Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2018

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

Open to Public

inte	mai Revenu			w.irs.gov/Form990 for instructio	ns and the lat	estime	ormation. 1	U(\(\(\(\(\) \)	mspection					
<u>A</u> _	For the	2018 cale	ndar year, or tax year beg		, 2018, and e				<u>,</u> 20					
В	Check if a	pplicable	C Name of organization AME	RICAN FRIENDS-TIFERET M	IOSHE BETZ	ALEL	INC I) Employe	r identification number					
	Address o	hange	Doing business as					11-31855	544					
	Name cha	ange	Number and street (or P O	box if mail is not delivered to street add	ress) Roo	m/suite		Telephon	e number					
	Initial retu	•	5322 18th AVENUE				13	347-675-5002						
$\bar{\sqcap}$		 √terminated		ce, country, and ZIP or foreign postal c	ode			017 010 0002						
$\vec{\Box}$	Amended		BROOKLYN, NY 11204					G Gross receipts \$ 1,790,643						
\exists				pal officer MOSHE STEINBERG	· · · · · · · · · · · · · · · · · · ·				ubordinates? Yes No					
	Applicatio	in pending	r Name and address or princip	DATORICE MOSHE STEINBERG	,]								
			<u> </u>		<u> </u>	2			Included? Yes No					
<u> </u>	1 Tax-exempt status													
J Website [*] ► H(c) Group exemption number ►														
K														
Part I Summary														
	1	Briefly describe the organization's mission or most significant activities												
Activities & Governance		TO FOS	TER, PROMOTE AND	ADVANCE THEOLOGICAL	TORAH STU	JDY, C	HARITY,	AND P	RACTICE OF					
īğ.	(ORTHOD	OX JUDAISM WORLD	WIDE										
ě	2 (Check th	is box ▶ 🗌 if the organiz	zation discontinued its operation	ns or dispos	ed of r	nore than :	25% of it	ts net assets					
ĝ	3 1	Number o	of voting members of the	e governing body (Part VI, line	1a) .			3	2					
øğ	4 1	Number o	of independent voting m	embers of the governing body	(Part VI, line	1b)		4	0					
es	1			oyed in calendar year 2018 (Pa	•	,		5	0					
ž			nber of volunteers (estim	•				6	3					
Ç			-	from Part VIII, column (C), line	12			7a	<u></u>					
•	i .			come from Form 990-T, line 3				7b						
	<u> </u>	vet uniter	ated business taxable in	come nom romn 990-1, line 3	<u> </u>	\neg	Prior Yea		Current Year					
		~												
ş			ions and grants (Part VI	02,282	1,615,643									
ě	1	•	service revenue (Part VI											
Revenue	1		nt income (Part VIII, colu			0								
			enue (Part VIII, column (0									
			enue—add lines 8 throug	1,0	02,282	1,615,643								
	13 (Grants ar	nd similar amounts paid	(Part IX, column (A), lines 1-3)			8	10,374	1,644,929					
	14 E	3enefits p	paid to or for members (0									
Ś	15 5	Salaries, d	other compensation, emp	loyee benefits (Part IX, column (A), lines 5-10)) [0					
Expenses	16a 8	Professio	nal fundraising fees (Pai	rt IX, column (A), line 11e)		0								
be	1			IX, column (D), line 25) ▶										
щ	1			(A), lines 11a–11d, 11f–24e)	39,407	-		70,330	55,167					
	ř.	-		(must-equal-Part-IX,-column_(A) line 25)			80,704	1,700,096					
				line 18 from line V2ED	,	<u> </u>		21.578	(84,453)					
- s		CVCITAC	icoo expenses oubtract	THE RESERVE ASSESSMENT OF THE PARTY OF THE P		Bea	inning of Curr		End of Year					
Net Assets or Fund Balances	20	Total acc	ets (Part X, line 16)	257 NUA 3 1 5010 SC				34,734	225,281					
Asse Bala	24		•	हैं। NOV 21 2019 ें		\vdash			1,038,532					
E SE	21		ilities (Part X, line 26)	tract line 21 from line 20				63,532						
				tract line 21 from line 20				28,798)	(813,251)					
_	art II		ure Block											
Un	der penalti	es of perjui	ry, I declare that I have examin	ed this return, including accompanying her than officer) is based on all informat	schedules and s	statemer	its, and to the	best of m	y knowledge and belief, it is					
	e, conect,	and compr	ete deciaration di preparer (oti			parer ria								
			Mary R/King				NC	<u>VEMBE</u>	R 14, 20 <u>1</u> 4					
Siç	- 1	Signa	ature of officer				Date	!						
He	re	MO:	SHE STEINBERG, OF	FICER	·									
_		Туре	or print name and title											
Pa	id	Print/Typ	pe preparer's name	Preparer's signature		Date		Check	7 if PTIN					
		. [self-empl	_					
	e Only Firm's name						Firm's	EIN ►						
US	e Only		ddress ▶				Phone							
Ma	v the IRS			parer shown above? (see instru	uctions)			- ::-	Yes No					
									Form 990 (2018)					
FOL	raperwo	אזג Reau	ction Act Notice, see the s	separate instructions.		<u> </u>			101111000 (2010)					

