;
O NAME.
D JAN
Z to so
2022

Enn	. 990	Return of Organization Exempt From Inco	me Tax		OMB No 1545-0047
Depa	utment of the Tres	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except  Do not enter social security numbers on this form as it may be m		isticals)	2017 Open to Public
inter	na Remenso Good	6 Co to wrow.fro.gov/Form990 for Instructions and the letest info	orwation.	rort	inspection .
	heck if applicable	catendar year, or tax year beginning $12/01/17$ , and ending $11/30/18$ C Name of engineration	. [6	) Employer k	fentification number
, -	Address thange	NETZACH YAAKOV			
[7]	Name change	Doing business as  Number and same (or P O box if mail is not delivered to street address)  Roo		81-46	
· ' ' i	nikali retum	70-47 136th STREET			75-2141
	Final rotum/ erm <b>mat</b> ed	City or town, state or province country, and 20P or foreign costs/ code		10 17 1	
٠, ١	Amendea return	FLUSHING NY 11367 F Name and address of principal officer:		Gross receipt	<u>ss 253,150</u>
Ti.	Application pending	I	i(e) is this a group	p return for sub	ordinelos Yes X No
			(b) Are all subor	dinates includ	od? [ Yes ] No
		FLUSHING NY 11367	H "No," a	ntach a list (se	on instructions)
	PAN GROOMS NAT	The state of the s	1		_
	Website: ► P Form of engarwantia		f(c) Group exem i lorenedom 2 ()		State of legal democker
		ummary	PROFESSION STATE	_t / 1 64	Steam Se haiden Ochaannel.
***************************************	1 Briefly d	escribe the organization's mission or most significant activities:			
Activities & Governance	2171	PRIMARY PURPOSE OF THE ORGANIZATION IS TO SUPPORT P	RELIGIOU	S JEWI	SH
rug Rug	EDU	CATION			
e vo	2 Check I	his box   if the organization descentinued its operations or disposed of more than 25%	% of ite not a	ssote	
29		of voting members of the governing body (Part VI, line 1a)	70 UI 115 HOL A	3	3
69		of independent voting members of the governing body (Part VI, line 1b)	*******		3
¥	5 Total nu	mber of Individuals employed in calendar year 2017 (Part V, line 2a)		5	0
Ac	6 Total nu	mber of volunteers (estimate If necessary)			0
	7a Total un	related business revenue from Part VIII, column (C) line 12RECEIVED	<b>7</b>	7a	<u>0</u>
	D Net unre		Prior Year	76	Current Year
9	8 Contribu	utions and grants (Part VIII, line 1h) 5 OC.T. 1-6. 2020.	225	390	253,150
Revenue	9 Program	service revenue (Part VIII, line 2g)			0
Rev	10 investme	ent income (Part VIII, column (A), times 3, 4, and 71)			<u>0</u>
_	11 Other re	varies (Fair viii, coloniii (VI), mas 3, od, ac, ac, ipc and (ED) F. N. 1.17.	51	418	0 253 150
		venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	208	808	253, 150 223, 743
		paid to or for members (Part IX, column (A), line 4)	200,	, 0-3-3	223,79
<b>4</b>		, other compensation, employee benefits (Part IX, column (A), lines 5-10)	22,	574	28,000
200	16aProfessi	onal fundraising fees (Part IX, column (A), line 11e)			Q
Expenses		ndraising expenses (Pert IX, column (D), line 25) ▶ 2,800	<u> </u>		, , , r <sup>,</sup> , , , , , , , , , , , , , , , , , ,
	17 Other ex	(penses (Part IX, column (A), lines 11a-11d, 11(-24e)	. 0.31	A 2 3	1,850
	19 Rouge 4	penses. Add lines 13–17 (must equal Part IX, column (A) Amu PFE UNIX	231, 45,	217 591	253,593 -443
8.5	12 LEAGURE		Inning of Curre		End of Year
t Assets or	20 Total as	sels (Part X, line 16)	45,	.591	45,148
¥ E		bilities (Part X, line 26)		0	. 0
<u>ڪئي</u>		ets or fund balances. Subtract line 21 from line 20	45,	<u> 591 </u>	45,148
		gnature Block  TRR BRANCH  perjury, I declare that I have examined this return, including accompany by the use and statement	onte and in th	a hoel of m	i knowledge orderedge
\$ra:	o, cornect and	complete. Declaration of propager (other than officer) is based on at information of which propager	has any knowl	odga,	Kilomooge and balkii, li
		Change A. Bin-a	, ", ,,	109	£ 14/2020
Sig	P	Signature of other		Onte	
Hei		RABBI CHANANYA BIN-NUN PRESIDEN Types of print name and little	NT		
		De preparer's roune Proporer's signerume	Date	Chock	, ส คะพ
Pale	1		Sprion	· · · · · · · · · · · · · · · · · · ·	
_	parer homes		CPA Part		13-2659310 ·
Use	Only	132 NASSAU STREET SUITE 300		-	
<u></u>	l'imm's ac		, column	nena 2	12-962-610(
-	······	iss this return with the preparer shown above? (see instructions)	· · · · · · · · · · · · · · · · · · ·		Yes No
DAA	raperwork Med	fuction Act Notice, see the separate instructions.	,*		Fam 990 (2017,

