Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

²⁰²⁰

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

2020

Open to Rublic Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Α	For t	he 2020 calendar year, or tax year beginning , 2020, and ending	,
В	Check	if applicable C	Employer identification number
	Addres	s change	47 2046107
Ļ		change YABIA OMER 6 PINEWOOD DR E	47-3946107 Telephone number
<u> </u>	Initial r	MONSEY NY 10952	relephone number
⊢		urn/terminated	
		led return ation pending	Group Exemption Number ►
G	Acco		If the organization is not
ı			to attach Schedule B
J	Tax-ex	tempt status (check only one) — X 501(c)(3)	90, 990-EZ, or 990-PF)
		of organization Corporation X Trust Association Other	
	asset	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to is (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$ 194,943.
Pa	irtll	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	
_		Check if the organization used Schedule O to respond to any question in this Part I	X
	1	Contributions, gifts, grants, and similar amounts received	1 194,943.
	2	Program service revenue including government fees and contracts	2
	3	Membership dues and assessments	3
	4	Investment income.	4
	l	Gross amount from sale of assets other than inventory 5a	
	b	Less cost or other basis and sales expenses 5 b	
		Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a). Gaming and fundraising events	5 c
<u>o</u>	i	Gross income from gaming (attach Schedule G if greater than \$15,000)	
Ĕ	1	Gross income from fundraising events (not including \$ of contributions	
Revenue		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
_	С	Less direct expenses from gaming and fundraising events 6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d
	7 a	Gross sales of inventory, less returns and allowances 7 a	
	b	Less cost of goods sold 7 b	
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c
	8	Other revenue (describe in Schedule O)	8
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 194,943.
	10	Grants and similar amounts paid (list in Schedule-®)————————————————————————————————————	10 123,521.
	11	Benefits paid to or for members RECEIVED	11
es	12	Salaries, other compensation, and employee penefits	12
Sus	13	Professional fees and other payments to independent gantagetos 2022	13
Expenses	14	Occupancy, rent, utilities, and maintenance	14
Щ	15	Printing, publications, postage, and shipping	15
	16	Other expenses (describe in Schedule O) OGDEN, UT See Schedule O	16 53,659.
_	17	Total expenses. Add lines 10 through 16	► 17 177, 180.
(A)	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18 17,763.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	ear an
et	20	Other changes in net assets or fund balances (explain in Schedule O)	19 48,892. 20
Z	21	Net assets or fund balances at end of year Combine lines 18 through 20	
BA	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.	Form 990-F7 (2020)

915



1141	Check if the organization used Sche	dule O to respond to any qu	estion in this Part II			X
	3			(A) Beginning of year	ar	(B) End of year
22	Cash, savings, and investments			47,296		65,301.
23	Land and buildings			11,7230	23	.00/501.
24	Other assets (describe in Schedule O)	See Schedule	∍ 0	1,596	_	1,354.
25	Total assets			48,892		66,655.
26	Total liabilities (describe in Schedule O)			0	26	0.
27	Net assets or fund balances (line 27 of c	column (B) must agree with	line 21)	48,892	•	66,655.
_	till Statement of Program Service Ac				• 1	Expenses
	Check if the organization used Sch	nedule O to respond to any o			(Rea	juired for section 501
What	is the organization's primary exempt purpose? See	Schedule O			(c)(3)) and 501(c)(4)
Desc mea	cribe the organization's program service ac sured by expenses. In a clear and concise fited, and other relevant information for e	ccomplishments for each of manner, describe the service	its three largest proces provided, the nu	gram services, as imber of persons		nizations, optional thers)
		ach program title				1 · · · · · · · · · · · · · · · · · · ·
28	See Schedule 0					
	707					
	(Grants \$ 123,521.) If the	s amount includes foreign g	rants, check here		28 a	123,521.
29				-		
						
	70		,,,			
	(Grants \$) If the	s amount includes foreign g	rants, check here		29 a	
30				. 		
						