Part		itement of Program Service Accomp			_
<u>. </u>		eck if Schedule O contains a response	or note to any line in this Pai	rt III .	<u>. </u>
1		escribe the organization's mission	-0.0000		
	TO FOS	TER, PROMOTE AND ADVANCE TH	EOLOGICAL TORAH STUDY	, CHARITY, AND PRACTICE	OF
	ORTHO	DOX JUDAISM WORLDWIDE			
		······································			
2	Did the	organization undertake any significant pro	ogram services during the year	r which were not listed on the	
		m 990 or 990-EZ?			☐ Yes ☒ No
	If "Yes."	describe these new services on Schedul	e O		
3		organization cease conducting, or ma		w it conducts, any program	
	services				☐ Yes 🛛 No
	If "Yes,"	describe these changes on Schedule O.			
4	expense	the organization's program service acciss Section 501(c)(3) and 501(c)(4) organization	ations are required to report		
	the total	expenses, and revenue, if any, for each p	rogram service reported	•	
					
4a	·) (Expenses \$ 1,700,096	ncluding grants of \$1	644,929) (Revenue \$	1,615,643)
		TER, PROMOTE AND ADVANCE THE			
		DOX JUDAISM WORLDWIDE			
4b	(Code) (Expenses \$ı	ncluding grants of \$) (Revenue \$)
		•			
		 -			
4c	(Code) (Expenses \$	ncluding grants of \$) (Revenue \$)
	`				
			•••		
	Ott				
4d		ogram services (Describe in Schedule O)	\ /Davies #	\	
4e	(Expense) (Revenue \$		1,700,096
70	otal pro	gram service expenses ▶	<u></u>		Form 990 (2018)
					(2010)

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Part	IV Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 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? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	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		X
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI	11a		<u> </u>
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 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 reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	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		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 (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		Χ_
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

Part	Checklist of Required Schedules (continued)			
-			Yes	No
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
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	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? <i>If "Yes," complete Schedule L, Part II</i>	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	`	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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		X
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 contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		Х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	Х	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V		v.	
۔ 4	Enterthe number recorded in Day 2 of Farm 4000 Enter 0 of and analysis like		Yes	No
1a h	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 0 1b 0	-{		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c		

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Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)								
-			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax								
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	<u> </u>							
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)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b									
	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		Х					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
	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					
	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?	6b	ļ						
	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
	and services provided to the payor?	7a		X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		<u>x</u>					
	If "Yes," indicate the number of Forms 8282 filed during the year								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	X					
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	 						
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8							
	sponsoring organization have excess business holdings at any time during the year?	-		 					
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1					
	Section 501(c)(7) organizations. Enter								
	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								
	Section 501(c)(12) organizations. Enter. Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources	1							
b	against amounts due or received from them)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O								
b	Enter the amount of reserves the organization is required to maintain by the states in which			ļ					
	the organization is licensed to issue qualified health plans	1							
С	Enter the amount of reserves on hand	ļ		<u> </u>					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	 	ļ					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15	ļ <u> </u>	X					
	If "Yes," see instructions and file Form 4720, Schedule N	<u></u>							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		X					

