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May the IRS discuss this return with the preparer shown above? (see instructions)

Extended to November 15, 2018

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

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

Open to Public

courtment of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2017 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Aggress change AMERICAN FRIENDS OF MAGEN LACHOLEH INC. \ame |cnange 22-3413592 Doing business as |Initial |return Number and street (or P 0. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ C/O FRIEDMAN 32 CABINFIELD CIRCLE termin ated 351570. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended LAKEWOOD, NJ 08701 H(a) Is this a group return Applica-F Name and address of principal officer SHMAYA FRIEDMAN for subordinates? Yes X No 32 CABINFIELD CIRCLE, LAKEWOOD 08701 H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or [If "No," attach a list (see instructions) J Website ► N/A H(c) Group exemption number ▶ K Form of organization \ X Corporation Year of formation: 1995 M State of legal domicile: NJ Part I Summary Briefly describe the organization's hission or most significant activities MEDICAL COUNSELING AND SUPPORT Governance __ if the organization discontinued its operations or disposed of more than 25% of its net assets Check this box 🕨 L Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 3 Activities & Total number of individuals employed in calendar year 2017 (Part V, line 2a) 0 5 0 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Not unrelated outsiriess taxable income from Form 990 T, line RECEIVED 0. **Prior Year Current Year** S-OSC 240325 Contributions and grants (Part Vill, line 1h) 351570. 8 Revenue AUG 0 1 2018 9 Program service revenue (Part VIII, line 2g) 0 0. 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and Gle EN. UT 0 11 0. 240325 Total revenue - and lines 8 through 11 (must equal Part VIII, column (A), line 12) 351570. 12 175690 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 414704. 13 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 14000 0. Salaries, other comperisation employee benefits (Part IX, column (A), lines 5-10) 15 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) 0. 13347 2947. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13 17 (must equal Part IX, column (A), line 25) 203037. 417651. 19 Revenue less expenses Subtract line 18 from line 12 37288. <66081.> Beginning of Current Year **End of Year** 64693. 20 Total assets (Part X line 16) 0. 1388. 21 Total liabilities (Part X, line 26) 0 64693. <1388. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that thrave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is tive, correct, and complete Defaration of A party (After than officer) is based on all information of which preparer has any knowledge. Signature of office Date Sign ⇔ Here SHMAYA FRIEDMAN, PRESIDENT Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature Paid ZEV KAUFMAN / 18 self-employed P00092147 Firm's name KAUFMAN & KAUFMAN Preparer Firm's EIN 🛌 80-0504371 Firm's address ▶ 521 FIFTH AVE

Phone no. 2122924401

X Yes No

Form 990 (2017)

Form	990 (2017) AMERICAN FRIENDS OF MAGEN LACHOLEH INC. 22-3413592 Page 2
Par	t 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
	THE ORGANIZATION SPONSORS MEDICAL ASSISTANCE, COUNSELING, EQUIPMENT
	AND REFERRALS TO ALL NEEDY INDIVIDUALS REQUESTING SO. THERE IS NO
	CHARGE FOR ANY OF THE SERVICES PROVIDED.
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? Yes 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, 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 (Code) (Expenses \$ 417651. including grants of \$ 414704.) (Revenue \$ 351570.
4a	(Code) (Expenses \$ 417651. including grants of \$ 414704.) (Revenue \$ 351570. THE ORGANIZATION SPONSORS MEDICAL ASSISTANCE, COUNSELING, EQUIPMENT
	AND REFERRALS TO ALL NEEDY INDIVIDUALS REQUESTING SO. THERE IS NO
	CHARGE FOR ANY OF THE SERVICES PROVIDED.
	CHARGE FOR ANT OF THE SERVICES PROVIDED.
4b	(Code) (Expenses \$including grants of \$) (Revenue \$
	(code / / Lixperises / (revalue /) (revalue /)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe in Schedule O)
	(Expenses \$
4e	Total program service expenses ► 417651.
	Form 990 (201