Form 990 (201	17) NETZACH YAAKO	OV	81-4690798	Page 2
L'Part IIII		n Service Accomplishments ontains a response or note to any		
	escribe the organization's mis RIMARY PURPOSE	sion	IS TO SUPPORT RELIGIO	DUS JEWISH
prior For	organization undertake any sig m 990 or 990-EZ? describe these new services o	nificant program services during the year	which were not listed on the	☐ Yes ☒ No
services		, or make significant changes in how it co chedule O	anducts, any program	Yes X No
4 Describe expense	e the organization's program s is Section 501(c)(3) and 501(	ervice accomplishments for each of its thi	ree largest program services, as measured the amount of grants and allocations to oth	
4a (Code SUPPOR	)(Expenses\$ RT JEWISH RELIG	246,143 including grants of\$ IOUS EDUCATION	223,743 ) (Revenue \$	)
4b (Code	) (Expenses \$	including grants of\$	) (Revenue \$	)
4c (Code	) (Expenses \$	including grants of\$	) (Revenue \$	)
4d Other pro	ogram services (Describe in S	chedule O )	· · · · · · · · · · · · · · · · · · ·	
(Expense	es \$	including grants of\$	) (Revenue \$	)
4e Total pro	ogram service expenses	246,143		000

# Form 990 (2017) NETZACH YAAKOV Part IV Checklist of Required Schedules

	art 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,"			
2	complete Schedule A	1 2	X	
3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<del></del>		-
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		<del>  ^</del>
·	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			1
-	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		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	եր'. գ Կ'([	4 11	
	VII, VIII, IX, or X as applicable.	₩,		r y
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		X
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		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			١
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			1,,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	444		v
420	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	-	X
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		^
U	"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		X
14a		14a		X
	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		Х
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 (see instructions)	17		Х
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

٠	Par	t IV	(	Checklist	of Require	ed Schedules	(continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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			3,5
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			41
	\$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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		X
26	If "Yes," complete Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	250		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial 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	27		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	J		,: II
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	- market   - market	, jej , m _ lm;	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b				٠,
	Schedule L, Part IV	28b		X
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	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive more than \$25,000 in non-cash contributions in Pres, compete contributions of art, historical treasures, or other similar assets, or qualified			- 21
••	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			v
25-	or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334	$\overline{}$	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ŀ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		$\neg$	
	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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	990	X