Part						
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.S.	ee ins	tructi	ons.		
Casti	Check if Schedule O contains a response or note to any line in this Part VI					
Secu	on 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 2		163	1		
ıa	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 0					
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		X_		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u> </u>		
6	Did the organization have members or stockholders?	6		X		
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?						
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	Х			
b	Each committee with authority to act on behalf of the governing body?	8b		<u> </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		x		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)			
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> X</u>		
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	X			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	120				
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X			
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		 		
С	describe in Schedule O how this was done	12c	х			
13	Did the organization have a written whistleblower policy?	13		Х		
14	Did the organization have a written document retention and destruction policy?	14		Х		
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?					
а	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] X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?	16b				
Secti	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NEW YORK					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	(Sec	tion 5	501(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website. Other (explain in Schedule O)	•				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and		
	financial 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 re	cords	>			

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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 VI

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

M Officer this box in fictifier the organization no	i dily iciale	<u> </u>	41112	-	,,, 0	011100		ited any earrer	12 0111001 0110010	, 0	_
				(0	C)						
(A)	(B)	l			ation			(D)	(E)	(F)	
Name and Title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated	
	hours per	hours per officer and						compensation	compensation from		
	week (list any hours for	오글	5	Q	~	9.7	75	from the	related organizations	other compensation	
	related	divid	šŧ	Officer	y e		Former	organization	(W-2/1099-MISC)	from the	
	organizations	ecto	है	=	mpl	st c	1 14	(W-2/1099-MISC)		organization	
	below dotted	_ <u>_</u>	<u>a</u>		Key employee	š				 and related organizations 	
		Individual trustee or director	Institutional trustee		TO TO	ens					
			#			Highest compensated employee	ŀ				
								-			_
(1) MEIR HAFTKE	AS]					!				
MANAGER	NEEDED			X				0	0		0
(2)	ļ	ļ			i		1				
	ļ		-		<u> </u>		<u> </u>				—
(3) MOSHE STEINBERG		l		١.,							_
OFFICER	NEEDED	-		X			_	0	0		0
(4)	ļ	ł			ŀ						
(8)	 		┝	 			-				_
_(5)	 	ł							,		
(6)	<u> </u>				-						_
_(6)	 	1			1						
(7)	ļ		 	_	┢						_
-X:/	 	1									
(8)							T				_
	†	1									
(9)											
	1	ĺ			ĺ	Ì					_
(10)											
	T]									
(11)									'		
			<u> </u>								
(12)]									
			<u> </u>		<u> </u>	ļ					
(13)		1	1		1						
			<u> </u>				_				_
(14)	<u> </u>										
	I	1	1		1		1		1	1	

-	(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	Pos neck ss pe d a d	more rson irect	than o	an tee)	(D) Reportable compensation from	(E) Reportable compensation related		am	(F) imated ount of other	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-M		comp fro orga and	ensation the inization related nization	n i
(15)														
(16)														
(17)											1			
(18)														
(19)														
(22)														
(25)														
1b	Sub-total .			لـــا	Ш			>	0		0			C
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A					>	0		0			
2	Total number of individuals (including but reportable compensation from the organic		to th	ose	list	ed a	above	e) w	·	ore than \$10		0 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5	ficer, direct						emp	loyee, or high	est compen	sate	d	Yes	No X
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	oortal	ole d	com	per	satio							X
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or indi	vidua	<u> </u>		X
	on B. Independent Contractors		: p.c	1		4		10	4b nt rogonyo		<u> </u>	2000 of	<u></u>	
1	Complete this table for your five highest compensation from the organization Rep year								ear ending wit			ganızatı	on's ta	эх
	(A) Name and business addi	ress							(B) Description of se	ervices	_	(C) Compens		_
NONE	<u>. </u>				—						-			
									· · · · · · · · · · · · · · · · · · ·					
2	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed abo	ove) who				