			Yes	No
1	ls 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	X	_
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>	X
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	<u> </u>	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			,,
,	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,	_		.,
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
^	Schedule D, Part III	88	 	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			37
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		X
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	40		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10		X
''	as applicable			
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,	1		
a	Part VI	110		х
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	-	^
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	-110		
Ī	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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		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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	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	Х	
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	Х	
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		X
17	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	17		X
18	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		X
19	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		X
		Form	990 ((2017)

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 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 X 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 X				163	140
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 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, Part I and III 22 X X 30 X X X X X X X X X	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
domestic government on Part IX, column (A). Inin 9 1/1 1/19x, "complete Schedule I, Parts I and III 2	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Dd the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 22 II "Yes," complete Schedule I. Part IX and III 23 Dd 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, frustiess, key employees, and highest compensated employees II "Yes," complete Schedule I. Part IX IX and IX	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part IV (Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, inustees, key employees, and highest componsated employees? If "Yes," complete Schedule J and former officers, directors, inustees, key employees, and highest componsated employees? If "Yes," complete Schedule J Schedule K I" 'No", go to the 25a		·	21_		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. Wish year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the liast day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a. 25a Did the organization maintain an escrow account other than a refunding escrow 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 b the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b the organization report any amount on Part X, line 5, 8, or 22 for receivables from or payables to any current or former officer, furetices, key employees, endiqualified persons? If "Yes," complete Schedule L, Part IV and the organization report any amount on Part X, line 5, 8, or 22 for receivables from or payables to any current or former officer, furetice, furetice	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23		• • • • • • • • • • • • • • • • • • • •	22		X
Schedule / 2 A Did the organization have a tax-exempt bond issue with an cutstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds. Did the organization and at as an 'on behalf of' issuer for bonds outstanding at any time during the year? defease any tax-exempt bonds. Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? Did the organization advised that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II are organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II are organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction base not been reported on any of the organization with a disqualified person in a prior year, and that the transaction base of the organization in a prior year, and that the transaction are prior any of the organization in the prior of	23				
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b Dd the organization invest any proceeds of fax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 avare that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have to been reported on any of the organizations prior Forms 990 or 990/E2? If "Yes," complete Schedule L, Part I 25b X 25b Dd the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, or disqualified persons? If "Yes," complete Schedule L, Part IV 25b Dd 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 IV 27b Dd the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 27b Dd the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule L, Part IV 27b Dd the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M 27b Dd the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II, Part II 38b Dd the organization related to any tax-exempt or taxable entity? If "Yes,		· · · · · · · · · · · · · · · · · · ·			
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b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pnot 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 II 25b	25a				1,7
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25b			25a		Α_
Schedule L, Part I 25b X 25b X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26	О				
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Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 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 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		sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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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 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 X 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 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		Part V, line 1	34		
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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			35a		<u>X</u>
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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	b				
If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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			35b		
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 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	36				
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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			36		<u>X</u>
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	37				
Note. All Form 990 filers are required to complete Schedule O			37		<u>X</u>
	38		_	v	
		Note. All Form 990 filers are required to complete Schedule O			(001=

. ui	Check if Schedule O contains a response or note to any line in this Part V			
	Entering Contraction Contraction of the Contraction		Yes	No
1.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		res	NO
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b. 0			1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		1
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
20	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
þ	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).			•
a	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? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
С	to file Form 8282?	7c		х
ч	It "Yes," indicate the number of Forms 8282 filed during the year 7d			- <u></u>
e	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		
q	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			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.]
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	· · · · · · · · · · · · · · · · · · ·	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a			
a		1		
Ь	amounts due or received from them)			
12a		12a		
b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a	to the life to the	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b]		
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	<u> </u>		<u> </u>
14a		14a		X
b	if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
		Form	เษษก	(2017)

Form 990 (2017)

