Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A F	or the	e 201	8 calendar year, or tax year begir	nning 10/0	01, 2018,	and ending			/30, 20 19)
В.			C Name of organization				D Empl	oyer identific	ation number	
D 0	heck if app		AMERICAN FRIENDS OF Y	AD ELIEZER						
	Addres		Doing Business As					3459952		
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address)		Room/suite		hone number		
	Initial r	return	410 GLENN ROAD				(718)	258-1	580	
	Termin	nated	City or town, state or province, country, a	and ZIP or foreign postal code						
	Amend		JACKSON, NJ 08527				G Gross	receipts \$	45,92	8,429.
=	Applica	ation	F Name and address of principal officer:	ARYEH TROPPER				is a group retu ordinates?	rn for Yes	s X No
		,	410 GLENN ROAD, JACKS	ON, NJ 08527				all subordinates in	ncluded? Yes	No No
ī	Tax-exe	empt sta	atus: X 501(c)(3) 501(c) () (insert no.)	4947(a)(1) o	or 527	If "N	lo," attach a list	t. (see instructions)	
J	Websit	te: >	WWW.AF-YE.ORG				H(c) Grou	p exemption n	umber >	
ĸ	Form o	of organ	nization: X Corporation Trust	Association Other >		L Year of f	ormation: 199	8 M State	of legal domicil	e: NY
1	art I		mmary			'				
	1	Briefly	describe the organization's mission o	r most significant activities:	TO REN	DER FINA	NCIAL AI	O AND S	UPPORT T	0
Ф		THE	POOR AND DISADVANTAGED	IN THE USA AND	ISRAEL.					
anc										
Governance	2	Charle	this box if the organization d	iscontinued its operations	or dispose	d of more than	25% of its not	accete		
ò			er of voting members of the governing							6.
										4.
Activities &	1		er of independent voting members of t							12.
Ϋ́			number of individuals employed in cale							50.
cti			number of volunteers (estimate if necess							0.
Q			unrelated business revenue from Part V							
	bl	Net ur	nrelated business taxable income from	Form 990-T, line 34					0	
						-	Prior Y		Current	
e	8 (Contri	butions and grants (Part VIII, line 1h) .	[COPY	FOR	42,75	2,763.	44,73	35,466.
Revenue	9 1	Progra	am service revenue (Part VIII, line 2g)		DUBLIC IN	SPECTION		0.		- 0.
Sev.	10 1	Invest	ment income (Part VIII, column (A), line	es 3, 4, and 7d)	PUBLIC IN	SPECTION		6,111.		-6, 153.
Œ	11 (Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e).		L		9,583.		19,413.
	12	Total r	revenue - add lines 8 through 11 (must	equal Part VIII, column (A)	, line 12) .		42,57	9,291.		79,900.
			s and similar amounts paid (Part IX, colu				42,17	1,900.	42,57	72,107.
			its paid to or for members (Part IX, colu					0.		0.
w			es, other compensation, employee bene				71	6,334.	78	38,139.
Expenses			ssional fundraising fees (Part IX, column					0.	- 1	0.
per	h .	Total f	fundraising expenses (Part IX, column (I	7) line 25) > 7	39,693.		grange va		ar TVF .	
Ä	17 (Othor	expenses (Part IX, column (A), lines 11	2.11d 11f.24e)			64	6,826.	67	74,114.
	1000000		expenses. Add lines 13-17 (must equal					5,060.		34,360.
								5,769.		15,540.
ces	19	Reven	nue less expenses. Subtract line 18 from	1 line 12			Beginning of Cu		End of Y	
ts o						-		0,079.		38,905.
sse 3ala			assets (Part X, line 16)					6,660.		13,955.
Net Assets Fund Balanc			liabilities (Part X, line 26)			• • • • • • -		3,419.		74,950.
	Charles Santa	7-12-17	ssets or fund balances. Subtract line 21	from line 20			1,32	3,419.	1, /	4,950.
	rt II		gnature Block							h - P - 6 14 1-
Une	der pena	alties o	of perjury, I declare that I have examined the complete. Declaration of preparer (other than	is return, including accompan officer) is based on all inform	ying schedul ation of whic	les and stateme h preparer has	ents, and to the any knowledge.	best of my l	knowledge and	belief, it is
	, 001100	ot, and	Months and the property (enter the	0.11001/10 2.1101				8/18/7		
٥.			ashory					0 1101	W	
Sig			Signature of officer	. 0 .			Da	ate		
He	re	N	Hoyel Tropper Kyei	whe Director						
			Type or print name and title							
100.00		Print/	Type preparer's name	Preparer's signature	k.	Date	Chec	ck if F	PTIN	
Paid		AAR	ON SHAPIRO				self-	employed	P0133381	6
	oarer	Firm's	name > BKD, LLP				Firm's Ell	V ▶ 44-	0160260	
Use	Only		address ▶ 1155 AVENUE OF THE AMER	ICAS #1200 NEW YORK, NY	10036		Phone no	212	.867.400	0
May	the IR		cuss this return with the preparer show						. X Yes	No
_			Reduction Act Notice, see the separat						Form 9	90 (2018)

Forn	m 990 (2018)	Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
-	TO RENDER FINANCIAL AID AND SUPPORT TO THE POOR AND DISADVANTAGED IN	
	THE USA AND ISRAEL.	
_	Did the organization undertake any significant program services during the year which were not listed on the	
2	Did the organization undertake any significant program services during the year which were not instead on the	Yes X No
	phot Folili 990 of 990-EZ:	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	Yes X No
	Services ?,	162 110
	If "Yes," describe these changes on Schedule O.	moneured by
4	Describe the organization's program service accomplishments for each of its three largest program services, as expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocate the total expenses, and revenue, if any, for each program service reported.	ions to others,
	_	
4a	(Code:) (Expenses \$42,572,107. including grants of \$42,572,107.) (Revenue \$	
	ATTACHMENT 1	
		
4b	o (Code:) (Expenses \$including grants of \$) (Revenue \$)
40	c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
-,,		
4	d Other program services (Describe in Schedule O.)	<u>-</u>
71	(Expenses \$ including grants of \$) (Revenue \$)	
-	e Total program service expenses ► 42,572,107.	
JS/		Form 990 (2018)

