	Yes	₽ No

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art V Supplemental Infor	rmation
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Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions

Part 1, line 2 A trustee reviews the list of recipients annually Individual recipients are researched to ascertain their needs and expenses
The trustee is in contact with the organizations in the foreign country to determine their use of the grants

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

②◎◀ Open to Pu Inspection
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OMB No 1545-0047

► Go to www.irs.gov/Form990 for the latest information.

Open to Public	Inspection	Employer identification number
		E

**%**□ needy students expenses Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance student scholarships student scholarships √Yes 13-3275989 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisa, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 5,000 5,000 10,000 grant Enter total number of other organizations listed in the line 1 table (c) IRC section the selection criteria used to award the grants or assistance? (if applicable) American Friends of Yad Layeled
Part I General Information on Grants and Assistance 501(c)(3) 501(c)(3) 501(c)(3) 04-3379415 22-3612558 13-2905207 (b) EIN 617 Sixth Street, Lakewood, NJ 08701 19 Carlton Ave W. Suffern, NY 10901 34 Sparhawk St, Brighton, MA 02135 1 (a) Name and address of organization (3) Yeshiva Shaarei Torah (1) BMG Student Aid Fund (2) Boston Mesifta or government Part Part II € 8 Ξ N က (2) 9 0 (12) ව 5

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

Cat No 50055P

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Food,	1 Food, clothing, etc expenses for needy families	α	72024			
2 Studer	2 Student Scholarships		20010			
3 Weddi	3 Wedding expenses for needy individuals	2	10063			
4 Therap	4 Therapy expenses for needy individuals	2	1715			
5						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information r	equired in Part I, line	e 2; Part III, column	(b); and any other addition	onal information.

Part 1, line 2. A trustee reviews the list of recipients annually and meets with recipients to ascertain their needs and expenses. When possible, grants are used to pay expenses directly

Schedule I (Form 990) (2017)

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

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

American Friends of Yad Layeled	13-3275989
Part VI Section A 2 - There is a family relationship between the officers	
Part VI Section B 11b - A copy of this form 990 is provided to all trustees of the organization for their r	eview.
Part VI Section C 19 - The organization's documents and financial statements are available to the publ	ic upon request
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