AMERICAN FRIENDS OF MAGEN LACHOLEH INC. 22-3413592 Page
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			\mathbf{x}	
Sec	tiòn 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				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3				
2	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		<u>X</u>	
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		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> </u>	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>	
6	Did the organization have members or stockholders?	6		<u>X</u>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	7a		X	
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		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	8a	<u>X</u>		
b	Each committee with authority to act on behalf of the governing body?	8b	<u>X</u>		
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		<u>X</u>	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)				
			Yes	No	
	Did the organization have local chapters, branches, or affiliates?	10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b			
	and branches to ensure their operations are consistent with the organization's exempt purposes?				
11a					
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>	
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	40-	ì		
10		12c		X	
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	13		X	
14	Did the process for determining compensation of the following persons include a review and approval by independent	14		Λ_	
15					
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	į	Х	
d	Other officers or key employees of the organization	15b		$\frac{\Lambda}{X}$	
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	,50			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
, 50	taxable entity during the year?	16a		X	
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u></u>			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	. [l		
	exempt status with respect to such arrangements?	16b			
Sec	tion C: Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► None	-			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le		
_	for public inspection. Indicate how you made these available. Check all that apply				
	Own website Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial		
-	statements available to the public during the tax year				
20	State the name address, and telephone number of the person who possesses the organization's books and records		_		
	THE ORGANIZATION				
	32 CABINFIELD CIRCLE, LAKEWOOD, NJ 08701				
73200	6 11-28-17	Form	990	(2017)	

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

(A) Name and Title	(B) Average hours per week	offi	Pos (do not check box, unless p officer and a			than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	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) SHMAYA FRIEDMAN PRESIDENT	0.00			х				0.	0.	0
(2) BENJAMIN FISCHER	40.00	<u> </u>								
VICE PRESIDENT (3) YAAKOV BOGART	0.00	ļ		X				0.	0.	0
SECRETARY	0.00	 -		х				0.	0.	0
		_					_			
		-								
				-						
							-			
		 -								

		-					-			
		<u> </u>								
		_								

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Section E	. Indep	endent Co	ontractors

d Total (add lines 1b and 1c)

1b Sub-total

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(A)

Name and title

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from
	the annual transfer of the second section of the section of the second section of the section of

	(A) Name and business address	NONE	(B) Description of services	(C) Compensation
			-	+
				<u> </u>
	r of independent contractors (including bu	t not limited to those lis	ted above) who received more than	
\$100,000 of	compensation from the organization	0		!

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CCCII	Check if Schedule O contains a respons			ппрієте соштт (А)	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21			-	*****
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22			1	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	41 470 4	41 470 4		
_	individuals See Part IV, lines 15 and 16	414704.	414704.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees Compensation not included above, to disqualified				
o	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	146.	146.		
14	Iriformation technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
16	for any federal, state, or local public officials Conferences, conventions, and meetings				···
19 20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	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 0.)				
а	mmt national	2345.	2345.		
b	BANK CHARGES	456.	456.		
С					
d					
е					
25	Total functional expenses Add lines 1 through 24e	417651.	417651.	0.	0.
26	Joint costs. Complete this line only if the organization			T	
	reported in column (B) joint costs from a combined	j			
	educational campaign and fundraising solicitation.				
	Coarty have		1		

Par	τλ	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	64693.	1	
	2	Savings and temporary cash investments		2	
i	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	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			
ţ		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ÿ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a		}	
	ь	Less accumulated depreciation 10b	······································	10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		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)	64693.	16	<u> </u>
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	·
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
===	ļ	key employees, highest compensated employees, and disqualified persons			
Liabil:ties	ļ	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		24	
	25	Other liabilities (including federal income tax, payables to related third			
	ļ	parties, and other liabilities not included on lines 17-24) Complete Part X of	0		1200
		Schedule D	0.	25	1388.
	26	Total liabilities. Add lines 17 through 25	0.	26	1388.
	İ	Organizations that follow SFAS 117 (ASC 958), check here ▶			
Ces	0.7	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		27	
ᄪ	27	·		28	
8	28	Temporarily restricted net assets Permanently restricted net assets		29	
힡	29	Organizations that do not follow SFAS 117 (ASC 958), check here		29	
Ę					
S.	20	and complete lines 30 through 34. Capital stock or trust principal, or current funds	0.	30	0.
set	30	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	64693.	32	<1388.
Ne.	33	Total net assets or fund balances	64693.	33	<1388.
	24	Total liabilities and not assets/fund balances	64693.	34	<u> </u>