Eller, 4	i. Z. A.193	Check if Schedule O contains a response or note to any line in this P	art V					
		The second of th	1		<del></del>		Yes	No
1a	Enter the	e number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1		di Tellis	THE EN	ارسو إهمال المرابلا المحالات
b	Enter the	e number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			13	n h
С	Did the	organization comply with backup withholding rules for reportable payments to vendors a	nd			The second		112
		le gaming (gambling) winnings to prize winners?			İ	1c		X
2a		e number of employees reported on Form W-3, Transmittal of Wage and Tax						
		ents, filed for the calendar year ending with or within the year covered by this return	<u>2a</u>	0		1 1		
b		it one is reported on line 2a, did the organization file all required federal employment tax		s?		2b	100 4	9124. 1
_		the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instru	ctions)		ļ	1		
3a		organization have unrelated business gross income of \$1,000 or more during the year?				3a	├	<u> </u>
b		has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sche		.41	ļ	_3b_		
4a		me during the calendar year, did the organization have an interest in, or a signature or c		•	ļ			
		inancial account in a foreign country (such as a bank account, securities account, or oth	er iinai	iciai		40		v
ь	account)	enter the name of the foreign country			ł	4a	ناسهم يهوا	X
b		ructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finan	cial Ac	counts				116 m 2011 2011 15 m
	(FBAR)	rections for filling requirements for Fillocity form 114, Neport of Foreign Bank and Fillian	Ciai AC	Counts				
5a		organization a party to a prohibited tax shelter transaction at any time during the tax ye	ar?			5a		X
ь		taxable party notify the organization that it was or is a party to a prohibited tax shelter tri		on?		5b		X
c		to line 5a or 5b, did the organization file Form 8886-T?	2113000	OII ·		5c		<u> </u>
6a		e organization have annual gross receipts that are normally greater than \$100,000, and	did the					
		ation solicit any contributions that were not tax deductible as charitable contributions?				6a		Х
b		did the organization include with every solicitation an express statement that such contr	bution	s or				
		e not tax deductible?			,	6b		
7	Organiz	ations that may receive deductible contributions under section 170(c).				1 4		1 3
а	Did the d	organization receive a payment in excess of \$75 made partly as a contribution and partly	for go	ods				
	and serv	rices provided to the payor?				7a		
b	If "Yes,"	did the organization notify the donor of the value of the goods or services provided?				7b		<u> </u>
С		organization sell, exchange, or otherwise dispose of tangible personal property for which	ıt was					
		to file Form 8282?		1		7c		<u> </u>
d		indicate the number of Forms 8282 filed during the year	_7d			111111111111111111111111111111111111111	h III	
е		organization receive any funds, directly or indirectly, to pay premiums on a personal ben				7e		<u> </u>
f		organization, during the year, pay premiums, directly or indirectly, on a personal benefit				7f	$\vdash \vdash$	├─
g	_	ganization received a contribution of qualified intellectual property, did the organization fi				7g	$\vdash$	<u> </u>
h	_	panization received a contribution of cars, boats, airplanes, or other vehicles, did the org			rm 1098-C7	7h	, #.l.b.z., .	الهارية
8		ring organizations maintaining donor advised funds. Did a donor advised fund mair	itained	by the			1 3 m	يالهم العظليا عقداتا سر ر
0		ing organization have excess business holdings at any time during the year?				8	(از 17) زغیوا	
9		ring organizations maintaining donor advised funds. sponsoring organization make any taxable distributions under section 4966?					<b>**</b> in <b>**</b> . *	
a b		sponsoring organization make any taxable distributions under section 49667 sponsoring organization make a distribution to a donor, donor advisor, or related person	,			9a 9b	$\vdash$	<del></del>
10		501(c)(7) organizations. Enter	•			t Mas	"##me Sec.	ani-in
а		fees and capital contributions included on Part VIII, line 12	10a					
b		eceipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				14	
11		501(c)(12) organizations. Enter						(4) L
а		come from members or shareholders	11a					
b		come from other sources (Do not net amounts due or paid to other sources						
		amounts due or received from them )	11b					4
12a	-	4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		1041?		12a		
b		enter the amount of tax-exempt interest received or accrued during the year	12b					112
13	Section	501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the or	ganization licensed to issue qualified health plans in more than one state?				13a		
	Note. Se	ee the instructions for additional information the organization must report on Schedule O	•		ſ		34	113
b	Enter the	e amount of reserves the organization is required to maintain by the states in which					1	
	the orga	nization is licensed to issue qualified health plans	13b	_				
C		e amount of reserves on hand	13c			i falls	ايو باللسطة	1 mg
14a		organization receive any payments for indoor tanning services during the tax year?				14a		X
<u>b</u>	If "Yes,"	has it filed a Form 720 to report these payments? If "No," provide an explanation in Sch	edule (	<u> </u>		14b	لبيا	
DAA						Forn	n 990	(2017)

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 Section 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 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 1b b Enter the number of voting members included in line 1a, above, who are independent 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 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? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Χ b Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Х 13 13 Did the organization have a written whistleblower policy? 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 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 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records RABBI CHANANYA BIN-NUN 70-47 136 ST NY 11367 FLUSHING

