294932	1216808
na Tav	OMB No 1545-0047

٠	_	q	90	Return of Org	ganization Ex	empt From	Income	Tax	OMB No 1545-0047
	For		. 0000)	e foundations)	2019				
		/ Januar		▶ Do not enter soci	•				
			of the Treasury nue Service	on. \U\/	Open to Public Inspection				
	Ā			dar year, or tax year beginnin	`	, 2019, and en			, 20
	В		f applicable	C Name of organization America		eled		D Employ	ver identification number
		Address	change	Doing business as					13-3275989
		Name cl	hange	Number and street (or P O box	if mail is not delivered to s	street address)	Room/suite	E Telepho	ne number
		Initial ref	turn	32 7th Street	· · · · · · · · · · · · · · · · · · ·		<u> </u>		732-370-3413
_		Final retu	urn/terminated	City or town, state or province, of	country, and ZIP or foreign	n postal code		1	
)		Amende	ed return	Lakewood, NJ 08701				G Gross re	
		Applicat		F Name and address of principal of	fficer Eli Shulman		1	-	subordinates? Yes V No
		T		address same as C above	\ <u> </u>	74047/4/11 7 50			included? Yes No
	<u> </u>	Website	mpt status	501(c)(3) 501(c) () ◀ (insert no)	4947(a)(1) or 52		"No," attach a list	
				Corporation Trust Associ	ation ☐ Other ►	L Year of fo		oup exemption no	
		art I	Summar		ation Others	L real of to	imation	IN State of	legal domicite NJ
		1		cribe the organization's miss	sion or most signific	ant activities. The	organization	's purpose is to	promote religious
	φ	'	•	ble needs within the commun	-				·····
	auc			ng grants to institutions of rel				×	
	ern	2		box ► ☐ if the organization			ed of more t	han 25% of it	s net assets
	ĝ	3	Number of	voting members of the gove	erning body (Part VI,	line 1a)		3	3
	∞ ∞	4	Number of	independent voting membe	rs of the governing t	oody (Part VI, line	1b)	4	3
	Activities & Governance	5	Total numb	er of individuals employed i	n calendar year 201	9 (Part V, line 2a)		5	0
	₹			er of volunteers (estimate if	- ·			6	4
	ĕ			ated business revenue from	7a	0			
		b	Net unrelate	ed business taxable income	from Form 990-1, li	ne 39		7b	0
		0	Contribution	os and granta (Part VIII. lina	1h\		Prio	r Year 201984	Current Year 164002
	ine			ns and grants (Part VIII, line ervice revenue (Part VIII, line		201904	104002		
	Revenue		-	income (Part VIII, column (A				103292	99409
	æ			nue (Part VIII, column (A), line					
				ue-add lines 8 through 11 (r				305276	263411
				similar amounts paid (Part I				256774	241443
				id to or for members (Part I)					
	S	15	Salaries, oth	ner compensation, employee	penefitsr(Part IX, golu	mm (A) lines 5–10)			
	Sus	16a	Professiona	al fundraising fees (Part IX, c	piumn (A), the 1 e		<u> </u>		2-10-10-11 AND 1-10-1
	Expenses	b	Total fundra	aising expenses (Part IX, col nses (Part IX, column (A), Iin	ugan (D), line 25)	02 0	1	STAR R	
	۳ _ا	17	Other exper	nses (Part IX, column (A), lin		9/20	 	212 256986	255
ę.				ses Add lines 13–17 (must ss expenses Subtract line 1				48290	241698 21713
	- K	19	nevenue les	ss expenses Subtract line i	PIOUSEIN.	, U _ 	Beginning of	Current Year	End of Year
	Net Assets or Fund Balances	20	Total assets	(Part X, line 16)				1094086	1115799
	Haal Haal			ies (Part X, line 26)				180000	180000
:	돌			or fund balances Subtract li	ne 21 from line 20			914086	935799
I	Pa	rt II	Signature						
	Und	er penalt	ies of perjury, I	declare that I have examined this r	eturn including accompa	nying schedules and st	atements, and t	o the best of my l	knowledge and belief, it is
_	true	. correct,	and complete	Declaration of preparer (other than	Officer) is based on all into	ormation of which prepa	arer has any kno	wieuge	
	~:	_		/ Shim				17/14/	20
	Sig		Signature	e of officer Vice president				Date /	
	Hei	e	Type or i	print name and title					
-				print name and the preparer's name	Preparer's signature		Date	Check [ıf PTIN
	Pai			reputer a name	upa. u- u digitata. u	J		Check self-employ	"
		parer		· ·			F	irm's EIN ▶	
- 1	Jse	Only	Firm's addre					hone no	
Ĩ	Лау	the IRS		is return with the preparer s	hown above? (see ii	nstructions)			☐ Yes ☐ No
-	_			n Act Notice, see the separat			No 11282Y		Form 990 (2019)