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Form	990 (2017) AMERICAN FRIENDS OF MAGEN LACHOLEH INC.	22-341	<u> 3592</u>	Pag	ge 12
Pai	t 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		<u>515</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u> 176</u>	
3	Revenue less expenses Subtract line 2 from line 1	3			<u>81.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>646</u>	<u>93.</u>
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,				
	column (B))	10		<u><13</u>	<u>88.</u> >
Pa	rt XIII 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 Cash X Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedu	le O			
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 review	ed on a			
	separate basis, consolidated basis, or both		Ì		
	Separate basis Consolidated basis Both consolidated and separate basis		· l		
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ate basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	the audit,		1	ĺ
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Ĺ
	If the organization changed either its oversight process or selection process during the tax year, explain in So	hedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Single Audit			
	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 red	uired audit			
	or audits explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 ((2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Open to Public

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization **Employer identification number** AMERICAN FRIENDS OF MAGEN LACHOLEH INC 22-3413592 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 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)) 2 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) 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 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 f Enter the number of supported organizations Provide the following information about the supported organization(s) ((v) is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN in your governing document (described on lines 1 10 support (see instructions) organization support (see instructions) Yes No above (see instructions)

Schedule A (Form 990 or 990-EZ) 2017 AMERICAN FRIENDS OF MAGEN LACHOLEH INC. 22-3413592 Page 2

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.)

Sec	ction A. Public Support			-			
ale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						/
	membership fees received (Do not	İ					/
	include any "unusual grants ")					/	
2	Tax revenues levied for the organ-					7	
	ization's benefit and either paid to					/	
	or expended on its behalf						
3	The value of services or facilities					,	
	furnished by a governmental unit to	i				,	
	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				,	<u> </u>	
	on line 1 that exceeds 2% of the				/		
	amount shown on line 11,				/		
	column (f)				[
6	Public support. Subtract line 5 from line 4				7		
Se	ction B. Total Support					 	
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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				_/		
9	Net income from unrelated business				/		
	activities, whether or not the				ĺ		
	business is regularly carried on			,			
10	Other income. Do not include gairi			/			
	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 instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thii	rd, fourth' or fifth ta	ax year as a sectioi	n 501(c)(3)	
	organization, check this box and stop	here				·	>
Se	ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2017 (li	• • • • • • • • • • • • • • • • • • • •	•	column (f))	,	14	%
	Public support percentage from 2016	•	•		l	15	%
16a	33 1/3% support test - 2017. If the o				14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	_	-	1			
t	33 1/3% support test - 2016. If the o				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "tac					t VI how the organ	ization
	meets the "facts-and-circumstances"	_			•	_	▶∟_
t	10% -facts-and-circumstances test						10% or
	more, and if the organization meets th				= =		. —
	organization meets the "facts-and-circ		=				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a or 17b		•	
					Sche	dule A (Form 990	or 990-EZ) 2017