Part	VIII	Statement of Reve Check if Schedule C		nonse or note to	any line in this	Part VIII		
		. Citeda la Scriedule C	, contains a res	porise of flote to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (cor All other contributions, g	. 1b . 1c s 1d ntributions) 1e					
Contributions, and Other Sim	g	and similar amounts not inc	cluded above 1f	1,615,643				
Col	h	Total. Add lines 1a-1	lf	>	1,615,643			
				Business Code				
Program Service Revenue	2a b c d							
gra	f	All other program ser	vice revenue			-		
Pro	g	Total. Add lines 2a-2		•	0			
	3 4 5	Investment income and other similar amo income from investment Royalties	ounts)	. ▶				,
	6a b c	Gross rents Less rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	d 7a	Net rental income or Gross amount from sales of assets other than inventory	(loss) . (i) Securities	(ii) Other	0			
	b c d	Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	0	0	0			
nue		Gross income from fu	undraising					
Other Revenue		events (not including \$ of contributions report See Part IV, line 18	ed on line 1c)					
돭	b	Less direct expenses	s b					_
Ü		Net income or (loss) to Gross income from ga See Part IV, line 19			0			
	b	Less. direct expense	s . b					
		Net income or (loss) of Gross sales of in returns and allowance	nventory, less		0			
		Less. cost of goods						
	С	Net income or (loss)	from sales of inv	entory	0	. <u>.</u>		
		Miscellaneous F	Revenue	Business Code				
	11a b c d	All other revenue						
	e	Total. Add lines 11a-	-11d .	•	0			
	12	Total revenue See i			1 615 643			

	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must con	aploto all columns. A	Il other ergenization	a must complete on	(A)
Section	Check if Schedule O contains a respon			s must complete co	numn (A)
	ot include amounts reported on lines 6b, 7b, b, 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	1,422,929	1,422,929		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign	_			
3	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16.	222,000	222,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			j	
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)				
a	Management .				
b	Legal				
d	Lobbying .				
e	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 Schedule O)				 -
12	Advertising and promotion	0.040	0.000		4 400
13 14	Office expenses	3,310	2,208		1,102
15	Royalties				· · · · · · · · · · · · · · · · · · ·
16	Occupancy				
17	Travel	45,161	11,580		33,581
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings . 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	i			
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O)	F 205	4 204	-	2.074
a b	AUTO EXPENSE TELEPHONE EXPENSE	5,295 896	1,324 448		3,971 448
c	BANK EXPENSE	505	200		305
d	NON PROFESS-FUNDRAISING				
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,700,096	1,660,689		39,407
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)				
	, , , , , , , , , , , , , , , , , , , ,				Form 990 (2018)

225,281 Form **990** (2018)

P	art X	Balance Sheet			
_		Check if Schedule O contains a response or note to any line in this Pai	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	134,734	1	225,281
	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 officers, directors,			
		trustees, key employees, and highest compensated employees			<u> </u>
		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 employees' beneficiary			
ţs		organizations (see instructions) Complete Part II of Schedule L .		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			
	ь	other basis Complete Part VI of Schedule D 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)	134,734	16	225,281
	17	Accounts payable and accrued expenses .	104,704	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	· ·····
Ś	22	Loans and other payables to current and former officers, directors,			
Ξŧ		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons Complete Part II of Schedule L		22	
Ë	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			
		parties, and other liabilities not included on lines 17–24) Complete Part X			
		of Schedule D	863,532	25	1,038,532
	26	Total liabilities. Add lines 17 through 25	863,532	26	1,038,532
S		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
Se		complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
g	29	Permanently restricted net assets .		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	,		
Net Assets or Fund Balances		complete lines 30 through 34.	,		
ţ	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
tΑ	32	Retained earnings, endowment, accumulated income, or other funds	(728,798)	32	(813,251)
Ne	33	Total net assets or fund balances	(728,798)	-	(813,251)
	34	Total liabilities and net assets/fund balances	134,734	34	225,281

Total liabilities and net assets/fund balances

	4	•
Page	- 12	4

Part	XI Reconciliation of Net Assets				
-	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,61	<u>5,643</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,700	0,096
3	Revenue less expenses Subtract line 2 from line 1	3		(84	4,453)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		(728	8 <u>,798</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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		(81	3,251)
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 ☒ Cash ☐ Accrual ☐ Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O	plain in]
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 comreviewed on a separate basis, consolidated basis, or both	piled oi			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
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 audit	ed on a	, i		l. }
	separate basis, consolidated basis, or both			.	Ì
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				<u> </u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent according	versight intant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O	oplain ir	-		
	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		3a		<u>x</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ergo the	3b		
			Forr	ո 990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