ag

) (Revenue \$

Other program services (Describe on Schedule O)

Total program service expenses ▶

including grants of \$

241,443

(Expenses \$

Part IV Checklist of Required Schedules

				~
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	V	
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		1
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		\ \ \
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	T-	-
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		V
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		V
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
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		1
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		~
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		v
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u></u>
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		~
I2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	V
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	~	
5	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	>	
6	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		V
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		V
8	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		~
9	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		~
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	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	~	

Pari	Checklist of Required Schedules (continued)			
			Yes	s 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	V	
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		
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		v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24t	,	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
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		,
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		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		V
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)		製	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		V
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		v
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		~
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		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
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		V
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		V
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	v	
art	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	• •	· ·	
		- 1	Yes	No

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1a

UIIII 9	90 (2019)			Page
Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			7
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0	Yes	No
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3ь		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
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)			7, 1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		V
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	 	\vdash
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<u> </u>		
7	Organizations that may receive deductible contributions under section 170(c).	33		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1		V
b	and services provided to the payor?	7a 7b	 	_
	-	<u> </u>	-	
С .	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		V
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f	\vdash	
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-	1	
11	Section 501(c)(12) organizations. Enter	4	7.	-
a	Gross income from members or shareholders	-{		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	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	-	ŗ.	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-	<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			_ (_
I4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$oxed{oxed}$	~
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1 . 1		
	excess parachute payment(s) during the year?	15		<u> </u>
	If "Yes," see instructions and file Form 4720, Schedule N	1	料鋼	
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	F14:5 114	<u> </u>
	If "Yes," complete Form 4720, Schedule O	ALC:	注意	

Form 9	990 (2019)	Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b by response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule	
	Check if Schedule O contains a response or note to any line in this Part VI	🗹
Sect	tion A. Governing Body and Management	
		Yes No
1a	, , , , , , , , , , , , , , , , , , , ,	3
	If there are material differences in voting rights among members of the governing body, or	
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O	
h		
b	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	
2	any other officer, director, trustee, or key employee?	2 1
3	Did the organization delegate control over management duties customarily performed by or under the directors supervision of officers, directors, trustees, or key employees to a management company or other person?	3 1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 /
6	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 appoone or more members of the governing body?	7a 🗸
b	Are any governance decisions of the organization reserved to (or subject to approval by) membe stockholders, or persons other than the governing body?	7b 🗸
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	ng
а	The governing body? .	8a 🗸
b	Each committee with authority to act on behalf of the governing body?	8b 🗸
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	at 9
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Re-	
		Yes No
10a	Did the organization have local chapters, branches, or affiliates?	10a 🗸
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapter affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	S, 10b
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	
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 🗸
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts	3 ² 12b
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes describe in Schedule O how this was done	," 12c
13	Did the organization have a written whistleblower policy?	13 V
14	Did the organization have a written document retention and destruction policy?	14 V
15	Did the process for determining compensation of the following persons include a review and approval buildependent 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 🗸
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it	s S
	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?	e 16b
Section	on C. Disclosure	
17	List the states with which a copy of this Form 990 is required to be filed ▶	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 99	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
	Own website Another's website Upon request Other (explain on Schedule O)	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict 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	records ►
	Eli Shulman, 32 7th Street, Lakewood, NJ 08701 732-370-3413	

Page	1

Form 990 (2019)

Form	000	1201	C

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) Position (D) (E) (F) (do not check more than one Name and title Average Reportable Reportable Estimated amount box, unless person is both an compensation hours compensation of other officer and a director/trustee) from the per week from related compensation employee Ind vidual Institutional trustee Key employee flist anv Highest compensated organization organizations from the (W-2/1099-MISC) (W-2/1099-MISC) hours for organization and related related organizations roanizations trustee below dotted line) (1) Jacob Shulman President n (2) Eli Shulman 1 Vice President (3) Yaakov Shulman 0 Treasurer 0 0 (4) Rivka Shulman Secretary O 0 (7) (8) (9) (10) (11) (12) (13)