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Schedule A (Form 990 or 990 EZ) 2017 AMERICAN FRIENDS OF MAGEN LACHOLEH INC. 22-3413592 Page 3 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, piease compi	iete Pat II)				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and		1.1			<u> </u>	
	membership fees received (Do not						
	include any "unusual grants ")	250980.	258497.	377315.	240325.	351570.	1478687.
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						
J	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	250980.	258497.	377315.	240325.	351570.	1478687.
7 <i>a</i>	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 o squalified persons that exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year Add lines 7a and 7b						0.
							1478687.
	Public support. (Subtract line 7c from line 6) ction B. Total Support		L			<u> </u>	14/000/.
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	250980.	258497.	377315.	240325.	351570.	1478687.
_	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		230497.	377313.	240323.	331370.	14/000/.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	c Add lines 10a and 10b		 -				
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				1		
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)	250980.	258497.	377315.	240325.	351570.	1478687.
	First five years, if the Form 990 is for	the organization's					
	check this box and stop here	Ü			•	- () ()	▶□
Se	ction C. Computation of Publ	ic Support Per	centage				
	Public support percentage for 2017 (I			olumn (f))		15	100.00 %
16	Public support percentage from 2016	Schedule A, Part I	II, Ine 15				100.00 %
	ction D. Computation of Inves						
_	Investment income percentage for 20			e 13, column (fl)		17	.00 %
18				• • • • • • • • • • • • • • • • • • • •		18	%
	a 33 1/3% support tests - 2017. If the			n line 14, and line	15 is more than 3		7 is not
	more than 33 1/3%, check this box a	_					$\triangleright [X]$
ı	o 33 1/3% support tests - 2016. If the	•	•		-		
	line 18 is not more than 33 1/3%, che						▶□
_20	Private foundation. If the organization			·		-	
	23 10-08-17					edule A (Form 990	or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 AMERICAN FRIENDS OF MAGEN LACHOLEH INC. 22-3413592 Page 4

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)

•	ection	Λ	All C.	mand	ina A	raani-	ationa
J	ection	м.	MII OL	ו וטעענ	1114 V	luanız	auvus

- 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
- 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 tnat 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)
- 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?
- 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)
- 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.
- 10a 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 a'l 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)

	Yes	No
1		
2	ļ	
3a		
02	 	
26		
3b		
3c	 	
4a		
4b		
	ļ	
4c	-	
5a		
5b 5c		
}		
}		
6		
7_	-	
8		
9a	<u> </u>	
9b		
9c		
10a	$\left - \right $	
10b		
1 990 or 99	90-EZ)	2017

Sche	dule A (Form 990 or 990 EZ) 2017 AMERICAN FRIENDS OF MAGEN LACHOLEH INC. 22-3	<u>41359</u>)2 P	age 5
Ра	rt IV Supporting Organizations (continued)			т
	the the annual state of the section to the section of the section	Γ	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		İ	İ
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			ľ
	below, the governing body of a supported organization?	11a	 	
	A family member of a person described in (a) above?	11b		ļ
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	J	L
Sec	tion B. Type I Supporting Organizations		T	T
	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
1			1	{
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	İ		l
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	-]	
	controlled the organization's activities. If the organization had more than one supported organization,	!]	}
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		}	}
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	├	├
2	Did the organization operate for the benefit of any supported organization other than the supported		ł	ĺ
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	ł	}	}
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		}	}
	supervised, or controlled the supporting organization	2	J	L
Sec	tion C. Type II Supporting Organizations			r
	When a market the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequence of the c		Yes	No
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 Part VI how control		1	
	or management of the supporting organization was vested in the same persons that controlled or managed	j		
<u></u>	the supported organization(s)	1 1	<u> </u>	J
Sec	tion D. All Type III Supporting Organizations		I	Γ
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		ĺ	ŀ
	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		1	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	 	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		ļ	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1	ļ	
	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	1		(
	significant voice in the organization's investment policies and in directing the use of the organization's	{	ĺ	ĺ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	Ì	}	Ì
	supported organizations played in this regard	3	<u></u>	L
Sec	tion 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 yea(see instruction	ıs).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	nstruction.	s)	· —
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		}	Ì
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	}	}	1
	those supported organizations and explain how these activities directly furthered their exempt purposes,		ļ	1
	how the organization was responsive to those supported organizations, and how the organization determined	1		1
	that these activities constituted substantially all of its activities	2a	<u> </u>	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	}	1	}
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			ļ
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	<u></u> _
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b_	<u>!</u>	L
	Schodula A /Sorm			