Inspection

Name	Name of the organization Employer identification number										
	AMERICAN FRIENDS-TIFERET MOSHE BETZALEL INC. 11-3185544										
	t Reason for Public Cha						ns.				
The	organization is not a private founda										
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	= =										
3	A hospital or a cooperative ho						, = , ,,				
4	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 section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in				
6 7	☐ A federal, state, or local gover☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				ı the general public				
8	☐ A community trust described i	n section 170(b))(1)(A)(vi). (Complete	Part II)							
9	An agricultural research organ or university or a non-land-grauniversity	ization described int college of agr	d in section 170(b)(1) inculture (see instruction	(A)(ix) op ons) Ente	r the nan	ne, city, and state of	the college or				
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fu t income and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ie (less se	and (2) no more tha ection 511 tax) from	n 33¹/₃% of its				
11	☐ An organization organized and	operated exclus	sively to test for public	safety 3	See sect i	ion 509(a)(4).					
12	☐ An organization organized and										
	of one or more publicly support of the control of t										
а	☐ Type I. A supporting organ the supported organization supporting organization Year	(s) the power to	regularly appoint or e	lect a ma	jority of t						
b	Type II. A supporting organization(s). You must	the supporting o	rganization vested in	the same							
C	Type III functionally integ its supported organization						ally integrated with,				
d	Type III non-functionally integrated that is not functionally integrequirement (see instructionally integrated in the control of the control	grated The orga	nization generally mu	st satisfy	a distribi	ution requirement an					
е		nization received	a written determination	on from th	ne IRS th	at it is a Type I, Type	∍ II, Type III				
f	Enter the number of supported of				Ū						
g			orted organization(s)				<u> </u>				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
				Yes	No						
(A)											
(B)											
(C)											
(D)											
(E)											
Total			ļ <u>. </u>	 		 					

L	•			•
Р	а	a	e	4

Part							
•	(Complete only if you checked the						alify under
C4	Part III If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III)	/
	on A. Public Support	(-) 2044	(h) 2045	(-) 2016	(4) 2017	(2) 2010	/D Total
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support	T			1 77722.2	1	
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
8	Gross income from interest, dividends,			/			
0	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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the			d. third. fourth	n, or fifth taxv	12 ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			, .		\	▶ □
Secti	on C. Computation of Public Suppor	rt Percentag	е				
14	Public support percentage for 2018 (line			11, column (f))		14	%
15	Public support percentage from 2017 Sci	hedule A, Part	II, line 14	. 40 -	1 loo 4 4 01	15	<u>%</u>
16a	331/3% support test—2018. If the organi box and stop here. The organization gua				na line 14 is 3.	31/3% OF THORE,	Check this ▶ □
b	33 ¹ / ₃ % support test—2017. If the organithis box and stop here. The organization	zation did not	check a box o	on line 13 or 16		ıs 33 ¹ /3% or m	
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts facts-and-circ	-and-circumst :umstances" te	ances" test, c est The organ	heck this box a ization qualifie	and stop here. s as a publicly	Explain in supported ► □
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization is supported organization.	ation meets th	e "facts-and-	circumstances	" test, check	this box and	stop here.
18	Private foundation. If the organization di instructions	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

Part							$\overline{}$
-	(Complete only if you checked the						der Part II
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	II.) /	
_	on A. Public Support				·		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201⁄8	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the					/	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an				/		
	unrelated trade or business under section 513	<u> </u>					
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	3					
6	Total. Add lines 1 through 5 .						
7a	Amounts included on lines 1, 2, and 3	\	<u>, </u>				
	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)		,				
	on B. Total Support					, ,	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	/ (b) 2015	(c) 2016	(d) 2017	(e) 2018	(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			`	<u> </u>		
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	y I					
	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) .	,					<u>-</u> .
13	Total support. (Add lines 9, 10c, 11,					\	
	and 12.)			<u> </u>			
14	First five years. If the Form 990 is for the		n's first, secon	id, third, fourth	i, or fifth tax y	ear as a section	
	organization, check this box and stop he		·			<u> </u>	<u> </u>
	on C. Computation of Public Suppor					1.5	
15	Public support percentage for 2018 (line			13, column (f))		15	%
16	Public support percentage from 2017 Scl			·		16	%
	on D. Computation of Investment In				(B)	147	1 01
17	Investment income percentage for 2018 (ımn (t))	17	<u>%</u>
18	Investment income percentage from 2017					18 221,00	/ opd lpc
19a	331/3% support tests—2018. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests + 2017. If the organiz						
	line 18 is not more than 331/3%, check this	· · · · · · · · · · · · · · · · · · ·					, _
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, 🤈	cneck this box	and see instruc	ctions 💃 🗌