Par	Section A. Officers, Directors,	Trustees,	Key	<u>Em</u>	plo	yee	es, ar	nd F	lighest Compe	ensated	d Emplo	yees (continued
	(A) Name and title	(B) Average	, ,		Pos heck		ı e than ı ıs bot		(D) Reportable		(E) ortable	Estima	(F)
		hours per week (list any hours for related organizations below dotted line)	of or director				Highest compensated employee	tee)	compensation from the organization (W-2/1099-MISC)	from organ	ensation related izations 99-MISC)	comp fro organi	other pensation om the zation and rganizations
(15)			-		<u> </u>						-		
(16)		(
(17)													
(18)					-								
(19)										:			
(20)													
(21)				-	_					·			
(22)													
(23)				-	-								
(24)				-							_		
(25)				_	_			_					
1b c	Subtotal Total from continuation sheets to Part	VII, Section	n A				l I	•	0		0		0
d 2	Total (add lines 1b and 1c) Total number of individuals (including but		to the	ose	liste	ed a	l bove) wh		than \$1	0 000,000	of	0
	reportable compensation from the organiz	zation >							0	 -		,	res No
3	Did the organization list any former of employee on line 1a? If "Yes," complete S							nplo	yee, or highest 	compe	ensated 	3	
4	For any individual listed on line 1a, is the organization and related organizations (individual											4	
5	Did any person listed on line 1a receive or for services rendered to the organization?									on or inc	dividual	5	
Secti	on B. Independent Contractors	, ,						_					
1	Complete this table for your five higher compensation from the organization Repo												
	(A) Name and business addre				_				(B) Description of service			(C) ompensati	
		_ _											
							_						
		-,											Lange of Section 1
2	Total number of independent contractors received more than \$100,000 of compensa							τηο	se listed above)	who			

Par	t VIII				ocno.	oso or note to	any line in this D	art VIII		_
		Check if Schedule	0 0	ontains a r	espoi	nse or note to				_ ·
							(A) Total revenue	(B) Related or exemple function revenue	t Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
its ts	1a	Federated campaig	gns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		•			-1b		20 20 20 20 20 20 20 20 20 20 20 20 20 2			T. Tank
S, G	С	Fundraising events			1c					
ar /	d	Related organization			1d	ļ	± 1	26		
inil	e	Government grants			1e		Ⅎ; ,			
tion S	1	All other contribution and similar amounts in				16400		Same as the same		
ibul the	,	Noncash contributi			\ '''				17,31,334	
a de	9	lines 1a-1f	0110 11	ioladea iii	1g	\$				
ဗိ မ	h	Total. Add lines 1a	–1f			•	164002			
						Business Code	经验证的程序 显	是因此所可以由		
ice ice	2a						ļ			
Program Service Revenue	þ						<u> </u>			
n S	C							<u> </u>	<u> </u>	
gram Ser Revenue	d							 		
5 -		All -				ļ			 	-
Δ.	l f	All other program so Total. Add lines 2a-		e revenue					BERT DON'T HEER	B ZZEROSEZ/SE SZES
	3	Investment income		ludina divi	dends	interest and		PAGE COMP.		
	3	other similar amoun		idding divi	uena	s, interest, and	99409	99409	1	
	4	Income from investment of tax-exempt bo				nd proceeds ►				
	5	Royalties				· ·				
		•		(i) Rea		(II) Personal	13 6 - CO 31-7	A Control of the Control	3.72.55	
	6a	Gross rents	6a							
	ь	Less rental expenses	6b							
	С	Rental income or (loss)	6с		- 					
	d	Net rental income o	r (los	/		<u> </u>	Sel torus and her his consecution.	CTAL AND ACCURATION OF THE ACCURATION AND ACCURATIO	100.001 are the telephone to be a second	V
	7a	Gross amount from		(i) Secun	ties	(ii) Other				
		sales of assets		Ì						
4	ĺ.	other than inventory	7a	<u> </u>		<u> </u>				4.0
Revenue	b	Less cost or other basis and sales expenses	7b							
ve	С	Gain or (loss) .	7c				5000			
æ	d	Net gain or (loss)					2.45-9-250510707-054444.7.2.50	MULLION EXCUSOR MAN AS CALLED	PART SHEET SHEET OF SHEET	
her		Gross income from	n fu	ndraising		· · · · · · · · · · · · · · · · · · ·	Carrier P	15-12-16-12-12	TO BEEN	
oth		events (not including					30.00	el :		
		of contributions rep		on line]]					
		1c) See Part IV, line	18		8a		Tencount of the second			
		Less direct expense			8b			al al		建筑建筑
		Net income or (loss)		fundraisin	g ever	nts 🕨	ļ		en in der militariaans (university) en	AND THE PORT AND THE PARTY AND ADDRESS OF THE
	9a	Gross income fi		gaming			the least of			
- [activities See Part I'		9 19	9a					
i		Less. direct expense			9b	e •	THE REAL PROPERTY OF THE PARTY		NO STEERINGS I	
		Net income or (loss)			tivitie	s	ADDRESS OF THE CONTROL OF THE CONTRO	BEN PAR THANKE		
		Gross sales of in returns and allowand		ory, less	10a					
ľ		Less: cost of goods			10a					
		Net income or (loss)				rv 🕨	Description of the Control of the Co	CONTRACTOR CONTRACTOR CONTRACTOR	THE PERSON NAMED OF THE PERSON NAMED IN	CONTROL STATE OF THE STATE OF T
_		1.00 11001116 01 (1035)		Jui05 01 111	- 31 1131	Business Code	THE PARTY OF THE P			
2 6	11a				1		The second secon		And the state of t	THE NAME OF STREET
Revenue	b				}					
	c									
<u> </u>	d	All other revenue	•		. [Warren Con Filt. Will		College Walls of the College W
		Total. Add lines 11a			· -	<u> </u>	<u> </u>			美华林尔文教
	12	Total revenue, See	ınstrıı	ctions		>	263411	99409	J	