Par	t IV Checklist of Required Schedules		Yes	No
	the state of the s			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		х	
	complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		^	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	ا ، ا		х
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Х
_	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,	5		х
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	-		
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	6		Х
-	"Yes," complete Schedule D, Part I	-	-	
7		7		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
8	complete Schedule D, Part III	8		Х
۸	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		_	
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
40	Did the organization, directly or through a related organization, hold assets in temporarily restricted	_		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	-10		
11	VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a		Х
_	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	u	-	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	1.12		
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
a	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12 a	Schedule D. Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
Ü	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ta	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.			
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Part	Checklist of Required Schedules (continued)	 1	Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	-	100	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
25	organization's current and former officers, directors, trustees, key employees, and highest compensated	,		
	employees? If "Yes," complete Schedule J	23	Х	
24 a	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		Ì	
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes." complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			ı
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	ĺ		٠,,
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1		1
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			v
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	l	X	1
	Schedule L, Part IV	28b	_^	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		l	x
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30	1	x
	conservation contributions? If "Yes," complete Schedule M	31	1	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		- :-
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		X
	complete Schedule N, Part II	 -	 	H
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	"		
34	Was the organization related to any tax-exempt of taxable entity? If Tes, complete ochedulo 15, 1 art II, III,	34	1	X
	or IV, and Part V, line 1	35a	1	Х
35 a	old the organization have a controlled entity within the meaning of section of 2(b)(10):	1000	 	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		ĺ	
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		T	
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
30	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	<u> </u>
Par		_		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	_ـــــــــــــــــــــــــــــــــــــ
			Yes	No
1:	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 25			
ŀ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	_		
	: Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	<u>1c</u>		Щ
		For	n 990	(2011

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Pag	e	1

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		1	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 12		.,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		ł	Х
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
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).	F-		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		$\frac{x}{x}$
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	60		Х
	solicit any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
	gifts were not tax deductible?	00		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	x	
	and services provided to the payor?	7b	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.0		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		х
	required to file Form 8282?	,,,		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.			
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	9a		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
D	against amounts due or received from them.)			
12^	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
144	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>
	If "Yes," complete Form 4720, Schedule O.	<u> </u>		
		Form	1990	(2018)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	on A. Governing Body and Management		т	Van I	No
		. 4		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	1a 6			
h	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent	1b 4	l		
_	Did any officer, director, trustee, or key employee have a family relationship or a business re	lationship with			
2	any other officer, director, trustee, or key employee?		2	Х	
•	Did the organization delegate control over management duties customarily performed by or un	nder the direct	İ		
3	supervision of officers, directors, or trustees, or key employees to a management company or other	er person?	3		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was f	iled?	4		X
4	Did the organization make any significant changes to its governing documents since the prior rolling 330 was a Did the organization become aware during the year of a significant diversion of the organization's	accetc?	5		Х
5	Did the organization become aware during the year of a significant diversion of the organizations	assets:	6		Х
6	Did the organization have members or stockholders?	lect or appoint			
7a	Did the organization have members, stockholders, or other persons who had the power to e	ect of appoint	7a		Х
	one or more members of the governing body?	hu) mamhara			
b	Are any governance decisions of the organization reserved to (or subject to approval	by) members,	7b		х
	stockholders, or persons other than the governing body?	ortokon durina			
8	Did the organization contemporaneously document the meetings held or written actions und	ertaken during			
	the year by the following:		8a	Х	
а	The governing body?		8b	Х	
b	Each committee with authority to act on behalf of the governing body?				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be the name and addresses in Schadule O.	be reached at	9		х
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ion B. Policies (This Section B requests information about policies not required by the Int	ernal Revenue)	
Sect	ion B. Policies (This Section B requests information about policies not required by the inc	eman revenue		Yes	No
			10a		Х
10a	Did the organization have local chapters, branches, or affiliates?				
b	If "Yes," did the organization have written policies and procedures governing the activities of	such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	ourposes r	11a	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	iling the form?.			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	4	124		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	that could give	12b	х	1
	rise to conflicts?		120		<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the	oolicy? If "Yes,"	12c	х	Į
	describe in Schedule O how this was done		13	X	†
13	Did the organization have a written whistleblower policy?		14	X	_
14	Did the organization have a written document retention and destruction policy?		- '-	 -	+
15	Did the process for determining compensation of the following persons include a review a	nd approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	n and decision?	450		x
а	The organization's CEO, Executive Director, or top management official	• • • • • • •	15a 15b		X
b			130	_	+
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simil	ar arrangement	16a		x
	with a taxable entity during the year?		100		+
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps t	saleguard the	16b		
	organization's exempt status with respect to such arrangements?		100		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► NJ, NY,	, 000 and 000 .	T (Sec	tion	501/6
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all that a Own website Another's website X Upon request Other (explain in Section 6104).	рріу.	1 (360	zuon :	30 I (C
40	Describe in Schedule O whether (and if so, how) the organization made its governing docume	nts, conflict of in	terest	polic	y, and
19	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 SOLOMON TROPPER 410 GLENN ROAD JACKSON, NJ 08527	books and recor	ds ▶		
20	SOLOMON TROPPER 410 GLENN ROAD JACKSON, NJ 08527 888-354-3737	i i			

Part VII	Compensation of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Cont	ractors								
	Check if Schedule O	contains a r	esponse or n	ote to any line	e in this	Part VII		<u></u>	<u> </u>	<u>. L_</u>

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

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

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

Check this box if neither the organization nor	any related	orga	niza	ition	CO	mpen	sate	ed any current offic	er, director, or trus	tee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r box, office or direct	not c unle	Pos heck ss pe	C) sition more	e than coth cor/trust Highest compensated employee	one an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	2 00	-	_							
(1)MOSHE TROPPER	2.00	X					i	0.	0.	0.
DIRECTOR	2.00	<u> ^</u>	-	├─				0.	0.	 :
(2)JOSEPH FINK DIRECTOR	0.	х						о.	0.	0.
(3)MARTIN GELBER	2.00		_	<u> </u>		-		0.		
	0.	х						0.	0.	0.
DIRECTOR	2.00		-	┢	⊢		\vdash	0.		 .
(4)JUDAH FOGEL DIRECTOR	0.	Х		ŀ				0.	0.	0.
(5)MOSHE CALLER	2.00	<u> </u>	H	├	├		_		· · ·	
DIRECTOR	0.	х		1				٥.	0.	0.
	2.00	_ A	\vdash	┢	├	├─	-	· · ·		
(6)HILLEL TROPPER DIRECTOR	0.	х		1				0.	0.	0.
(7)ARYEH TROPPER	40.00	<u>^</u>	\vdash	╁┈	 - 					
EXECUTIVE DIRECTOR	0.	1		x]	ļ		96,000.	0.	9,000.
(8) JOSEPH ADLER	40.00	 	-	H	┢			30,000		
COO	0.	1		x				164,400.	0.	16,440.
	 	 	\vdash	+	\vdash					
(9)		1								
(10)				┼	 		\vdash			
(10)	+	1								
(11)										
(12)										
(13)	-				-					
(14)										
	1	l				l .	ŀ			