Schedule A (Form 990 or 990-EZ) 2017 AMERICAN FRIENDS OF MAGEN LACHOLEH INC. 22-3413592 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) Add lines 1 through 3 4 4 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 10 d Total (add lines 1a, 1b, and 1c) 1đ e Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 035 6 Recoveries of prior-year distributions 7

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Sche	dule	A (F	orm	990	or	990-	·EZ)	201	7

Current Year

🔟 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

1

2

3

4

5

Minimum Asset Amount (add line 7 to line 6)

emergency temporary reduction (see instructions)

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Section C - Distributable Amount

Enter greater of line 2 or line 3

5 Income tax imposed in prior year

instructions)

Enter 85% of line 1

Schedule A (Form 990 or 990 EZ) 2017 AMERICAN FRIENDS OF MAGEN LACHOLEH INC. 22-3413592 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions. Distributable amount for 2017 from Section C, line 6 9 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2017 **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D. line 7 a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Suntract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2017, 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 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines 3

Schedule A (Form 990 or 990-EZ) 2017

and 4c

8 Breakdown of line 7

a Excess from 2013

b Excess from 2014

c Excess from 2015

d Excess from 2016

e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017	<u>AMERICAN</u>	<u>FRIENDS OF</u>	MAGEN LACHO	OLEH INC. 22-	-3413592 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1, line 1, Part IV, Section D.	mation. Provide the first of th	ne explanations requal, 6, 9a, 9b, 9c, 11a 7, Section E, lines 1d	uired by Part II, line 10, , 11b, and 11c, Part IV, c. 2a. 2b. 3a. and 3b. Pa	Part II, line 17a or 17b, F Section B, lines 1 and 2 art V. line 1. Part V. Secti	Part III, line 12, , Part IV, Section C, on B. line 1e. Part V.
	Section D, lines 5, 6, and (See instructions)	8, and Part V, Section	on E, lines 2, 5, and	6 Also complete this pa	art for any additional info	rmation
						
			····			
				· · · · · · · · · · · · · · · · · · ·		
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	· 					
						
			···			
			·			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

	AMERICAN FRIENDS OF MAGEN LACHOLEH INC.	22-3413592
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised full	nds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	rring
, _	impermissible private benefit?	Yes No
Par	t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	/, line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education) Preservation of a historical	
	Protection of natural habitat Preservation of a certified h	nistoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution contribution in the form of a conservation contribution contr	onservation easement on the last
	day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	nization during the tax
	year 🕨	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	asements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(
	and section 170(h)(4)(B)(ii)?	L Yes L No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	- • -
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	ganization's accounting for
Do	conservation easements rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Cimilar Assets
Pal	Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" on Form 990, Part IV, line 8	Similar Assets.
па	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	r public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and I	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, provide the following amounts
	re'ating to these items.	
	(i) Revenue included on Form 990, Part VIII, line 1	S
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
	Revenue included on Form 990, Part VIII, line 1	S
	Assets included in Form S90, Part X	▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2017