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns A	ll other organizations	must complete co	lumn (A)
	Check if Schedule O contains a response	e or note to any lin	e in this Part IX		
	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	24311	24311		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	111132	111132		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	106000	106000		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			(2) T. 满口 对现 的原理	ETS/CFILS/TU
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	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 (nonemployees)				
а	Management			· 	
b	Legal				ļ
C	Accounting		 		
d	Lobbying		STATES WITH A CHARGE	Land the state of	
e f	Professional fundraising services See Part IV, line 17 Investment management fees		WINDS TO THE WAY SEED STORY	WITH THE PROPERTY OF THE PARTY	
9	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	255		255	
14	Information technology .				
15	Royalties .				
16	Occupancy .				
17	Travel				
18	Payments of travel or entertainment expenses 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 on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a					
b					
C					
d	All other expenses				
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	241698	241443	255	
25 26	Joint costs. Complete this line only if the	241070	241443		
	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)				

	Part X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this P	art X		🖂
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	105357	1	102021
	2	Savings and temporary cash investments	988729	2	1013778
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	A Comment of
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	(A) (A)	6	TATE A STREET
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a			
	ь	Less accumulated depreciation 10b		10c	
	11	Investments – publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments-program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		_15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1094086	16	1115799
	17	Accounts payable and accrued expenses		_17	
	18	Grants payable		18	
	19	Deferred revenue .	ļ	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	L INIA Y TICK AT A SHOP	21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
<u>e</u> .	23	Secured mortgages and notes payable to unrelated third parties .		23	
	24	Unsecured notes and loans payable to unrelated third parties .	180000	24	180000
	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		25	
	26	Total liabilities. Add lines 17 through 25	180000	26	180000
nces		Organizations that follow FASB ASC 958, check here ► ☐ and complete lines 27, 28, 32, and 33.	e new years		A 100 A
ala	27	Net assets without donor restrictions		27	
8	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	914086	29	935799
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
4SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et	32	Total net assets or fund balances .		32	935799
Ž	33	Total liabilities and net assets/fund balances	1094086	33	1115799

Form 990 (2019)