Form 000 /201	7) NETZACH	V							81-469	0700	Pere <b>7</b>
Part VII			, Di	rec	tor	s. T	rus	tee	s. Kev Employees.	Highest Compensa	Page 7 Ited Employees, and
Mention to but the	Independent C		•			•			, , ,	,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				_					e to any line in this F		
Section A.									est Compensated Empl		
organization's	tax year								sation for the calendar yea	-	
compensation	. Enter -0- ın column	s (D), (E), and (	F) if	no c	comp	ens	ation	ı wa		.,,	unt of
									ctions for definition of "ke		
who received i	reportable compensa nd any related organ	ation (Box 5 of F	omp	W-2	2 an	d/or	Box	7 of	other than an officer, direction 1099-MISC) of more	e than \$100,000 from the	byee)
\$100,000 of re	eportable compensa	tion from the or	ganı	zatio	n ar	d a	ny re	late	_		
organization, r	nore than \$10,000 o	f reportable con	npen	sati	on fr	om	the c	rgar	ed, in the capacity as a foi nization and any related o	rganizations	the
	i the following order employees, and forn			or all	recto	ors,	ınstıt	utior	nal trustees, officers, key	employees, nignest	
_ ·		•		elate	ed o	gan	ızatı	on c	ompensated any current of	officer, director, or trustee	
	(A)	(B)	Ė		(	<u></u> -			(D)	(E)	(F)
Nar	ne and Title	Average hours per	(de	not e		ition	than	<b>55</b> 0	Reportable compensation	Reportable compensation from	Estimated amount of
		week	box	(do not check more than one box, unless person is both an officer and a director/trustee)					from	related	other
		(list any hours for		-			_		the organization	organizations (W-2/1099-MISC)	compensation from the
		related organizations	r dire	l age	Officer	Keye	喜	Former	(W-2/1099-MISC)		organization and related
		below dotted	dual	Tion.	"	y employee	yee st co	<u> </u>			organizations
		line)	Individual trustee or director	nstitutional trustee		yee	mper				
			*	stee		ł	Highest compensated employee				
(1) RABBI	CHANANYA	BIN-NUN				<u> </u>	┪				
,,		20.00				l					
PRESIDEN'		0.00			Х				0	0	28,000
(2) RABBI	RAPHAEL E		Þ								
		2.00			١						•
VICE PRE		0.00	<u> </u>	_	X	<u> </u>	┝		0	0	0
(3) KABBI	KEEVA GRU	2.00									
SECTY/TR	EAS	0.00			Х				0	0	0
(4)		0.00			<u> </u>	_	$\vdash$				
` '											
(5)	=		-				-				
(0)							:				
		I	1	ł	ŀ	ı	l	l	l i		
(6)											

(7)

(8)

(9)

(10)

(11)

Fait VIII Ceci	TOTI A. OTTICCI	3, Birectors, 11			.,,		p.c,	-	s, and riighest compens	atou Employees (semin	100/
(A) Name and title		(B) Average hours per week (list any	box	k, unle	Pos heck ss pe	rson i	than o is both or/trust	an	(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
<del></del>											
<del></del>						<del></del>					
1b Sub-total			L.					<b>•</b>			28,000
d Total (add lin	es 1b and 1c)							<b>&gt;</b>			28,000
		including but no m the organizati			to th	ose —	liste	d ab	pove) who received more	than \$100,000 of	Yes   No
employee on I 4 For any individ	ine 1a? <i>If "Yes</i> lual listed on li	s," complete Sch ne 1a, is the sur	edul n of	le Ĵ i repo	<i>for si</i> ortab	uch . le co	<i>indiv</i> ompe	idua ensa	nployee, or highest composite al ation and other compensa s," complete Schedule J fo	tion from the	
	ndered to the	organization? <i>lf</i>							any unrelated organizations of the such person	on or individual	4 X 
1 Complete this	table for your from the orga	five highest com nization Report	pen	sate	d inc	lepe n fo	nder	nt co	ontractors that received mendar year ending with or	within the organization's	
	Name and	(A) d business address							Descrip	(B) otion of services	(C) Compensation
					<u>.</u>						
		t contractors (inc 0 of compensati							hose listed above) who	0	Form <b>990</b> (2017)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax (A) Total revenue exempt function business revenue under sections 512-514 revenue 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1¢ d Related organizations 14 e Government grants (contributions) 1e f. All other contributions, gifts, grants, and similar amounts not included above 253,150 g Noncash contributions included in lines 1a-1f 253, 150 h Total, Add lines 1a 1f Program Service Revenue Busn Code 2a b C d f All other program service revenue g Total, Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceed Royalties (ii) Personal (i) Real 6a Gross rents **b** Less remal exps c Rental inc or (loss ▶ d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inveni **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a. Gross income from fundraising events Other Revented (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events  $\triangleright$ 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities Þ 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Pevenue Busn. Code 11a b All other revenue e Total. Add lines 11a-11d 253,150 Total revenue. See instructions. 0 0 0 Part IX Statement of Functional Expens