	705-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-				20	
21		s amount includes foreign g	rants, check here		30 a	
31	Other program services (describe in Sch	•		. 🗆	24	
22		s amount includes foreign g	rants, check here		31 a	100 501
	Total program service expenses (add In		1		32	123,521.
<u>Par</u>	List of Officers, Directors, 7				ee the	instructions for Part IV)
	Check if the organization used Sch	ledule O to respond to any o	i 	(4) 110-5		<u> </u>
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensa (Forms W-2/1099-MIS	(d) Health benefit contributions to empl	oyee	(e) Estimated amount of
		position	(if not paid, enter -0-	benefit plans, and def compensation	cireu	other compensation
SHI	MON_ALBAZ					
	istee	0.5		0.	0.	0.
	HER_N_ALBAZ					
Trı	ıstee	7		0.	0.	0.
				_		
				-		
			!			
		<u></u>				
		 	-			
BAA		TEEA0812L 0	1/29/21			Form 990-F7 (2020)
		I LECAUGIZE U	ILLUICI			FORM MMILE / (2020)

Form	n 990-EZ (2020) YABIA OMER	47-394610	7	Р	age 3
Pai	Other Information (Note the Schedule A and personal benefit contract statement requirements	in S	ee S	Sch	0 🗖
	the instructions for Part V) Check if the organization used Schedule O to respond to any question	ın thıs Part V			
33	Did the organization engage in any significant activity not previously reported to the IRS?			Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O		33		Х
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents as seemed to the organization to appear and seemed to appear and s	iments if they reflect	24		7,
35 a	a change to the organization's name. Otherwise, explain the change on Schedule 0. See instructions I Did the organization have unrelated business gross income of \$1,000 or more during the year from business act	ivities	34		X
33 6	(such as those reported on lines 2, 6a, and 7a, among others)?	ivides	35 a		X
Ł	of Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation	ın Schedule O	35 b		
	: Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)				
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		35 c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	0.	30 85,883	*** ****	
	Did the organization file Form 1120-POL for this year?		37 b	XMX.	X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were			- 100 m	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this retu	rn ⁷	38 a		X
t	olf 'Yes,' complete Schedule L, Part II, and enter the total amount involved 38 b	0	13 V 3.44		1
39	Section 501(c)(7) organizations Enter	0.			
	Initiation fees and capital contributions included on line 9	0.		44	
	Gross receipts, included on line 9, for public use of club facilities 39 b	0.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under				
•	section 4911 ► 0., section 4912 ► 0., section 4955 ►	0.			
t	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4	958 excess			
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	has not been	40 b		X
,	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization.		2000 2000	100 TO	
•	managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	188		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed				
_	by the organization	0.			
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		40 e		Х
	List the states with which a copy of this return is filed NY	'			
42 a	The organization's books are in care of ► SHIMON ALBAZ Telepho	ono no 🕨 (017)	F C 7	407	, ,
		one no ►_(<u>91</u> 7)_ MP + 4 ► 10952	20/	40/	
L	At any time during the calendar year, did the organization have an interest in or a signature or other authority of		_[Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial acc	count)?	42 b		X
	If 'Yes,' enter the name of the foreign country ►	}	5 %	没意外	(4v,35,3
			12 / (2) (4) (2)		
				4.4	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
•	At any time during the calendar year, did the organization maintain an office outside the United States?		42 c		X
	If 'Yes,' enter the name of the foreign country ▶				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			▶ □	NT / 7A
73	and enter the amount of tax-exempt interest received or accrued during the tax year	► 43			N/A N/A
	and the time amount of the original mercus received or decreed during the tax year	<u> </u>		Yes	No.
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed in	nstead	Tris ye	343	<u> </u>
	of Form 990-EZ		44 a		X
t	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be complete instead of Form 990-EZ	∍d			
,	instead of Form 990-E2: Did the organization receive any payments for indoor tanning services during the year?	}	44 b	_	X
			44 C		^ /************************************
	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	ľ	44 d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	ļ	45 a		X
t	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512 Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	(b)(13)? If 'Yes,'	45 b	<u> </u>	