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)

	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete F	Part V	<u>') </u>	
Sect	ion A. All Supporting Organizations		1	1
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	- -	·	
•	-	_1	-	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	-	ļ	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2		
Ja	(b) and (c) below	20	·	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	3a		
b	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b	 	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	30	<u> </u>	<u> </u>
•	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	130		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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			<u> </u>
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes	4c		
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)	<u></u> -		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
J	designated in the organization's organizing document?			
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	30		
٠	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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	_ _		
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
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			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
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.	9b		
С	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.	9c		
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.	10a		
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)

10b

Part	V Supporting Organizations (continued)			
-			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
. a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
Secti	on 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, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			
Jecu	on o. Type it oupporting organizations		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 or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Secti	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 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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)]
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (in the organization).			
2	Activities Test. Answer (a) and (b) below.		Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		ļ,
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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		
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? <i>Provide details in Part VI.</i>			
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		

Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	nızat	ions must complete Sect	T
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
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		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	-	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6	-	
7 Check here if the current year is the organization's first as a non-functional	y int	egrated Type III supporti	ng organization (see
instructions)			

Part	V Type III Non-Functionally Integrated 509(a)(3)	3) Supporting Organi	izations (continued)					
Sect	ion D—Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish	exempt purposes						
2	2 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 purp	oses of supported orga	inizations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI) See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to whice (provide details in Part VI) See instructions	h the organization is res	sponsive					
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount		··					
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI) See instructions							
3	Excess distributions carryover, if any, to 2018							
a	From 2013							
b	From 2014							
	From 2015							
d	From 2016		 					
е	From 2017							
f	Total of lines 3a through e		!					
g	Applied to underdistributions of prior years							
h	Applied to 2018 distributable amount							
i	Carryover from 2013 not applied (see instructions)							
j	Remainder Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2018 from	,						
	Section D, line 7 \$							
a	Applied to underdistributions of prior years							
<u>b</u>	Applied to 2018 distributable amount		<u></u>					
c	Remainder Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions		0					
6	Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			C				
7	Excess distributions carryover to 2019. Add lines 3j and 4c	0						
8	Breakdown of line 7							
а	Excess from 2014							
b	Excess from 2015 .							
с	Excess from 2016							
d	Excess from 2017							
е	Excess from 2018							

SCHEDULE D (Form 990)

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number AMERICAN FRIENDS-TIFERET MOSHE BETZALEL INC 11-3185544 Organizations Maintaining Donor Advised Funds or Other Similar Funds or 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 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7 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 historically important land area □ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ 4 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 conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of 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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 Assets included in Form 990, Part X