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es, a	and F	ligl	nest Compensat	ed Employ	ees (c	ontinue		age U
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles r and	neck sspe dad	ition more rson lirect	than o	an ee)	(D) Reportable compensation from the	(E) Reportal compensation related organizat	on from 1 ions	n from amount of other ons compensation		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	orga and	m the nizatio related nization	t
							_						
	<u> </u>											0.5	110
1b Sub-total	ection A .						> > >	260,400. 0. 260,400.		0. 0.	_		0. 440.
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose	iste	ed a	bov	e) who	o re		\$100,000	of			
									-			Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	lule J for su	ch ind	livid	ual							3		х
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater thar	1 \$15	50,0	0003	? li	"Yes	s, "	complete Schedu	ile J for	the such	4	х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mper	sati	ion	fror	n any	un	related organizati	on or indiv	idual	5		х
Section B. Independent Contractors													
 Complete this table for your five highest concompensation from the organization. Report year. 	npensated i compensat	indepo ion fo	ender the	ent e ca	con	itracto dar ye	ear o	that received more ending with or wit	e than \$100 hin the orga	0,000 c anizatio	of n's tax		
(A) Name and business ad	dress							(B) Description of s	ervices	C	(C) Compens	ation	
							+						
							†						
Total number of independent contractors (i more than \$100,000 in compensation from the compensation from	including b	ut no	t lir	nite		o tho	l_ se	listed above) who	received	ŧ	-		

		Check if Schedule O co	ntains a respon	se or note to any	y line in this Part VI			<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tau under sections 512-514
rants	1a b	Federated campaigns Membership dues	امدا					
Gifts, Gilar Am	c d	Fundraising events Related organizations	1c	395,368.				
Contributions, Gifts, Grants and Other Similar Amounts	e f	Government grants (contributions, gifts, and similar amounts not included	44,340,098.				;	
Con	g	Noncash contributions included Total. Add lines 1a-1f	in lines 1a-1f: \$		44,735,466.		1.	
	<u>h</u>	Total. Add lines 1a-11	<u> </u>	Business Code	11,700,7007			
Ven	2a							
&	b							
Š	C							
Sei	d							
ra E	е							
Program Service Revenue	f g	All other program service rev Total. Add lines 2a-2f		-	0.			
-	3		cluding dividen	1				
	J	and other similar amounts).	-		13,311.			13,311
	4	Income from investment of			0.			
	5	Royalties			0.			
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	d	Rental income or (loss) Net rental income or (loss) .			0.			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,179,652.		ŀ			
	b	Less: cost or other basis		ŀ				
		and sales expenses	1,199,116.		1			
	C	Gain or (loss)			10.464			-19,464
	d	Net gain or (loss)		·····	-19,464.	-		15,10
a l	8a	Gross income from fundra events (not including \$						
Other Reven		of contributions reported on						i
ᇤ		See Part IV, line 18		0.				
第	b	Less: direct expenses						
	c	Net income or (loss) from fu	indraising events	<u></u>	-249,413.	 		-249,413
	9a	Gross income from gaming		0.				
	•	See Part IV, line 19 Less: direct expenses						
	b	Net income or (loss) from g	amina activities.		0.			
	10a	Gross sales of invent						
		returns and allowances	a	0.				
	b	Less: cost of goods sold	b	0.				
ŀ	С	Net income or (loss) from sa		Business Code	0.			
}		Miscellaneous Revenu		Suamuaa ooud				
	11a							
	b							
	d	All other revenue						
	е	Total. Add lines 11a-11d .			0.			
	12	Total revenue. See instruction	ons	<u></u> ▶	44,479,900.			-255,566

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). (C) Management and general expenses (D) Fundraising (B) Program service (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses expenses 1 Grants and other assistance to domestic organizations 185,677 185,677 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 42,386,430. 42,386,430. individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 285,840. 174,362. 111,478. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 314,795. 108,278. 423,073. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 20,446. 3,964 24,410 section 401(k) and 403(b) employer contributions) 0 21,424 33,392. 54,816. Fees for services (non-employees): n a Management 0 2.275.2,275. c Accounting 0. 0 e Professional fundraising services. See Part IV, line 17, 0. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 89,740 89,740. (A) amount, list line 11g expenses on Schedule O.). 173,747. 173,747. 18,721. 261,535 280,256. 46,039 46,039 14 Information technology....... 0. 15 Royalties...... 8,400 8,400. 67,114. 67,114. Payments of travel or entertainment expenses n for any federal, state, or local public officials 0. 19 Conferences, conventions, and meetings 0 0. 21 Payments to affiliates...... 0. 22 Depreciation, depletion, and amortization 6,543. 6,543. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) b e All other expenses 739,693. 42,572,107. 722,560. 44,034,360. 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 0 following SOP 98-2 (ASC 958-720)

rt X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	761,962.	1	649,323.
		0.	2	1,102,130.
3	• •	0.	3	0.
-		0.	4	0.
•				!
		0.	5_	0.
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
7	Notes and loans receivable, net			0.
8	Inventories for sale or use		8	0.
9	Prepaid expenses and deferred charges	6,845.	9_	33,000.
10 a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation	0.	10c	0.
11	Investments - publicly traded securities			113.
12	Investments - other securities. See Part IV, line 11		_	0.
13	Investments - program-related. See Part IV, line 11			0.
14	Intangible assets			0.
15	Other assets. See Part IV, line 11			4,339.
16	Total assets. Add lines 1 through 15 (must equal line 34)			1,788,905.
17	Accounts payable and accrued expenses			13,955.
18	Grants payable			0.
19	Deferred revenue			0.
20	Tax-exempt bond liabilities			0.
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L		_	0.
23		• •	20	0.
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
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			0.
26	Total liabilities. Add lines 17 through 25,	26,660.	26_	13,955.
	Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets			1,274,950.
28	Temporarily restricted net assets			500,000.
29	Permanently restricted net assets	0.	29_	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	Retained earnings, endowment, accumulated income, or other funds		32	
32	Retained earnings, endowment, accumulated income, or other fands			
32 33	Total net assets or fund balances	1,323,419. 1,350,079.	33	1,774,950. 1,788,905.
	4 5 6 7 8 9 10 a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	Check if Schedule O contains a response or note to any line in this Paralla Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Complete Part II of Schedule L Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation. Investments - publicly traded securities Investments - program-related. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets. Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses. Grants payable Deferred revenue Tax-exempt bond liabilities Secrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 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 Organizations that follow SFAS 117 (ASC 958), check here I and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Permanently rest	Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (A) Reginning of year 761,962. Savings and temporary cash investments Network and other receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(g)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (seet instructions). Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Notes and loans receivable, net Investments - publicly traded securities Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - publicly traded securities Notes and lines and there receivable. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Take and other payable and accrued expenses. Condition of the securities	Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest-bearing 761, 962. 1 Savings and temporary cash investments 0. 2 Savings and temporary cash investments 0. 3 Pledges and grants receivable, net 0. 3 Accounts receivable, net 0. 4 Accounts receivable, net 0. 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part I of Schedule 0. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(f)), persons described in section 4958(6)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(8) voluntary employees beneficiary organizations (see instructions). Complete Part I of Schedule 0. 0. 7 Notes and loans receivable, net 0. 0. 0. 0. 0. 0. 0. 0