Page 4

	Did the organization engage, directly or indirect candidates for public office? If 'Yes,' complet		ign activities on behalf c	of or in opposition to	46	10000	X		
P art	Section 501(c)(3) Organization All section 501(c)(3) organization for lines 50 and 51		uestions 47-49b and	d 52, and complete	the table	es			
	Check if the organization used	Schedule O to resp	oond to any questio	n in this Part VI					
	Old the organization engage in lobbying activities complete Schedule C, Part II	s or have a section 501(h)) election in effect during	the tax year? If 'Yes,'	47	Yes	No		
	s the organization a school as described in s	ection 170(b)(1)(A)(ii)?	If 'Yes.' complete Sche	dule E	48		X		
	Old the organization make any transfers to ar				49 a		X		
b	f 'Yes,' was the related organization a sectio	n 527 organization?			49 b				
	Complete this table for the organization's five hig employees) who each received more than \$100,0				ey				
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com				
None	9	-							
		1			•				
		-							
		4							
		<u>l</u>							
51	Total number of other employees paid over \$ Complete this table for the organization's five hig compensation from the organization. If there	hest compensated indep	endent contractors who ea	nch received more than \$	100,000 of				
	(a) Name and business address of each independent	contractor	(b) Type	of service	(c) Comp	ensation	n		
<u>Non</u> e	<u></u>								
	Total number of other independent contractor	rs each receiving over §] 5100.000						
52	Did the organization complete Schedule A? No completed Schedule A	<u>-</u>		ttach a	► X Yes	. [
Under p	enalties of perjury, I declare that I have examined this return rect, and complete Declaration of preparer (other than offic	n, including accompanying sche èr) is based on all information	edules and statements, and to the of which preparer has any know	e best of my knowledge and be ledge	lief, it is				
C:	Signature of officer			Date //4/3.	2				
Sign Here	SHIMON ALBAZ Type or print name and title	of Alem		Trustee					
	Print/Type preparer's name	Preparer's signature	Date	1 1 3 1	TIN				
Paid	Aharon Friedman, EA	Aharon Friedma	an, EA	Check Lif	0023638	1	1		
Prepa	· · · · · · · · · · · · · · · · · · ·	-		I I	002000	<u> </u>	}		
Use 0					47-2710676				
	·	-/ DUICE I			4/ 2/10	0,0			
	Monsey, NY 1095			Phone no (84		_			
		2	uctions	Phone no (84		6809	No		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 **2020**

Open to Public Unspection

Employer identification number

		OMER					47-394610	
Rar	t]l	Reason for Public Cha	rity Status. (All	organizations must	comple	ete this	s part.) See instruc	ctions.
The	orga	nization is not a private found	dation because it is	(For lines 1 through 12,	check or	nly one	box)	
1	П	A church, convention of church	ies, or association of o	churches described in sect	tion 170(I)(1)(A)(1).	
2	П	A school described in section 1	1 70(b)(1)(A)(ii). (Attach	n Schedule E (Form 990 or	990-EZ))		07
3	П	A hospital or a cooperative h	nospital service organ	nization described in sec	tion 170	(b)(1)(A	λχiii).	• ,
4	Н	A medical research organiza	tion operated in con	junction with a hospital of	describe	d in sec	tion 170(b)(1)(A)(iii) E	nter the hospital's
	ш	name, city, and state		,				
5								
,	Ц	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a coll emplete Part II)	lege or university owned	or opera	ated by	a governmental unit de	escribed in
6 7		A federal, state, or local government	3					
,	X	An organization that normally r in section 170(b)(1)(A)(vi).	receives a substantial Complete Part II)	part of its support from a	governme	ental uni	t or from the general pub	olic described
8	Ц	A community trust described	in section 170(b)(1)	(A)(vi). (Complete Part I	I)			
9		An agricultural research organi						
	_	or university or a non-land-grai	nt college of agricultur	e (see instructions) Enter	the nam	e, city, a	and state of the college o	or
		university						
10		An organization that normally from activities related to its a investment income and unre June 30, 1975 See section!	exempt functions, su lated business taxab	ibject to certain exception le income (less section	ns, and	(2) no r	nore than 33-1/3% of it	s support from gross
11		An organization organized ai		•	ety See	section	1 509(a)(4).	
12	П	An organization organized ai	nd operated exclusiv	ely for the benefit of, to	perform	the fun	ctions of, or to carry or	at the purposes of one
		or more publicly supported o lines 12a through 12d that de	rganizations describ	ed in section 509(a)(1) o	r sectio	n 509(a))(2). See section 509(a)	(3). Check the box in
a	· 📙	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	gularly appoint or elec-	ed, or controlled by its sup ct a majority of the director	ported or rs or trus	rganizat tees of t	ion(s), typically by giving he supporting organization	the supported on You must
ŧ	• 🗌	Type II. A supporting organiz management of the supporting	organization vested in					
c	: 🗌	must complete Part IV, Sect Type III functionally integrated	. A supporting organiza	ation operated in connection	n with, an	d function	onally integrated with, its	supported
c		organization(s) (see instructi	•	•				
١	' <u> </u>	Type III non-functionally integrated The constructions) You must com	organization generali	ly must satisfy a distribu	nection v tion requ	with its s iiremen	supported organization(s) t and an attentiveness	that is not requirement (see
e	· 🗌	Check this box if the organiz	ation received a writ	tten determination from	the IRS t	that it is	a Type I, Type II, Type	e III functionally
	E	integrated, or Type III non-fulter the number of supported		supporting organization	1			
,		ovide the following information	-	ad organization(s)				
		me of supported organization		, , , , , , , , , , , , , , , , , , , 			(v) Amount of monotons	6 A 1 - 1 - 15 - 1
	(1) 140	me of supported organization	(II) ÉIN	(III) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organizati in your go docum	on listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
					165			
(A)								
<u> </u>								
(B)								
(C)								, , , , , , , , , , , , , , , , , , , ,
(D)			-	<u> </u>				
(E)_								
Γota	1						l	