Par	III Organizations Maintaining								
- 3	Using the organization's acquisition, collection items (check all that apply)	accession, and ot	her reco	rds, chec	k any of th	e follov	wing that are a s	gnificant u	ise of its
а	☐ Public exhibition		d	☐ Loan	or exchang	e prog	rams		
b	☐ Scholarly research		е	☐ Other	r	_			
С	☐ Preservation for future generations	3							
4	Provide a description of the organizat XIII.		and expl	ain how t	hey further	the or	ganization's exen	npt purpos	e in Part
5	During the year, did the organization	solicit or receive	donation	s of art,	historical tr	easure	s, or other simila	ır	
	assets to be sold to raise funds rather								☐ No
Pari	IV Escrow and Custodial Arra	ingements.				·			
	Complete if the organization 990, Part X, line 21	answered "Yes							orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or oth	ner intern	nediary fo	or contribut	ions o	r other assets no		☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	ollowing to	able		A	mount	
_	Poginning holongo					10			
۲ C	Beginning balance Additions during the year				•	10			
d	Distributions during the year				•	16			·
e f	Ending balance .				•	11			
2a	Did the organization include an amoun	at on Form 990 P	art X line	21 for e	SCIOW OF CL			2 ☐ Yes	□ No
	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the e	volanatio	n has heen	provid	ed on Part XIII		$\overline{\Box}$
	V Endowment Funds.	art Am. Oncor nor	0 11 1110 0	хрішішію:	THUO DOOM	<u> </u>	<u> </u>	·	
	Complete if the organization	answered "Yes	" on For	m 990. F	Part IV. line	e 10			
		(a) Current year		or year	(c) Two year		(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions			_					•
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								-
f	Administrative expenses								
g	End of year balance .							<u> </u>	
2	Provide the estimated percentage of t	he current year er	nd balanc	e (line 1g	, column (a)) held	as		
а	Board designated or quasi-endowmer	nt ▶	_%						
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	<u>~</u> %							
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in the	e possession of th	ne organi	zation tha	at are held	and ad	lministered for th		
	organization by								es No
	(i) unrelated organizations					•	•	3a(i)	
	(ii) related organizations			•				3a(ii)	
b	If "Yes" on line 3a(ii), are the related of							3b	
4	Describe in Part XIII the intended uses		on's endo	owment for	unds				
Par	VI Land, Buildings, and Equip Complete if the organization		" on For	m 990 F	Part IV. line	e 11a	See Form 990.	Part X. lin	e 10
	Description of property	(a) Cost or ot		1	or other basis		Accumulated	(d) Book v	
-	Description of property	(investm		1 ' '	ther)		epreciation	(,	
1a	Land .								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other								
Total	Add lines 1a through 1e (Column (d) n	nust equal Form 9	90 Part	X. column	(B), line 10	C).	. ▶		

Part VII	Investments—Other Securities				
	Complete if the organization ar		m 990, Part IV, lin	e 11b See Form	990, Part X, line 12
	(a) Description of security or categ (including name of security)	ory	(b) Book value		hod of valuation -of-year market value
(1) Financia	derivatives			_	
(2) Closely-I	neld equity interests				<u> </u>
(3) Other	·····				
(A)					
(B)					
(C)					
(D)					
(E)					···
(F)					
(G) (H)					
	b) must equal Form 990, Part X, col (B) line 12)			175/1175/00/00 <u>00 30</u> 152 325 575	, the strategies of the strate
Part VIII	Investments—Program Relat		I <u>-</u>	<u> </u>	
rait viii	Complete if the organization ar		m 990 Part IV lin	e 11c. See Form	990 Part X line 13
	(a) Description of investment	iswered res on rei	(b) Book value	1	hod of valuation
	(a) Description of investment		(b) Book value	, , ,	of-year market value
(1)		•			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)				-	
(9)					
	b) must equal Form 990, Part X, col. (B) line 13) ■	<u> </u>	<u></u>		
Part IX	Other Assets.				000 5 4 7 4 45
	Complete if the organization ar		m 990, Part IV, lin	e 11d See Form	
		(a) Description			(b) Book value
(1)				 -	
(2)					
(3)					
(4)			 		
(5)			··········		
(6) (7)					-
(8)					
(9)			· ·		
	mn (b) must equal Form 990, Part X,	col (B) line 15)		•	
Part X	Other Liabilities.				
	Complete if the organization ar	swered "Yes" on For	m 990, Part IV, lin	e 11e or 11f See	e Form 990, Part X,
	line 25				_
1.	(a) Description of liability	(b) Book value			
(1) Federal in	ncome taxes				
(2) LONG T	ERM INTEREST FREE	1,03	8,532		
(3)					
(4)					
(5)					
(6)					•
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 25)		8,532	·	
	runcertain tax positions. In Part XIII, pro				
organization'	s liability for uncertain tax positions und	ier FIN 48 (ASC 740) Che	eck here if the text of t	ne tootnote has bee	n provided in Part XIII 🔲