Part	XI Reconciliation of Net Assets		•			_
	Check if Schedule O contains a response or note to any line in this Part XI				•••	ـــــــــــــــــــــــــــــــــــــــ
1	Total revenue (must equal Part VIII, column (A), line 12)	1		14,4		
2	Total expenses (must equal Part IX, column (A), line 25)	2		44,0		
3	Revenue less expenses. Subtract line 2 from line 1	3			45,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,3	23,4	
5	Net unrealized gains (losses) on investments	5			5,9	91.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		1,7	74,9	50.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No_
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			.		
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	na			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	overs	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	·				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forti	n in			
	the Single Audit Act and OMB Circular A-133?			3a_		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		
				Form	990	(2018)

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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

AME	CRIC	CAN FRIENDS OF YAD F	ELIEZER				11-34599	52
Pai	τl	Reason for Public Cha	rity Status (All o	rganizations must c	omplete	e this pa	rt.) See instructions	•
		anization is not a private fou	ndation because it	is: (For lines 1 through	jh 12, ch	eck only	one box.)	
1	\bigcap	A church, convention of chu	urches, or associat	tion of churches descr	ibed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	30 or 990	-EZ).)	
3		A hospital or a cooperative						
4		A medical research organiz	ation operated in	conjunction with a hos	pital des	scribed in	n section 170(b)(1)(A)	(iii). Enter the
	_	hospital's name, city, and st	tate:					
5	Ш	An organization operated t		a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C						
6	Щ	A federal, state, or local go						
7	X	An organization that norma	-		pport fro	om a go	vernmental unit or tro	om the general public
_		described in section 170(b)			Dod II V			
8	Н	A community trust describe					Lin anniumation with a	land grant college
9	لـــا	An agricultural research org						
		or university or a non-land-	grant college of ag	friculture (see instruct	ioris). Ei	iter the i	name, city, and state of	the college of
40	\Box	university: An organization that norma	Ily receives: (1) me	ore than 331/3 % of its	support	from co	ntributions membersh	nin fees, and gross
10		receipts from activities rela support from gross investm acquired by the organizatio	ted to its exempt f nent income and un in after June 30, 19	unctions - subject to on nrelated business tax 1975. See section 509	certain e able inco (a)(2). (C	xception me (les: complete	s, and (2) no more tha s section 511 tax) from : Part III.)	n 331/3 %of its
11	Н	An organization organized						seems exist the murnessee
12	Ш	An organization organized						
		of one or more publicly su Check the box in lines 12a t						
	Г							
а	L	☐ Type I. A supporting orga						
		the supported organization				ajority of	the directors of truste	es of the
h	Г	supporting organization. \ Type II. A supporting org				with ite	supported organization	on(s) by having
b	L	control or management of						
		organization(s). You must			the same	c person	o that control or man	age and capperion
С	Г	Type III functionally integ			ted in co	nnectio	n with and functional	ly integrated with.
·	_	its supported organization						.,
d	Г	Type III non-functionally						ted organization(s)
•	-	that is not functionally inte						
		requirement (see instruct						
е		Check this box if the orga						I, Type III
		functionally integrated, or						
f		ter the number of supported	•					
g	Pre	ovide the following information		orted organization(s).				
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docur	ment?	instructions)	instructions)
					Yes	No		
(A)							<u> </u>	
(B)								
(C)								
(D)								
(E)				_				
Tota	ıl							

Part II	Support Schedule for Organizations Desc	ribed in Sections	170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
	(Complete only if you checked the box on lin	e 5, 7, or 8 of Par	t I or if the organization	failed to qualify under
	Part III. If the organization fails to qualify und	er the tests listed l	below, please complete	e Part III.)

Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27,763,326.	29,969,355.	42,481,022.	42,752,763.	44,735,466.	187,701,932.
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	27,763,326.	29,969,355.	42,481,022.	42,752,763.	44,735,466.	187,701,932.
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)						15,489,862.
6	Public support. Subtract line 5 from line 4						172,212,070.
Sec	tion B. Total Support					,	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	27,763,326.	29,969,355.	42,481,022.	42,752,763.	44,735,466.	187,701,932.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	19,451.	3,149.	3,179.	5,422.	13,311.	44,512.
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					42	107,740,444.
12	Gross receipts from related activities, etc. (see instructions) .				12	E04(a)(2)
13	First five years. If the Form 990 is 1 organization, check this box and stop here tion C. Computation of Public Sup			id, third, fourth,	or fifth tax ye	ar as a section	Þ
	Public support percentage for 2018 (I			11 column (f))		14	91.73%
14 15	Public support percentage from 2017	Schedule A. Pa	art II. line 14			15	89.02 %
16a	331/3% support test - 2018. If the or	ganization did	not check the bo	ox on line 13, a	nd line 14 is 33	1/3 % or more, o	heck this
104	box and stop here. The organization of	ualifies as a pu	blicly supported	organization			▶ X
b	331/3% support test - 2017. If the or	ganization did r	ot check a box	on line 13 or 16	Sa, and line 15	is 331/3 % or mo	re, check
	this box and stop here. The organizat	ion qualifies as	a publicly suppo	rted organizatio	n		▶ ∟
17a	10%-facts-and-circumstances test -	2018. If the or	ganization did n	ot check a box	on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization	n meets the "fa	cts-and-circums	tances" test, ch	neck this box a	nd stop here. I	Explain in
	Part VI how the organization meets	the "facts-and-	circumstances" t	est. The organ	ization qualifies	as a publicly s	supported
	organization						
b	10%-facts-and-circumstances test -	2017. If the or	ganization did n	ot check a box	con line 13, 16	sa, 160, or 1/a	, and line
	15 is 10% or more, and if the org	anization meet	s the "tacts-an	d-circumstances	The examination	inis dox and si	op nere.
	Explain in Part VI how the organizat	ion meets the	"tacts-and-circur	nstances" test.	me organization	on quantes as	a publicity ☐
40	supported organization		a hox on line 13		a. or 17b. check	this box and se	e _
18	instructions						
	mondonono,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>				Schedule A (Form	990 or 990-E7) 2018