3601	Check if Schedule O contains a response or note to any line in this Part IX										
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) - Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	101,000	101,000								
2	Grants and other assistance to domestic			가는 나면 하면 되면 가면 되다	يلا يوانية فبشهر فلشفر بالشرد فواليد						
_	individuals See Part IV, line 22										
3	Grants and other assistance to foreign	-		: إسالة فالله فالله وغلها وغلها ب							
•	organizations, foreign governments, and foreign										
	individuals See Part IV, lines 15 and 16	122,743	122 743								
4	Benefits paid to or for members	122,143	122,143	aper chie igner siner iner gar	الله المالية ا						
5	Compensation of current officers, directors,			Pathau Agillai 1276, 1876, Ullica Atha	TOTAL THE THE STREET OF						
3	•	28,000	22,400	, 2,800	2,800						
٠,	trustees, and key employees	28,000	22,400	2,800	2,800						
6	Compensation not included above, to disqualified		•								
	persons (as defined under section 4958(f)(1)) and		•		٠						
_	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	,									
C	Accounting	1,850	-	1,850							
d	Lobbying		two is but the water to the terms	. 3 0.2 3 200 3 200 35 20 5 200 5							
е	Professional fundraising services See Part IV, line 1	7	Filler Willer Filler Filler Mi	1. 東京							
f	Investment management fees										
g	Other (If line 11g amount exceeds 10% of line 25, column			•							
	(A) amount, list line 11g expenses on Schedule O)										
12	Advertising and promotion	·									
13	Office expenses										
14	Information technology 🕝										
15	Royalties										
16	Occupancy										
17	Travel										
18	Payments of travel or entertainment expense	s ,									
	for any federal, state, or local public officials		•								
19	Conferences, conventions, and meetings	,									
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	of the County of	สาร์การ์ก็เลยใกล้ เป็นได้เกา เพื่อเป็นกับ เป็นได้เการ์ก็เลยให้เลยให้เลยให้เลยให้เลยให้เลยให้เลยให้เลยให้เลยให้ เป็น เรื่องเกาะรับ เกาะรับ เกา		mentrifungi gunde i nemit belandi Bang						
	(A) amount, list line 24e expenses on Schedule O )			THE THE TANK OF THE PARTY OF TH							
а											
b											
С		1									
d				•							
е	All other expenses				•						
25	Total functional expenses. Add lines 1 through 24e	253,593	246,143	4,650	2,800						
26	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)	,	,								
DAA	10.09 001 00 2 (1.00 000 120)		_		Form <b>990</b> (2017)						

<u></u>		Check if Schedule O contains a response or note	e to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		Π
			-	(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	,	45,591	1_	45,148
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former of	officers, directors,		9 34	
		trustees, key employees, and highest compensated er	nployees.			
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified pe	rsons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B	), and contributing employers a	nd the the training the t		
		sponsoring organizations of section 501(c)(9) voluntar			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ts		organizations (see instructions) Complete Part II of Sc		6 •		
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or			13.47	
		other basis Complete Part VI of Schedule D	10a		i in	
	b	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)	45,591	16	45,148
	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			21	F 11 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ies	22	Loans and other payables to current and former office				
Liabilities		trustees, key employees, highest compensated employees	yees, and			
iat		disqualified persons Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated the	· ·		23	
	24	Unsecured notes and loans payable to unrelated third		· · · · · ·	24	
	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24	). Complete Part X			
٠		of Schedule D	•	0	25 26	0
	26	Total liabilities. Add lines 17 through 25	-1. h NV1	U	26 11 11 11 11 11 11 11 11 11 11 11 11 11	
es		Organizations that follow SFAS 117 (ASC 958), che	eck here ▶ <u>X</u> and			
auc	27	complete lines 27 through 29, and lines 33 and 34.		1. 20.202 202 202 202 202 202 202 202 202	ไม่.ี∄ 27	45,148
3al	27	Unrestricted net assets		40,091	28	43,140
ρ	28 29	Temporarily restricted net assets Permanently restricted net assets			29	
Ē	29	Organizations that do not follow SFAS 117 (ASC 9	59) shock here N and	Alligna patriticas vai tiend papir aper seel tiend meditabas	25 7",W., C	D. T. P. P. B.
Net Assets or Fund Balances		complete lines 30 through 34.	58), check here ► and			
şţ	30	Capital stock or trust principal, or current funds		or, soe, edelini di ilikii.	30	
SS	31	Paid-in or capital surplus, or land, building, or equipme	ent fund		31	<u> </u>
۲۸	32	Retained earnings, endowment, accumulated income,			32	
ž	33	Total net assets or fund balances	or outer futing	45,591	33	45,148
	34	Total liabilities and net assets/fund balances		45,591	34	45,148
		The second of the second second of the secon		10,001		10, 410