Form 9	90 (2019)			P	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> .		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	63411
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	41698
3	Revenue less expenses Subtract line 2 from line 1	3			21713
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		9	14086
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 on Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	\Box			
	32, column (B))	10		9	35799
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII.	<u> </u>			
			-	Yes	No
1	Accounting method used to prepare the Form 990 🗹 Cash 🔲 Accrual 🔲 Other		🛣	1	
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	explain	ı ın	1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	2 SE- ~34/	V
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or 🔭		
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		23.5	10	
b	, , ,		. 2b		V
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	ı a		
	separate basis, consolidated basis, or both				X.
	Separate basis Consolidated basis Both consolidated and separate basis		3.29	NEW W	12 W
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over		- 1		
	the audit, review, or compilation of its financial statements and selection of an independent accounts		. 2c	3124.20.021	(23,500
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O	kplain	on S		1000
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in t			
	Single Audit Act and OMB Circular A-133?		3a	\perp	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo t			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	ludits	3b		

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

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.

2019

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

American Friends of Yad Layeled

Employer identification number 13-3275989

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)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III. 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) (III) Type of organization (iv) Is the organization (i) Name of supported organization (n) EIN (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) (A) (B) (C) (D) (E) 3.77

Par									
	(Complete only if you checked t						alıfy under		
	Part III. If the organization fails t	o qualify unde	er the tests II	sted below, p	lease compl	ete Part III)			
	ion A. Public Support	(-) 004 <i>5</i>	(L) 2016	(-) 0047	()) 0040	1 1 1 2 2 1 2	10-1		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	/(e) 2019	(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	<u></u>		22.28 E 23.61	The state of				
	on B. Total Support					,			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		X						
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	WEEKEN A.	PROPERTY AND	经产业	TO THE SAID			
12	Gross receipts from related activities, etc.	•	•	. \		12			
13	First five years. If the Form 990 is for the		's first, second	d, third, fourth,	, or fifth tax ye	ear as a section	1 501(c)(3)		
	organization, check this box and stop he			<u></u>	<u>·</u>	<u> </u>			
	on C. Computation of Public Suppor			- (5)					
14	Public support percentage for 2019 (line 6			i, column (t))	\ ·	14	%		
15	Public support percentage from 2018 Sch 331/3% support test—2019. If the organi			on line 13 an	d line 14 is 33	15	%		
16a	box and stop here. The organization qual				14 13 00	73 70 01 111016, 0	▶ □		
ь	331/3% support test—2018. If the organi				a and line 15 i	s 331/3% or mo			
b	this box and stop here. The organization						. ► □		
172	. , -				\	sa or 16h and			
114	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.								
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the	"facts-and-c	rcumstances"	test, check th	nis box and st	op here.		
18	Private foundation. If the organization did	d not check a b	ox on line 13,	16a, 16b, 17a,	or 17b, check	this box and s	_		
	instructions						▶ □		

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)

Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees			1	Ï		
_	received (Do not include any "unusual grants")	127850	194160	228075	201984	164002	916071
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		}	i		1 1	
	furnished in any activity that is related to the			į			
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an	1					
	unrelated trade or business under section 513			ļ		<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	1					
_		127850	194160	228075	201984	1/4002	01/071
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	127850	194160	226075	201984	164002	916071
10	received from disqualified persons .	j)	j]	
	·						
b	Amounts included on lines 2 and 3 received from other than disqualified	1 1	i			ĺ	
	persons that exceed the greater of \$5,000	1	}			}	
	or 1% of the amount on line 13 for the year	1					
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	PHARES (18/17)	888-0-1 1 ·	2,57,7 + 3	J. P. GREETSE	36.72.77 \$7.50	
·	line 6)	医海 人		ar	ne flowing and		916071
Sect	on B. Total Support	SECTIONS	<u> </u>	### # * ##### * # F ## ! !	(2 2425-0404)1	E 11.02 1971 NO	
	idar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	127850	194160	228075	201984	164002	916071
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	ĺ	f				
	royalties, and income from similar sources	43957	50955	107985	103292	99409	405598
b	Unrelated business taxable income (less]					
	section 511 taxes) from businesses		}]			
	acquired after June 30, 1975 .						
С	Add lines 10a and 10b	43957	50955	107985	103292	99409	405598
11	Net income from unrelated business	}	ļ	l	ŀ	1	
	activities not included in line 10b, whether	,	1	j	}	1	
	or not the business is regularly carried on						
12	Other income Do not include gain or				[
	loss from the sale of capital assets	Ì	i	İ	i	1	
40	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	171807	245115	336060	305276	263411	1321669
4.4	First five years. If the Form 990 is for the	_ 1					
14	organization, check this box and stop her		s mst, second	i, ama, ioarai,	or mar tax ye	ar as a section	> \(\c)(\c)
Cooti	on C. Computation of Public Suppor		 -	`	<u>-</u> -		
	Public support percentage for 2019 (line 8			3 column (fl)		15	69 31 %
15 16	Public support percentage from 2018 Sch			o, colaiiii (i))		16	70 15 %
	on D. Computation of Investment Inc				·	1.01	
17	Investment income percentage for 2019 (I			/ line 13 colum	nn (fl)	17	30 69 %
18	Investment income percentage from 2018			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(.,,	18	29 85 %
	331/3% support tests—2019. If the organi	zation did not o	check the box	on line 14, and	I line 15 is mo		
19a	17 is not more than 33½%, check this box	and stop here.	The organization	n qualifies as a	publicly suppoi	rted organization	n ▶ 🗹
b	331/3% support tests—2018. If the organization						
D	line 18 is not more than 331/3%, check this b	ox and stop he	re. The organiz	ation qualifies a	is a publicly su	pported organiz	ation >
20	Private foundation. If the organization did						
_20	Tivate Tournation. If the Organization dic	THU CHECK A D	07 011 mile 171		33K 1113 DOX 8		· · · · · · · · · · · · · · · · · · ·

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 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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Part	Supporting Organizations (continued)			Page
			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		_
	A family member of a person described in (a) above?	11b		<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. on B. Type I Supporting Organizations	110	<u> </u>	<u> </u>
Secu	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			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		E
ecti	on C. Type II Supporting Organizations	 _	J	'
			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)			
ecti	on D. All Type III Supporting Organizations		·	٠
			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?			
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		
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	N.O.	
ctio	n E. Type III Functionally Integrated Supporting Organizations			
1 a	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	nstru	ctions	5)
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ing	tructi	ons).
2	Activities Test. Answer (a) and (b) below.	Diameter 1	Yes	No
3	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

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

Parent of Supported Organizations Answer (a) and (b) below.

1,

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.

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

2b

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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)			
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)	8.2	THE THE THE	15
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI).	11.		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	T T	
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	TELEVISION BE BUILD	
2 Enter 85% of line 1	2	, the Victorian S	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	. 11. 1加工加工等的	
4 Enter greater of line 2 or line 3.	4	THE PARTY OF THE P	
5 Income tax imposed in prior year	5	LANCE TO SEE THE SECOND	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		The state of the s	
emergency temporary reduction (see instructions).	6	15 _ 5 _ 5	
7 Check here if the current year is the organization's first as a non-functionall	y int	tegrated Type III supporting	organization (see

Par	Type III Non-Functionally Integrated 509(a)	(3) Supporting Organ	nizations (continued)	
Sec	tion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers ex organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt pur	poses of supported ora	anizations	
4	Amounts paid to acquire exempt-use assets	<u>,, , , , , , , , , , , , , , , , , , ,</u>		
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	ch the organization is re	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		***************************************	
	Elifo d'allocation dividod by lillo d'allocation		(ii)	(iii)
Sect	tion E—Distribution Allocations (see Instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	3 0 1 1 1 2 W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·	
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI) See instructions.			
3_	Excess distributions carryover, if any, to 2019		说在五世地心在 是1945	
а	From 2014		在"哲型"。不是如此,是他们	
b	From 2015		经工程的基础的	CARPENSE. THE
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d	From 2017	LHAMMETER		12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
е	From 2018	HOUSE THE SECOND	13年12年13年13年13日	
f	Total of lines 3a through e			いい。 からくがり 降の
g	Applied to underdistributions of prior years	发现发生的 人名英巴克		名門に入れ、利用の関係
h	Applied to 2019 distributable amount	自由的自然的自己的主义	STANCE OF THE PROPERTY.	
i	Carryover from 2014 not applied (see instructions)		in the second second	
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f		PARTY MANAGEMENT	的人。250人,他自己的
4	Distributions for 2019 from Section D, line 7 \$			
а	Applied to underdistributions of prior years	到是基项可以公司为为公司		H. The Contract of
b	Applied to 2019 distributable amount	表表字型5-31 21 UM	THE STATE OF THE S	
С	Remainder. Subtract lines 4a and 4b from 4		12年20年20年20日	ENTERPRESENTE VIEW
5	Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2020. Add lines 3j and 4c		Zaniasou III	
8	Breakdown of line 7	<u> </u>	是性質學學	的地域和大海和山城
а	Excess from 2015	THE RESERVE OF THE PARTY OF THE	法国政治 (1973年)	HARRY TO THE
b	Excess from 2016			128 J. 1842 14 15
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d	Excess from 2018	The state of the s		TO A ME TO A TO A
е	Excess from 2019 .	以出作 证条本的可求	ENTER DE LE	7 7 7