Schedule A (Form 990 or 990-EZ) 2018

Part III

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

and the second second

Sec	tion A. Public Support					r	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513 .						<u> </u>
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
, a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000				1		
	or 1% of the amount on line 13 for the year	·····		-			
	Add lines 7a and 7b Public support. (Subtract line 7c from						
8	* *]		
900	tion B. Total Support			L		<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
_	• • • • • •	(-,	<u> </u>				
9 10 a	Amounts from line 6						
	payments received on securities loans,						
	rents, royalties, and income from similar					·	
	Sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	L					
	Add lines 10a and 10b		<u> </u>				
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or					1	
	loss from the sale of capital assets						
	(Explain in Part VI.)				 	 	
13	Total support. (Add lines 9, 10c, 11,					1	
	and 12.)		Airmin finek asas	mad Abiand Carretta	as fifth toy w	oor on a section	501/c)/3)
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	na, unira, iourui	, or muricax y	eal as a section	→
<u></u>	organization, check this box and stop here			· · · · · · · · · · · ·			
	tion C. Computation of Public Sup Public support percentage for 2018 (line 8			mn /fl\		15	%
15							%
16	Public support percentage from 2017 Sche			<u> </u>	· · · · · · · · · · · · · · · · · · ·	10	
	tion D. Computation of Investmen			13 column (fi)		17	%
17	Investment income percentage for 2018 (li						//
18	Investment income percentage from 2017 331/3% support tests - 2018. If the or						
198							
L	17 is not more than 331/3%, check th 331/3% support tests - 2017. If the orga						
D	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization						
	are rearranged in the diguination						

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.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1_		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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.	3b		
С	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.	3c_		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b_		
	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b 5c		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	30		<u> </u>
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.	6_		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	_	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	The state of the second second business haldings in the tay year? (I be Schodule C Form 4720, to	10b		

Schedu	te A (Form 990 or 990-EZ) 2018		F	age 5
Part	V Supporting Organizations (continued)		V	
	the state of the state of the state of the fellowing page 20		Yes	NO
11	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)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
<u>Secti</u>	on C. Type II Supporting Organizations		M	A1 -
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	District the second of the second of the second of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	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		
Secti	on E. Type III Functionally Integrated Supporting Organizations		•	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	tions).	
2	Activities Test. Answer (a) and (b) 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.	2a_		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations n	nust complete Section	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	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	1 1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	<u></u>	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	y integra	ated Type III supportin	g organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part		Supporting Organizat	i ons (continuea)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	····		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		···	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			L
C	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carry over to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
<u>c</u>	Excess from 2016		 	
<u>d</u>	Excess from 2017			
<u>e</u>	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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 B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

Name of the organization AMERICAN FRIENDS OF YAD ELIEZER 11-3459952 Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number 11-3459952

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$7,856,661.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 4,701,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$\$_	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

11-3459952

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization AMERICAN FRIENDS OF YAD ELIEZER

Employer identification number 11-3459952

	uplicate copies of Part III if additi	Ullai space is liceded.	
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar		elationship of transferor to transferee
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gift	
_	Transferee's name, address, a	nd ZIP + 4 R	elationship of transferor to transferee
). !	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hel
- -			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
)	Transferee's name, address, a	(c) Use of gift	
1			(d) Description of how gift is he
0.			
1			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

AME	RICAN FRIENDS OF YAD ELIEZER		11-3459952
Pa	rt I Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds or	r Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held	in donor advised
9	funds are the organization's property, subject to the		
•	Did the organization inform all grantees, donors, a	and donor advisors in writing that grant for	unde can be used
6	only for charitable purposes and not for the bene	fit of the denot of denot advisor, or for a	ony other nurness
	conferring impermissible private benefit?		
Do	rt Conservation Easements.	• • • • • • • • • • • • • • • • • • • •	
Га	Complete if the organization answered	"Yes" on Form 990 Part IV line 7	
4	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., rec		of a historically important land area
	Protection of natural habitat	· []	of a certified historic structure
		Fieservation	of a Certified Historic structure
	Preservation of open space	ald a sublified appearation contribution in	the form of a consequence
2	Complete lines 2a through 2d if the organization he	eid a quaimed conservation contribution in	Held at the End of the Tax Year
	easement on the last day of the tax year.		-
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (c	·	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or termin	nated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse		
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing con	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspect	ting, handling of violations, and enforcing c	onservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of secti	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue and	d expense statement, and
	balance sheet, and include, if applicable, the text of		ial statements that describes the
	organization's accounting for conservation easeme		- Oinellen Assats
Pa	rt III Organizations Maintaining Collections Complete if the organization answered	of Art, Historical Treasures, or Other	r Similar Assets.
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the fo	FAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	public service, provide, in Part XIII, the text of the fo	ootnote to its financial statements that des	scribes these items.
b	If the organization elected, as permitted under \$	SFAS 116 (ASC 958), to report in its re	evenue statement and balance sheet
	works of art, historical treasures, or other similar	ar assets held for public exhibition, edu	cation, or research in furtherance of
	public service, provide the following amounts relati	ing to these items:	.
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		▶\$
2	If the organization received or held works of a		
	following amounts required to be reported under S	FAS 116 (ASC 958) relating to these items	s:
a	Revenue included on Form 990, Part VIII, line 1		
<u>b</u>	Assets included in Form 990, Part X		
For F	aperwork Reduction Act Notice, see the Instructions for	r Form 990.	Schedule D (Form 990) 2018