Form 9	990 (2017) NETZACH YAAKOV	81-4690798			Pag	je <b>12</b>
Part	Reconciliation of Net Assets	- 1200				
	Check if Schedule O contains a response or note	to any line in this Part XI				
1 T	Fotal revenue (must equal Part VIII, column (A), line 12)		1	25	53,1	150
2 T	Fotal expenses (must equal Part IX, column (A), line 25)		2	25	53,5	<del>593</del>
3 F	Revenue less expenses Subtract line 2 from line 1		3			443
4 N	Net assets or fund balances at beginning of year (must equal Part	X, line 33, column (A))	4		15,5	591
5 N	Net unrealized gains (losses) on investments		5			
6 C	Donated services and use of facilities		6			
7 li	nvestment expenses		7			
8 F	Prior period adjustments		8			
9 (	Other changes in net assets or fund balances (explain in Schedul	e O)	9			
10 N	Net assets or fund balances at end of year. Combine lines 3 throu	igh 9 (must equal Part X, line				
3	33, column (B))		10		15,1	148
Part	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note	to any line in this Part XII				
					Yes	No
1 A	Accounting method used to prepare the Form 990 🔲 Cash	X Accrual Other			اللة بالله ماريات	ar in
l1	f the organization changed its method of accounting from a prior	year or checked "Other," explain in			r ji m	77L
S	Schedule O				11 THE	7 1
2a V	Nere the organization's financial statements compiled or reviewed	d by an independent accountant?		2a		_X_
l1	f "Yes," check a box below to indicate whether the financial states	ments for the year were compiled or		'812 '	11. III	inter i i i
r	reviewed on a separate basis, consolidated basis, or both				r and	1. 10
	Separate basis Consolidated basis Both conso	lidated and separate basis		_kara U_	1   1   1   1   1   1   1   1   1   1	
b V	Were the organization's financial statements audited by an indepe	endent accountant?		_ 2b		<u>X</u>
If	f "Yes," check a box below to indicate whether the financial states	ments for the year were audited on a		Lá,	1	
s	separate basis, consolidated basis, or both			[編入]	5 T	が損害
	Separate basis Consolidated basis Both conso	lidated and separate basis			34	
c II	f "Yes" to line 2a or 2b, does the organization have a committee t	hat assumes responsibility for oversight			.	
•	of the audit, review, or compilation of its financial statements and	selection of an independent accountant?		2c		
11	f the organization changed either its oversight process or selection	n process during the tax year, explain in		and the	n Zin	Bank.
S	Schedule O					M
3a A	As a result of a federal award, was the organization required to ur	ndergo an audit or audits as set forth in			.	
tl	he Single Audit Act and OMB Circular A-133?			3a		
b li	f "Yes," did the organization undergo the required audit or audits?	If the organization did not undergo the				
r	equired audit or audits, explain why in Schedule O and describe	any steps taken to undergo such audits		3b		
				Form	990	(2017)

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

Department of the Treasury

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.

2017
1 Open to Public I

Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number 81-4690798 NETZACH YAAKOV i: Part lai Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 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 ) 6 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) 8 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 III, Type III 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) (iv) is the organization (i) Name of supported (II) EIN (v) Amount of monetary (vi) Amount of (III) Type of organization listed in your governing other support (see organization (described on lines 1-10) support (see document? above (see instructions)) instructions) instructions) (A) (B) (C) (D) (E)