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		N FRIENDS						<u> 22-34</u>			<u>∍ 2</u>
Par	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, or	Other	Simil	<u>ar Asse</u>	ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that a	ire a sigr	nıfıcant	use of its	collection	rtems	
	(check all that apply)										
а	Public exhibition	d			hange program						
b	Scholarly research	е	. []	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	t XIII		
5	During the year, did the organization solicit o					sımılar a	ssets		_		
	to be sold to raise funds rather than to be ma								Yes		<u>No</u>
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered "Ye	es" on F	orm 99(), Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	is or other asse	ts not in	cluded	_	7		
	on Form 990, Part X?							L	」 Yes	L 1	٧o
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table							
							-		Amount		
	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		s		
	Did the organization include an amount on F						13	L	」 Yes	<u> </u>	Vo
	If "Yes," explain the arrangement in Part XIII										
Par	t V Endowment Funds. Complete		I — —								
		(a) Current year	(b) F	Prior year	(c) Two years t	back (d) Three y	ears back	(e) Four	years ba	<u>ck</u> _
1a	Beginning of year balance										
b	Contributions				 						
С.	Net investment earnings, gains, and losses		 			}					
	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs		 						<u> </u>		
f	Administrative expenses				 						
g	End of year balance		L		<u> </u>						
2	Provide the estimated percentage of the curr			g, column (a	ajj neid as						
	Board designated or quasi-endowment	%	_%								
b	Permanent endowment	% %									
С	The percentages on lines 2a, 2b, and 2c sho										
2-	Are there endowment funds not in the posse		ation the	at ara bald a	nd administrators	d for the	0.0000	·nt·on			
Sa		ssion of the organiz	ation th	at are nelu a	no auministere	a for the	organiz	cation	Γ.	Yes N	
	(i) unrelated organizations								3a(ı)	res iv	lo_
	(ii) related organizations								3a(ii)	-	
h	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R2					3b		
4	Describe in Part XIII the intended uses of the	•							1 30	,-	
Par			- Trinione	101103							
<u> </u>	Complete if the organization answere		D. Part I	V. line 11a S	See Form 990. F	Part X. lir	ne 10				
	Description of property	(a) Cost or o			or other	(c) Acc		ed	(d) Book	value	_
	Section of property	basis (investr		1 ' '	(other)		eciation		(a) 500K	AMING	
12	Land				· -						
	Buildings			 							
	Leasehold improvements										
	Equipment										—
	Other										
	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X, colui	nn (B). line 1	(Oc)					(<u>).</u>
											_

Schedule D (Form 990) 2017

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organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 AMERICAN FRIENDS	OF MAGEN LACHOLEH INC.	22-3413592 Page 4
Part XI Reconciliation of Revenue per Audited Fi	nancial Statements With Revenue per	Return.
* Complete if the organization answered "Yes" on Form	990, Part IV, line 12a	
1 Total revenue, gains, and other support per audited financial s	statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line	∍ 12	
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1	•	3
4 Amounts included on Form 990, Part VIII, line 12, but not on li	ne 1	
a Investment expenses not included on Form 990, Part VIII, line	7b 4a	
b Other (Describe in Part XIII)	4b	-
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990,		5
Part XII Reconciliation of Expenses per Audited F	•	er Heturn.
Complete if the organization answered "Yes" on Form	990, Part IV, line 12a	
Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line	1 1	
a Donated services and use of facilities	2a	_
b Prior year adjustments	2b	_
c Other losses	2c	
d Other (Describe in Part XIII)	2d	\dashv .
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1	. 4	3
4 Amounts included on Form 990, Part IX, line 25, but not on lin		}
a Investment expenses not included on Form 990, Part VIII, line	<u></u>	_
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 99)	10 Part I line 19 l	4c 5
Part XIII Supplemental Information.	o, raici, iiile 16)	
Provide the descriptions required for Part II lines 3, 5, and 9, Part III	Lines 1a and 4 Part IV lines 1b and 2b Part V lin	ie 4 Part X line 2 Part XI
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this pa		TO THE TANK INTO 2, T ALL XI,
minos za ano ilo, ana il arcini, intes za ana ilo il nes sempiete tino pa	in to provide any additional information	
,		
		

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.

Attach to Form 990.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

OMB No 1545-0047 Open to Public

Inspection

Name of the organization					Employer identi	fication number
AMERICAN FRIEND	S OF MAG	EN LACHO	NEH INC		22-341359	92
			tside the United States. Comple	ete if the organ		
Form 990 Part IV						
 For grantmakers. Does 	the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,	
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance?	Yes X No
2 For grantmakers. Desc United States	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance out	side the
			an be duplicated if additional space is			
(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, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type e(s) in the region	(f) Total expenditures for and investments in the region
				THE ORGANIZ	ZATION	
			GRANTS TO MAGEN LACHOLAH	PROVIDES M	EDICAL	j
	ļ		A RECOGNIZED NON-PROFIT	Υ	, COUNSELING,	ļ
1SRAEL	0	0	ENTITY IN ISRAEL	EQUIPMENT A	AND REFERRALS	414704.
-						
3 a Sub-total	0	0				414704.
b Total from continuation						
sheets to Part I	0	0				
c Totals (add lines 3a and 3b)	9	0				41.470.4
LHA For Paperwork Reduct			ations for Form 990	<u> </u>	Schedule F	414704 (Form 990) 2017

732071 10-06-17

See Part V for Column (e) descriptions

AMERICAN FRIENDS OF MAGEN LACHOLEH INC.