Sched	ule D (Form 990) 2018												Page 2
Dar	Organizations Maintaining	Collec	tions of	Art, H	stori	cal Tre	asures	s, or	Other	Similar A	ssets (C	ontinued)
3	Using the organization's acquisition,	access	ion, and c	ther re	ecord	s, check	any o	f the	follow	ing that ar	e a sign	ificant us	e of its
	collection items (check all that apply)					•	•			_			
а	Public exhibition			d		Loan o	r excha	ange	progran	ns			
b	Scholarly research			е	П	Other							
c	Preservation for future genera	tions			_	•	_			<u> </u>			
4	Provide a description of the organiz	zation's o	collections	and e	explaii	n how t	hey fur	ther	the org	anization's	exempt	purpose	in Part
•	XIII.				•								
5	During the year, did the organization	solicit o	r receive (donatio	ns of	art, histo	orical tr	easu	res, or c	other simila	ır _		
•	assets to be sold to raise funds rathe	r than to	be maint	ained a	s part	of the c	organiza	ation'	s collec	tion?		Yes	No
Pai	Escrow and Custodial Arr	angeme	ents.										
	Complete if the organizati	on answ	vered "Ye	es" on	Form	1 990, P	Part IV,	line	9, or re	eported ar	n amour	nt on Form	m
	990, Part X, line 21.												
1a	Is the organization an agent, trustee	, custodi	ian or othe	er inter	media	ary for c	ontribu	tions	or other	r assets not	:		_
	included on Form 990, Part X?										L	Yes	∐ No
b	If "Yes," explain the arrangement in	Part XIII	and com	plete th	e foild	owing tab	ole:						
_											Amount		
С	Beginning balance							1c					
	Additions during the year							1d					
е	Distributions during the year							1e					
f	Ending balance							1f					
2a	Did the organization include an amo	unt on F	orm 990,	Part X	, line :	21, for e	scrow	or cu	stodial	account lia	bility?	Yes	⊢ No
b	If "Yes," explain the arrangement in	Part XIII	. Check h	ere if t	he ex	olanation	has be	en pr	ovided	on Part XIII	• • • •	<u></u>	Ш
	TV Endowment Funds.												
	Complete if the organizat	ion ansv	wered "Ye	es" on	Forn	n 990, F							
		(a) Curr	rent year	(b) Prior	year	(c) Tw	o year	s back	(d) Three ye	ears back	(e) Four ye	ears back
1a	Beginning of year balance			ļ									
b	Contributions						ļ						
c	Net investment earnings, gains,												
•	and losses												
d	Grants or scholarships						<u> </u>	<u></u>					
	Other expenditures for facilities												
•	and programs												
f	Administrative expenses			ļ			ļ		_	ļ			
	End of year balance						<u> </u>			l		l	
2	Provide the estimated percentage of	of the cur	rrent year	end ba	alance	(line 1g	, colum	n (a))	held as	S :			
а	Board designated or quasi-endowme			_%									
	Permanent endowment ▶												
C	Temporarily restricted endowment I		%										
	The percentages on lines 2a, 2b, ar	nd 2c sho	ould equal	100%.	_								
3a	Are there endowment funds not in the	he posse	ession of t	the org	anizai	tion that	are he	ld an	d admii	nistered for	tne	١٧	es No
	organization by:												65 140
	(i) unrelated organizations		. .			• • • •		• • •			• • • • •	3a(i)	
	(ii) related organizations				• • •						• • • • •	3a(ii) 3b	
þ	If "Yes" on line 3a(ii), are the relate	d organiz	zations liste	ed as r	equire	d on Sci	nedule I	R?				30	
4	Describe in Part XIII the intended us	ses of th	e organiza	ation's	endov	vment tu	inds.						
Pa	rt VI Land, Buildings, and Equ Complete if the organiza	ipment. Ition ans	wered "	es" or	n For	m 990,	Part I\	/, line	e 11a.	See Form	990, Pa	art X, line	10.
	Description of property	I	(a) Cost of	or other b	asis	(b) Cost	or other I	basis	(c) Ac	cumulated	(d) Book valu	16
			(inve	stment)			other)		аер	reciation			
	Land												
b	Buildings									·			
C	Leasehold improvements	1	 		\dashv		_						
d	• •												
e Tat	Other	(d) must	t equal Fo	rm 990	Part	X colum	n (B) I	ine 1	Oc.)				

Schedule D (Form 990) 2018

AMERICAN FRIENDS OF YAD ELIEZER

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990), Part IV, line 11b. See Form 990	, Part X, line 12.
-	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion:
(1) Financi	al derivatives			
	-held equity interests			
(A)		_		
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				1
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990), Part IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)				
(2)				***
(3)				
(4)				
(5)				
(6)				
(7)				-
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990), Part IV, line 11d. See Form 990	, Part X, line 15.
	(a) De:	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu Part X	umn (b) must equal Form 990, Part X, col. (B) ling the Color of the Complete if the organization answered line 25.), Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Description of liability	(b) Book valu	ie .	
	ral income taxes	1,,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		 		
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	•		
			o organization's financial statements that so	enorte the
	or uncertain tax positions. In Part XIII, provide the t is liability for uncertain tax positions under FIN 48			
Si yei nzauon	o nability for unocitally tax positions under FIN 40	VIDO 1-01. OHER HELE	and toke of the foothers had been pro-	TOPE IT I WILLIAM

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1.	
1	Total revenue, gains, and other support per audited financial statements	1	44,485,891.
2	Amounts included on line 1 but not on Form 990. Part VIII. line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		5 001
e	Add lines 2a through 2d	2e	5,991.
3	Subtract line 2e from line 1	3	44,479,900.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 4 4 4 4 4 4 4 4 4 4 4		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4h	4c	44,479,900.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	44,479,900.
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	,	44 024 360
1	Total expenses and losses per audited financial statements	1	44,034,360.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)	ا _ ا	
е	Add lines 2a through 2d	2e_	44,034,360.
3	Subtract line 2e from line 1	3	44,034,300.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1	
b	Other (Describe in Part XIII.)	4c	
C	Add lines 4a and 4b		44,034,360.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information.	<u> </u>	-
Drovic	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor	art V, I	ine 4; Part X, line

Part XIII Supplemental Information (continued)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

1	1	-	3	4	5	9	9	5	2			
		_	_		_	_				_	_	

AMERICAN FRIENDS OF YAD ELIEZER 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 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the X Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (f) Total expenditures for (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (b) Number (a) Region a program service, describe specific type of employees. region (by type) (such as, of offices in and investments agents, and fundraising, program services, the region service(s) in the region in the region independent investments, grants to recipients contractors located in the region) in the region 42,386,430. GRANTMAKING (1) MIDDLE EAST AND NORTH AFRICA 0. (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)42,386,430. 3a Subtotal 5. b Total from continuation

c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see the Instructions for Form 990.

sheets to Part I

Schedule F (Form 990) 2018

42,386,430.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, oth
)			MIDDLE EAST/NORTH AFRICA	HELP POOR	42,386,430.	WIRE/CHECK			
2)	· .								
)									
i)									
5)							····		
3)									
) .	<u> </u>								
3)		100 × 100 ×							
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1)								-	
2)								ļ	
3)								-	
4)								ļ	
15)									
16)								<u></u>	L

(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
-						
			-			
			-			
<u> </u>			-			
	-					
				<u>.</u>		
			-			-
	(b) Region	reciptents	(b) Region (c) Number of recipients (d) Amount of cash grant	(b) Region (c) Number of recipients (d) Amount of cash grant (e) Manner of cash disbursement	(b) Region (c) Number of recipients (d) Amount of cash grant (e) Manner of cash disbursement (f) Amount of noncash assistance	(b) Region (c) Number of recipients (d) Amount of cash grant (e) Manner of cash disbursement (f) Amount of noncash assistance (s) Amount of noncash disbursement (f) Amount of noncash assistance (f) Amount of noncash assistance (f) Amount of noncash disbursement (f) Amount of noncash assistance (f) Amount of noncash assistance (f) Amount of noncash assistance (f) Amount of noncash disbursement (f) Amount of noncash assistance

ž.