NETZACH YAAKOV Schedule A (Form 990 or 990-EZ) 2017 81-4690798 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.) Part II

	tion A. Public Support				,		
Cale	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 include any "unusual grants")				138,877	253,150	392,027
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				,		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				138,877	253,150	392,027
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					,	
6	Public support. Subtract line 5 from line 4						392,027
	tion 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				138,877	253,150	392,027
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 business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		· , , , , , , , , , , , , , , , , , , ,			1	392,027
12	Gross receipts from related activities, etc.	c (see instruction	s)			12	
13	First five years. If the Form 990 is for the	_	first, second, third	, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop he						<b>&gt;</b> _X
	tion C. Computation of Public S					1 4. 1	
14	Public support percentage for 2017 (line		-	olumn (f))		14	%
15	Public support percentage from 2016 Sc				4 :- 22 4/20/	15	<u></u>
16a	33 1/3% support test—2017. If the organization qu				4 IS 33 1/3% or mo	re, cneck this	▶ □
ь	33 1/3% support test—2016. If the orga				ine 15 is 33 1/3%	or more, check	
	this box and stop here. The organization				ine 13 is 33 1/3 /0 t	or more, check	▶ □
17a	10%-facts-and-circumstances test—2			-	3. 16a. or 16b. and	l line 14 is	
	10% or more, and if the organization me	_					
	Part VI how the organization meets the "				•	•	
	organization						▶ □
b	10%-facts-and-circumstances test—2	016. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, or 17a	a, and line	
	15 is 10% or more, and if the organization	_					
	Explain in Part VI how the organization r				-		
	supported organization			J		· •	▶ □
18	Private foundation. If the organization of	did not check a bo	ox on line 13, 16a	, 16b, 17a, or 17b	, check this box an	d see	
	instructions						▶ □
	···		<del></del>	<del></del>		hedule A (Form 990	or 990 E7\ 2017

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	tion A. Public Support					•	
	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 include any "unusual grants")				1	, , , , , , , , , , , , , , , , , , ,	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or 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	Total. Add lines 1 through 5					<u> </u>	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)				1 1	-	
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for th		irst, second, third	, fourth, or fifth tax	year as a section	n 501(c)(3)	
	organization, check this box and stop he						<b>▶</b> □
	tion C. Computation of Public S				<del></del>	<del></del>	
15	Public support percentage for 2017 (line			lumn (f))		15	<u>%</u>
16 Soc	Public support percentage from 2016 Sc						%%
	tion D. Computation of Investm			12 actions (6)		1 47 1	0/
17 18	Investment income percentage for 2017 Investment income percentage from 201			: 13, column (t))		17	<u> </u>
10 19a	33 1/3% support tests—2017. If the org			line 14 and line 1	5 is more than 3°		70_
. Ja	17 is not more than 33 1/3%, check this						▶ □
b	33 1/3% support tests—2016. If the org						and
~	line 18 is not more than 33 1/3%, check						▶ 🗍
20 /	Private foundation. If the organization of		_			_	▶□
$\neq$						chedule A (Form 9	90 or 990-EZ) 2017

#### 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

- 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 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?
- 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.
- 7 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.
- 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 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)

		Yes	No
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Pa	t IV: Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		المناسبة المناسبة	الله المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية ا المالية المالية
	below, the governing body of a supported organization?	11a		ļ
b	A family member of a person described in (a) above?	11b		<u> </u>
<u> </u>	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		
<u>Sect</u>	ion B. Type I Supporting 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 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,	1" (m) 41" 4 (m) 41"		
	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	i.Hh	HI- MI	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,		r Ha	
	supervised, or controlled the supporting organization	2		
Sect	on C. Type II Supporting Organizations			
	•		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	'اَقِيْرٍ ، يُوْالدانُ	<b>4</b> 1 1 1 1 1	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sect	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	E P	<b>新州</b>	717
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	FH. P	HATT	
	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		
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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	, m, a,	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	7- 45.00 1-24 (M		TING
	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 Part VI the role the organization's	1 5 3		
	supported organizations played in this regard	3		341 144 134
Sect	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 inst	ructions)		
а	The organization satisfied the Activities Test. Complete line 2 below			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below			
Ċ	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	ee instructio	ons)	
2 /	activities Test Answer (a) and (b) below.	ĺ	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			<b>州村</b> 市
	that these activities constituted substantially all of its activities	2a		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	114 0		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI 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	one ade 16568 ವೆ.	,mme
3	Parent of Supported Organizations Answer (a) and (b) below.	plint of		
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	+C	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1.18 E
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	9441, −σ*1, 19441 [χ̄	1 031 141 (30)
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emergency temporary reduction (see instructions)