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

	- general te quanty			- complete i dit in	<u> </u>			
Sec	tion A. Public Support	η						
begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	7,816.	68,527.	123,338.	136,563.	194,943.	531,187.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		-				0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	7,816.	68,527.	123,338.	136,563.	194,943.	531,187.	
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)						116,080.	
6	Public support. Subtract line 5 from line 4						415,107.	
Sec	tion B. Total Support	Same and the same	and the second s	Section 200 Sectio	Sent and a security of a least of the of America	months and depolaries of		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	7,816.	68,527.	123,338.	136,563.	194,943.	531,187.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0.	
11	Total support . Add lines 7 through 10						531,187.	
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	0.	
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or fi	fth tax year as a	section 501(c)(3)	▶ 🔲	
	tion C. Computation of Pu		<u>~</u>					
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ne 11, column (f))	•	14	78.15 %	
15	Public support percentage from	2019 Schedule A,	Part II, line 14			15	0.00%	
16a	16a 33-1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.							
b	b 33-1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
1 7 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this b	ox and stop here	. Éxplain in Part \	/I how	
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and the control of the control o	meets the facts-a d-circumstances' i	nd-circumstances test The organiza	test, check this b ition qualifies as a	ox and stop here a publicly support	. Explain in Part \ ed organization	/I how the ►	
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a, 	or 17b, check thi	s box and see ins	tructions -	
BAA	*****				Sch	edule A (Form 99	0 or 990-F7) 2020	

Par	Support Schedule fo (Complete only if you ched	r Organization	IS Described i	n Section 509	((a)(2) on failed to qualify	under Part II. If the	e organization
	fails to qualify under the te				or ranca to quarry	ander raich in the	o organization
Sec	tion A. Public Support						
	ar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						7
	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		l		ļ		
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
_	its behalf						
5	The value of services or facilities furnished by a						
	governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			 	 		
	Amounts included on lines 1,						
	2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that					ļ	
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) 🟲	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
•	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses	/]	
	acquired after June 30, 1975				<u> </u>		
11	Add lines 10a and 10b Net income from unrelated business			<u>. </u>			
11	activities not included in line 10b,				1		
	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	1					
12	Part VI)		·			ļ	
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First 5 years. If the Form 990 is organization, check this box and	for the organizati	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pu		Percentage				
15	Public support percentage for 20			line 13, column (f	())	15	%
16	Public support percentage from					16	%
	tion D. Computation of Inv						
17	Investment income percentage				lumn (f))	17	%
18	Investment income percentage					18	%
19a	33-1/3% support tests-2020. If is not more than 33-1/3%, check	the organization of this box and sto	did not check the p here. The orga	box on line 14, a	and line 15 is more	than 33-1/3%, and	d line 17 ► □
b	33-1/3% support tests—2019. If	the organization of	did not check a bo	ox on line 14 or li	ne 19a and line 1	6 is more than 33	1/3%, and
	line 18 is not more than 33-1/39 Private foundation. If the organi	6, check this box	and stop here . Th	ne organization q	ualifies as a public	Iv supported organ	nization ►
-•	ii uio organi	and in the cite	on a box on line	17, 13a, UI 13D,	CHECK THIS DOX and	see instructions	~

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detáil 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 line 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
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Pa	Supporting Organizations (continued)			
-11	Use the experience accepted a cift or contribution from any of the following persons?	<u>जिल्ह</u> ा	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	110		
	b A family member of a person described in line 11a above?	11a 11b		
	C A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c		_
	ction B. Type I Supporting Organizations	11.0		
	Ston B. Type I Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Sec	ction C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in 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	Yes	No
Sec	ction D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in 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 line 2, above, 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		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
	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			
	c The organization supported a governmental entity Describe in Part VI how you supported a governmental entity (se	e instri	iction:	s)
2	Activities Test Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities			
	b Did the activities described in line 2a, above, 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 lines 3a and 3b below.			
,	a 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? If 'Yes' or 'No,' provide details in Part VI .	3a		
,	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	iniza	tions					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E							
Sec	tion 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						
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)							
	Average monthly value of securities	1a						
Ŀ	Average monthly cash balances	1b						
	Fair market value of other non-exempt-use assets	1c						
c	Total (add lines 1a, 1b, and 1c)	1d						
•	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 0 015 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 0 035	6						
	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sec	tion C — Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0 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-functionally inte (see instructions)	grate	d Type III supporting org	anization				