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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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, ► Attach to Form 990.

2019

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(15)

(16)

(17)

Subtotal .

Total from sheets to Part I

American Friends of Yad Layeled

Employer identification number 13-3275989

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ✓ Yes □ No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed) 3 (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total expenditures for employees, of offices in region (by type) (such as, a program service, agents and the region fundraising, program services describe specific type of and investments indegendent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region (1) Middle East Grants to recipients student scholarships 106000 (2) (3) (4)(5) (6) (7) (8)(9) (10) (11) (12)(13) (14)

continuation

Totals (add lines 3a and 3b)

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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) 2019
Part II Grants al

	(i) Method of valuation (book book appraisal other)															
needed.	(h) Description of noncash assistance															
dditional space is	(g) Amount of norcash assistance															
more than \$5,000. Part II can be duplicated if additional space is needed.	(f) Manner of cash disbursement	106,000 wire transfers														
55,000. Part II can	(e) Amount of cash grant	106,000														
ceived more than \$	(d) Purpose of grant	student scholarships														
Part IV, line 15, for any recipient who received	(c) Region	Middle East														
line 15, for an	(b) IRS code section and EIN (if applicable)	State of the state of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12 100 100			000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	المؤية	THE STATE OF			3.7		The state of the	The state of
ran IV, I	1 (a) Name of organization		(2)	(3)	1(4) Miss. 2-m.	(5)) (15)	(6)	100 Marie 1	(8) (2) (4) (4) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5	(a) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(10)的是一个一个	200		(14)	!	((16) E. (19)

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. Enter total number of other organizations or entities.

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Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 930, Part IV, line 16. (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 (c) Number of recipients (b) Region (a) Type of grant or assistance Part III (10) (11) (12) (13) 14 (15) (16) (18) Ξ (2) (3) 9 5 8 (17) <u>4</u> (2) 6)

Schedule F (Form 990) 2019

Page	4
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Part	V 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	☑ 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

Schedule F (Form 990) 2019

Part V	Supplemental Information
	Provide the information required b

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

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

SCHEDULE I (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

OMB No 1545-0047

2019

Employer identification number 13-3275989 ° U

✓ Yes

► Go to www.irs.gov/Form990 for the latest information. American Friends of Yad Layeled Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

General Information on Grants and Assistance

Part

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States PartII

railly, ille 21, 101 any recipient that received high ed, odd. Part il can be applicated il addition a space is needed.	recipient tilat i	בכבוגבת וווסוב וו	Idii 40,000. Fait I	i call be duplica	ied II additional s	pace is lieeded.	
1 (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
(1) Yeshiva Shaarei Torah 91 W Carlton Rd, Suffern, NY 10901	13-2905207	501(c)(3)	0009				student scholarships
(2) Charity Fund of C T U 601 E Kennedy Blvd, Lakewood, NJ	22-3390861	501(c)(3)	9200				needy students' expenses
(3)							
(4)							
(5)							
(9)							
(7)							
(8)			1				
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1501(c)(3) and go	vernment organiza	ations listed in the	line 1 table			2

Schedule 1 (Form 990) (2019)

Cat No 50055P

3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Food,clothing,etc expenses for needy families	7	57908			
2 Student scholarships	ß	35640			
3 Therapy expenses for needy individuals	1	1000			
4 Wedding expenses for needy families	ю	16584			
S					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	the information r	required in Part I, lin	e 2, Part III, columi	(b); and any other additi	ional information.

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

Schedule I (Form 990) (2019)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

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