Schedule F (Form 990) 2017

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

Page 2

22-3413592

(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)
		ISRAE1,	THE ORGANIZATION PROVIDES FUNDS TO MAGAN LACHOLAH - A RECOGNIIZED NON	40704	Онвожо	c		
2 Enter total number of it by the IRS, or for which	recipient organization	is listed above that are	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		

See Part V for Column (d) descriptions

Schedule F (Form 990) 2017

3 Enter total number of other organizations or entities

22-3413592

Page 3

AMERICAN FRIENDS OF MAGEN LACHOLEH 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

Schedule F (Form 990) 2017

Part III can be duplicated if additional space is needed

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2017
(g) Description of noncash assistance					Sched
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

Schedule F (Form 990) 2017

Yes X No

Instructions to: Form 5713, don't file with Form 990)

Schedule F (Form 990) 2017 AMERICAN FRIENDS OF MAGEN LACHOLEH INC. 22-3413592 Page 5
Part V Supplemental Information 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 I, Line 2:
THE ORGANIZATION RECEIVES A QUARTERLY SUMMARY INDICATING HOW OUR GRANTS
THE ORGANIZATION RECEIVES A QUARTERLY SUMMARY INDICATING HOW OUR GRANTS
ARE BEING APPLIED AND AN ANNUAL FINANCIAL REPORT. WE RESERVE THE RIGHT TO
CEASE FUNDING IF WE ARE NOT SATISFIED WITH THE REPORTING WE RECEIVE.
Part I, line 3:
THE ORGANIZATION RECEIVES A QUARTERLY SUMMARY INDICATING HOW OUR GRANTS
ARE BEING APPLIED AND AN ANNUAL FINANCIAL REPORT. WE RESERVE THE RIGHT TO
OFFICE FUNDING TE ME ARE NOW CAMEGRED WITH MUE DEPONMENT OF PROPERTY
CEASE FUNDING IF WE ARE NOT SATISFIED WITH THE REPORTING WE RECEIVE.
Part I, line 3, Column (e):
Region: ISRAEL
(e) Specific Types of Services in Region: THE ORGANIZATION PROVIDES
MEDICAL ASSISTANCE, COUNSELING, EQUIPMENT AND REFERRALS TO ALL NEEDY
INDIVIDUALS REQUESTING SO. THERE IS NO CHARGE FOR ANY OF THE SERVICES
INDIVIDUALS REQUESTING SO: THERE IS NO CHARGE FOR ANT OF THE SERVICES
PROVIDED.
Part II, Column (d):
Region: ISRAEL
(d) Purpose of Grant: THE ORGANIZATION PROVIDES FUNDS TO MAGAN LACHOLAH
- A RECOGNIZED NON PROFIT ENTITY IN ISRAEL WHO PROVIDES MEDICAL
ASSISTANCE, COUNSELING, EQUIPMENT AND REFERRALS TO ALL NEEDY INDIVIDUALS
REQUESTING SO. THERE IS NO CHARGE FOR ANY OF THE SERVICES PROVIDED.

∜ SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

AMERICAN FRIENDS OF MAGEN LACHOLEH INC.	22-3413592
Form 990, Part VI, Section B, line 11b:	
A COPY OF THE 990 IS DISTRIBUTED TO THE BOARD FOR REVIEW	PRIOR TO ITS
FILING	
1101110	
Form 990, Part VI, Section C, Line 19:	
ALL GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE TO THE	PUBLIC UPON
REQUEST	
	···