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

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

Part V

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

SCHEDULE F, PART I, LINE 2

AMERICAN FRIENDS OF YAD ELIEZER PROVIDES GRANT FUNDING TO

ORGANIZATIONS ONLY. THE RECIPIENT ORGANIZATIONS SUBMIT AUDITED

FINANCIAL STATEMENTS TO AMERICAN FRIENDS OF YAD ELIEZER TO REVIEW, AS

WELL AS DETAILED CHARTS OF THE FUND USAGE.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for Instructions and the latest instructions. Internal Revenue Service

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 11-3459952 AMERICAN FRIENDS OF YAD ELIEZER Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part ! Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations а Solicitation of government grants f Internet and email solicitations b Special fundraising events Phone solicitations C In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser have (or retained by) (iv) Gross receipts (I) Name and address of individual (or retained by) (ii) Activity custody or control of from activity fundraiser listed in or entity (fundraiser) organization contributions? col. (i) Yes No 1 3 9 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa		Fundraising Events. Completed more than \$15,000 of fundrated events with gross receipts greaters.	aising event contribut	answered "Yes" on ions and gross incon	Form 990, Part IV, ne on Form 990-EZ	Page 2 line 18, or reported I, lines 1 and 6b. List
			(a) Event #1 ALMONOS EVENT	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
(D)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	395,368.			395,368
ď	2	Less: Contributions	395,368.			395,368
		Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	33,000.			33,000
t Exp	7	Food and beverages	66,300.			66,300
Direc	8	Entertainment	13,000.			13,000
	9	Other direct expenses	137,113.			137,113
Pa	11 rt i	Direct expense summary. Add lin- Net income summary. Subtract lin Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	ne 10 from line 3, colu anization answered "	ımn (d)	<u></u> ▶	249, 413 -249, 413 reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Ř	1	Gross revenue			-	
xbeuses	2	Cash prizes				
Expe	3	Noncash prizes	-			
Direct E	4	Rent/facility costs				
_	5	Other direct expenses		1 12		
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)	▶	
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)	>	
9 a b		Enter the state(s) in which the orgals the organization licensed to confirmation," explain:		in each of these state	es?	Yes No
l0a b		Were any of the organization's gaming	licenses revoked, susp	pended, or terminated d	uring the tax year?	. Yes No

Schedule G (Form 990 or 990-EZ) 2018

1

AMERICAN FRIENDS OF YAD ELIEZER

Sched	ule G (Form 990 or 990-EZ) 2018 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
•	records:
	Name >
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
C	If "Yes," enter name and address of the third party:
	Name ▶
	Address >
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of convices provided N
	Description of services provided ▶
	Director/officer Employee Independent contractor
	Director/officer Employee midependent contractor
47	Mandatory distributions:
17	Is the organization required under state law to make charitable distributions from the gaming proceeds to
а	retain the state gaming license?
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year > \$
Par	Supplemental Information, Provide the explanation required by Part I, line 2b, columns (iii) and (v), and
· ai	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).

Schedule G (Form 990 or 990-EZ) 2018

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization Employer identification number AMERICAN FRIENDS OF YAD ELIEZER 11-3459952 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II 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. 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 (1) RABBINICAL SEMINARY OF AMERICA 7601 147TH ST FLUSHING, NY 11367 11-7522021 501(C)(3) 50,000. ELP THE POOR (2) ANI LEDODI INC 2233 NOSTRAND FL 3 BROOKLYN, NY 11210 83-2509394 501(C)(3) 30,000. ELP THE POOR (3) BROOKLYN JEWISH XPERIENCE 20-4438939 501(C)(3) 10,000. 1213 EAST BROOKLYN, NY 11210 HELP THE POOR (4) YESHIVA KEREN ORAH 7,500. 45 CIRCLE LAKEWOOD, NJ 08701 23-7098648 501(3)(C) HELP THE POOR (5) (6) (7) (8) (9) (10)(11) (12)4.

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

Schedule I (Form 990) (2018)

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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
* 100					
			 		
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	1				
rt IV Supplemental Information. Provide			L., ., .		

SCHEDULE I, PART I, LINE 2

AMERICAN FRIENDS OF YAD ELIEZER REQUESTS DOCCUMENTATION OF

EXPENDITURES PROVIDED UTILIZING GRANTED FUNDS.

Schedule I (Form 990) (2018)

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

AMERICAN FRIENDS OF YAD ELIEZER

11-3459952

Part	1 Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use	1		
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			1
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		├—
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	l	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		х
b	Any related organization?	5b		X
J	If "Yes" on line 5a or 5b, describe in Part III.	55		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
-	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<u> </u>		
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			X
9	in Part III	8		<u> </u>
J	Regulations section 53.4958-6(c)?	9		1
		, ,	,	

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

Schedule J (Form 990) 2018

Page 2

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	in column (B) reporte as deferred on prior Form 990	
JOSEPH ADLER	(i)	164,400.	0.	0.	16,440.	0.	180,840.		
1C00	(ii)	0.	0.	0.	0.	0.	0.		
	(i)								
2	(ii)								
	(i)								
3	(ii)								
	(0)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)		·						
	(i)								
7	(ii)								
	(1)								
8	(ii)								
	(0)								
9	(ii)								
	(i)								
0	(8)								
	(1)								
1	(ii)								
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2	(6)								
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3	(ii)								
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4	(ii)								
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5	(ii)								
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6	(6)							edule J (Form 990) 2	

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AMERICAN FRIENDS OF YAD ELIEZER