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Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Function	onally Integrated 509(a)(3) Su	upporting Organizat	ions (continued	<u>1) </u>	
Section D — Distributions					Current Year
1 Amounts paid to supported org	anizations to accomplish exempt pu	rposes		1	
2 'Amounts paid to perform activity to in excess of income from activity	hat directly furthers exempt purposes ty	of supported organizations		2	
	accomplish exempt purposes of si	upported organizations		3	
4 Amounts paid to acquire exemp		apportor organizationio	***	4	
'	ior IRS approval required - provide	e details in Part VI \		5	
6 Other distributions (describe in				6	
7 Total annual distributions. Add	lines 1 through 6		***************************************	7	
8 Distributions to attentive supporte	d organizations to which the organizati	on is responsive (provide o	details		
in Part VI) See instructions				8	
9 Distributable amount for 2020 f		·		9	
10 Line 8 amount divided by line 9	amount			10	
Section E — Distribution Allo	cations (see instructions)	(i) Excess Distributions	(ii) Underdistributioi Pre-2020	ns	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 f	rom Section C, line 6				
2 Underdistributions, if any, for ye cause required — explain in Pa					
3 Excess distributions carryover,	ıf any, to 2020				
a From 2015		Transfer and particular and property of the state of the	maninadens latinos anti-artinous serioris		upa magang magatakan maran sana appanananan sa
b From 2016					
c From 2017					
d From 2018				4.	Participation of the second
e From <u>2</u> 019		munical manning menungan manning menungan menung	umandous namerone la racia sacra escuel		The Common and the Co
f Total of lines 3a through 3e					
g Applied to underdistributions of					
h Applied to 2020 distributable ar	nount				
i Carryover from 2015 not applie	d (see instructions)				
j Remainder Subtract lines 3g, 3	Sh, and 3i from line 3f				
4 Distributions for 2020 from Sec line 7	tion D, \$				
a Applied to underdistributions of	prior years				
b Applied to 2020 distributable ar					'
c Remainder Subtract lines 4a a		4 (1975-00000) 47-777 WAAANA MAAAT - SAMAAY AFAATA ARAA ARAA ARAA ARAA ARAA ARAA AR			18 C
5 Remaining underdistributions for Subtract lines 3g and 4a from I zero, explain in Part VI See ins	ne 2 For result greater than	2			
6 Remaining underdistributions for from line 1. For result greater t instructions	or 2020 Subtract lines 3h and 4b nan zero, <i>explain in Part VI</i> See				,
7 Excess distributions carryover	to 2021. Add lines 3j and 4c				140
8 Breakdown of line 7		7.5		Sec	
a Excess from 2016	- Control Control	7,90,000	rich dan dianopropoliciano en	7 (1) (1)	4.070
b Excess from 201/		2.386			770 CONTROLOGO AND LA COMPANION OF THE STATE
c Excess from 2018			Art e		
d Excess from 2019	•			7) (2)	
e Excess from 2020		The state of the s			Established States

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Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

SCHEDULE 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.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2020 Open to Rubble Unspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization
YABIA OMER
47-3946107

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid In Excess of \$5,000

Cash Amount Given: \$ 123,521.

Form 990-EZ, Part I, Line 16 Other Expenses

Advertising and Promotion Amortization Bank Charges Credit Card Processing Fees Depreciation Office Expense Outside Services	\$	38,867. 133. 159. 1,291. 109. 463. 4,005.
Outside Services Telephone & Internet		928.
Travel	Total \$	7,704. 53,659.

Form 990-EZ, Part II, Line 24 Other Assets

		<u>Be</u>	ginning	 <u>Ending</u>
Intangible Assets Machinery and Equipment		\$	1,379. 217.	\$ 1,246. 108.
• • •	Total	\$	1,596.	\$ 1,354.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Support of organizations which engage in halachic torah study (application of traditional Jewish Law) and chesed activities (acts of kindness & charity). In addition, supporting the dissemination of materials that cover these topics to the general public through various means.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

The organization distributed funds to support recipient organizations which engage in halachic Torah study (application of traditional Jewish law) and chesed activities (acts of kindness & charity inlouding food distribution) and supporting the dissemination of Torah values to the general public through various means including live lectures and over the internet.

Name of the organization
YABIA OMER

Employer identification number
47-3946107

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No