Part	XI Reconciliation of Revenue per Audited Financial States	nents With	Revenue per l	Return.	
-	Complete if the organization answered "Yes" on Form 990	, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements	s		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			;	
а	Net unrealized gains (losses) on investments	2a		' -	
b	Donated services and use of facilities .	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII) .	2d			
е	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 line 1			`	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	
Part			•	r Return.	
	Complete if the organization answered "Yes" on Form 990	, Part IV, lir	ne 12a		
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25,	1.1		i	
а	Donated services and use of facilities	2a		,	
b	Prior year adjustments	2b		r	
C	Other losses .	2c		•	
d	Other (Describe in Part XIII)	2d		<u></u>	
е	Add lines 2a through 2d			2e	_
3	Subtract line 2e from line 1	1 1	•	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			1.	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		₹	
	Other (Deceribe in Part XIII.)	4b			
b	Other (Describe in Part XIII)			4-	
С	Add lines 4a and 4b	Ino 18)		4c	-
с 5	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I	line 18) .		4c 5	
c 5 Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information.		/ lines 1h and 2h	5	Part X line
c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	and 4, Part IV		, Part V, line 4, I	Part X, line
c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information.	and 4, Part IV		, Part V, line 4, I	Part X, line
c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	and 4, Part IV		, Part V, line 4, I	Part X, line
c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	and 4, Part IV		, Part V, line 4, I	Part X, line
c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	and 4, Part IV		, Part V, line 4, I	Part X, line
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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.

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

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

Employer identification number

<u>AME</u>	RICAN FRIENDS-TIFERET M	OSHE BETZ	ALEL INC		11-31855	44
Par	General Information Form 990, Part IV, line	n on Activi 14b	ties Outside	the United States. Con	nplete if the organization a	enswered "Yes" or
1	For grantmakers. Does the other assistance, the grant award the grants or assistant	tees ["] eligibilit				⊠ Yes □ No
2	For grantmakers. Describe outside the United States		-	•	-	d other assistance
3	Activities per Region (The fo	ollowing Part	I, line 3 table of	can be duplicated if addition	nal space is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) F	PLEASE REFER TO ATTA	CHED SCH	EDULE			
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						

(13)

(14)

(15)

Part IV	Foreign	Forms
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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	⊠ 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	⊠ 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	⊠ 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	⊠ 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	⊠ 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	⊠ No

1

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

General Information on Grants and Assistance

Part

AMERICAN FRIENDS-TIFERET MOSHE BETZALEL INC

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2018	Open to Public Inspection
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OMB No 1545-0047

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

Employer identification number	11-3185544

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	bstantiate the amou	int of the grants or	assistance, the g	rantees' eligibility fo	or the grants or assistance	
the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitorir		ig the use of grant funds in the United States	nds in the United	States		. X Yes INO
Part II Grants and Other Assistance to Domestic Organ Part IV, line 21-for any recipient that received more	omestic Organiz	ations and Dom an \$5,000. Part I	estic Governm I can be duplica	izations and Domestic Governments. Complete if the organization than \$5,000. Part II can be duplicated if additional space is needed	the organization answepace is needed.	nizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(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
(1) PLEASE REFER TO ATTACHED SCHEDUL			:			
(2)						
(6)			:			
(4)						
(5)						
(9)						
(2)						
(8)						
(6)	\					
(10)						
(11)						
(12)						
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	overnment organiza	tions listed in the l	ine 1 table			
Рар	ons for Form 990.		-			Schedule I (Form 990) (2018)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

2018

Open to Public Inspection

Name of the organization	Employer identification number
AMERICAN FRIENDS-TIFERET MOSHE BETZALEL INC	11-3185544
	
PAGE #6 PART VI, LINE 11B	
PROCESS TO REVIEW FORM 990	
TAX RETURN IS SENT FOR REVIEW BY THE BOARD	
UPON REVIEW AND BOARD APPROVAL THE TAX RETURN IS FILED	
PAGE #6 PART VI, LINE 12C	
CONFLICT OF INTERESTS	
OFFICERS ARE REQUIRED TO REPORT ANY CONFLICT OF INTEREST SITUATIONS	
PAGE #6 PART VI, LINE 19	
PUBLIC DISCLOSURE	
UPON REQUEST THE PUBLIC MAY REVIEW PERTINENT DOCUMENTS AT THE ORGA	NIZATION ADDRESS
THE RETURN MAY ALSO BE REVIEWED ON THE GUIDESTAR ORG WEBSITE	·
THERE HAVE BEEN NO CHANGES IN POLICY OR STRUCTURE FOR THIS YEAR	₹