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 (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) Add lines 1 through 3 4 Depreciation and depletion 5 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) 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 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, 4 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 8 Minimum Asset Amount (add line 7 to line 6) 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 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to

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

Schedule A (Form 990 or 990-EZ) 2017

d Excess from 2016 c Excess from 2017 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**

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Employer identification number

			Outside the United States.	Complete if the organization a	
1 For grantma	kers. Does the organ ne grantees' eligibility	ization maintain reco	rds to substantiate the amount of i istance, and the selection criteria u	-	X Yes No
_	kers. Describe in Par	-	s procedures for monitoring the use	e of its grants and other	
		•			
3 Activities per	(b) Number of	g Part I, line 3 table (	can be duplicated if additional space (d) Activities conducted in the	(e) If activity listed in (d) is	(f) Total
, (a) Negion	offices in the region	employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	a program service, 'describe specific type of service(s) in the region	expenditures for and investments in the region
(1)					
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3a Sub-total					
<b>b</b> Total from continuation sheets to Part I			Aller than the rest of the third that have the third that the third that the third the third the third that the		
c Totals (add lines 3a and 3b)					

81-4690798

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. Schedule F (Form 990) 2017 NETZACH YAAKOV

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-	(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)
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<sup>2</sup> 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 3. Enter total number of other organizations or entities

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 NETZACH YAAKOV

Schedule F (Form 990) 2017 NETZACH YAAKOV

Page 3

Page 3

Page 3

Page 1

Page 3

Part III can be duplicated if additional space is needed.

(b) Region (1) Number of (1 Schedule F (Form 990) 2017 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (10) E (12) E (14) (15) (16) 8 E 2 ව 4 9 9 8 9 8

P	artUV Foreign Forms		
1	Was the organization a U.S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

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.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

THE GRANTEE ORGANIZATIONS REPORT TO THE GRANTOR ON HOW THE GRANTS ARE BEING

USED

SCHEDULE I (Form 990)

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

OMB No 1545-0047 2017

1	► Attach to Form 990.	Open to Public
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.	inspection
Name of the organization		Employer Identification number
NE	NETZACH YAAKOV	81-4690798
🌁 Part 🞼 🛴 General I	Part l을, General Information on Grants and Assistance	
1 Does the organization	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
2 Describe in Part IV the	ine selection criteria used to award the grants of assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	
r Part II Grants a	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	ion answered "Yes" on Form
990, Part	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	needed.

-	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
E ,	COMMUNITY FUND HERINE AVE							FUND JEWISH EDUCATIO
PA	NJ 07055	27-4316702	3	70,000				
(2)	MISHNAS ELIEZER 24 ST							SUPPORT JEWISH EDUCA
BRC	BROOKLYN NY 11210	11-3529427	3	28,000				
(3)		Ü						
<del>4</del>								
(2)								
(9)								
(2)								
(8)								
6)								
3 2	Enter total number of section 501(c)(3) and government organization Enter total number of other organizations listed in the line 1 table	nt organizations lis	ted in the l	is listed in the line 1 table				€ ▲

Schedule I (Form 990) (2017)

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Schedule | (Form 990) (2017) NETZACH YAAKOV FRATLIII. Grants and Other Assistance to Do

Part III can be duplicated if additional space is needed.

<b>'</b>	(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)	(e) Method of valuation (book, (f) Description of noncash assistance FMV, appraisal, other)
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Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	vide the information	required in Part I, I	ne 2, Part III, colun	in (b); and any other addi	tional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

THE GRANTEE ORGANIZATIONS REPORT TO THE GRANTOR ON HOW THE GRANTS ARE BEING

USED

**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.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

81-4690798

NETZACH YAAKOV

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy POTENTIAL TRANSACTIONS ARE REVIEWED FOR POSSIBLE CONFLICT. ANY OFFICER WITH A POTENTIAL CONFLICT RECUSES HIMSELF FROM THE DELIBERATIONS.

Form 990, Part VI, Line 15a - Compensation Process for Top Official THE PRESIDENT'S COMPENSATION IS APPROVED BY THE REMAINING OFFICERS. IT IS COMPARED TO THE COMPENSATION OF INDIVIDUALS RNNING SIMILAR ORGANIZATIONS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation REQUESTS FOR A COPY OF THE 990 ARE REVIEWED. IF REASONABLE, A COPY OF THE 990 IS PROVIDED.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. DAA

Schedule O (Form 990 or 990-EZ) (2017)