Schedule J (Form 990) 2018

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2018

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 11-3459952

AMERIC	CAN FRIENDS OF									3439	JJZ			
Part I	Excess Benefit Complete if the	Transactions organization a	(section 501 nswered "Ye	(c)(3) es" or	, sect	ion 501(c)(4) 990, Part IV	, and 5 /, line 2	501(c)(29) organiz 25a or 25b, or For	zations m 990-	only). EZ, Pa	art V,	line 40)b	
				_		disqualified perso								Corrected?
1	(a) Name of disqualified	person	(5) (10)	ioinp a	organiz	ation		(c) Des	cription o	of trans	action		Ye	es No
(1)														4
(2)														
(3)														
(4)														
(5)														
(6)											-			
un	nter the amount of to der section 4958 . Inter the amount of ta									🕨	\$_ \$_			
Part II	Loans to and/or Complete if the organization rep	organization a	nswered "Ye	es" or	Form	n 990-EZ, Pa (, line 5, 6, or	rt V, lir 22.	ne 38a or Form 99	90, Part	IV, lin	ie 26;	or if th	ne	
(a) Nar	ne of interested person	(b) Relationship with organization	(c) Purpose of Ioan	fron	an to or n the ization?	(e) Origina principal am		(f) Balance due	(g) In (default?	(h) Ap by bo comm	ard or	(i) W agreer	ritten ment?
				То	From				Yes	No	Yes	No	Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
Total .							▶	\$	V. 2.0					
Part III	Grants or Assis Complete if the	tance Benefit organization a	ing Interest inswered "Ye	ed Pe es" or	rsons n Form	n 990, Part IV	, line 2	7.						
(a) Nar	me of interested person		p between intere the organization		c) Amou	unt of assistance		(d) Type of assistance		(e)	Purpos	se or as	sistance	
(1)														
(2)														
(3)														
(4)												-		
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														

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

Schedule L (Form 990 or 990-EZ) 2018

Schedule L (Form 990 or 990-EZ) 2018

Page 2

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues?		
				Yes	No	
(1) ARYEH TROPPER	FAMILY	96,000.	OFFICER COMPENSATION		х	
(2)						
3)					<u> </u>	
(4)					L	
5)						
(6)						
(7)						
(8)						
(9)					<u> </u>	
0)					L	

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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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2018
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN FRIENDS OF YAD ELIEZER

Employer identification number 11-3459952

FORM 990, PART VI, SECTION A, LINE 2

MOSHE TROPPER, ARYEH TROPPER AND HILLEL TROPPER HAVE A FAMILY
RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B

THE 990 WAS PREPARED AND DISTRIBUTED TO AMERICAN FRIENDS OF YAD

ELIEZER'S MANAGEMENT AND BOARD UPON COMPLETION. UPON RECEIPT, AND

BEFORE ITS FILING, THE BOARD, ALONG WITH MANAGEMENT, WERE GIVEN

OPPORTUNITY TO REVIEW THE DOCUMENT. ANY CHANGES OR EDITS WERE

COMMUNICATED TO THE RETURN PREPARERS AND PROCESSED PRIOR TO FILING.

THE CONFLICT OF INTEREST POLICY AND PROCEDURES ARE DESIGNED TO ENSURE THAT WHENEVER A MATTER IS DISCUSSED OR A DECISION IS MADE BY THE ORGANIZATION'S GOVERNING BOARD OR COMMITTEE, BOARD AND COMMITTEE MEMBERS FIRST ARE MADE AWARE OF THE EXISTENCE OF ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. THE POLICY ALSO REQUIRES THE ORGANIZATION TO GATHER INFORMATION ABOUT SUCH CONFLICTS. THIS IS DONE BY REQUIRING EACH BOARD MEMBER, OFFICER, AND KEY EMPLOYEE AND ANY OTHER PERSON WHO REGULARLY ATTENDS THE ORGANIZATION BOARD AND COMMITTEE MEETINGS TO COMPLETE AND FILE A CONFLICT OF INTEREST DISCLOSURE STATEMENT BEFORE SERVING ON THE BOARD OR ANY COMMITTEE WITH BOARD-DESIGNATED POWERS. THE DISCLOSURE STATEMENT REQUIRES EACH BOARD MEMBER, OFFICER, OR KEY EMPLOYEE TO DISCLOSE ANY BUSINESS OR

Name of the organization
AMERICAN FRIENDS OF YAD ELIEZER

Employer identification number 11-3459952

PERSONAL INTERESTS, DIRECT OR INDIRECT, THAT THE PERSON MAY HAVE IN AN ORGANIZATION THAT COMPETES WITH OR DOES BUSINESS WITH THE ORGANIZATION OR ANY OTHER ORGANIZATION AFFILIATED WITH THE ORGANIZATION. THE POLICY AND THE DISCLOSURE STATEMENT CONTAIN THE INFORMATION AND DEFINITIONS EACH PERSON WILL NEED TO PROPERLY COMPLETE HIS OR HER PERSONAL DISCLOSURE STATEMENT.

FORM 990, PART VI, SECTION C, LINE 19
990 AND OTHER DOCUMENTS ARE PROVIDED UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

AMERICAN FRIENDS OF YAD ELIEZER IS THE SOLE AUTHORIZED FUNDRAISING ORGANIZATION IN THE UNITED STATES FOR YAD ELIEZER IN ISRAEL. YAD ELIEZER, FOUNDED IN 1980, IS THE LARGEST POVERTY RELIEF AGENCY IN ISRAEL. YAD ELIEZER'S MANDATE IS TO HELP FAMILIES COPE WITH FINANCIAL DIFFICULTIES AND TO EMPOWER THEM TO BREAK THROUGH THE CYCLE OF POVERTY AND ACHIEVE SELF-SUFFICIENCY. OUR OBJECTIVE IS TO COMBAT POVERTY AT ITS ROOT, THROUGH ANI ARRAY OF PROGRAMS THAT PROVIDE CRITICAL SHORT-TERM RELIEF, WHILE FACILITATING LONG-TERM RECOVERY. EACH COMPONENT OF YAD ELIEZER'S COMPREHENSIVE WELFARE SYSTEM - NATIONWIDE DISTRIBUTION OF ESSENTIAL FOOD, CLOTHING AND HOUSEHOLD ITEMS, JOB TRAINING, AND ADOLESCENT MENTORING PROGRAMS -CONTRIBUTES TOWARD ECONOMIC RECOVERY AND SOCIAL DEVELOPMENT. FOOD PROGRAMS - YAD ELIEZER IS ONE OF THE LARGEST DISTRIBUTORS OF FOOD AND SERVICES FOR NEEDY FAMILIES IN ISRAEL. FOOD ITEMS ARE COLLECTED BY VOLUNTEERS OR BOUGHT WHOLESALE, THEN DISTRIBUTED IN 32 CITIES THROUGHOUT ISRAEL IN A VARIETY OF WAYS DEPENDING ON THE NEED.

Name of the organization

AMERICAN FRIENDS OF YAD ELIEZER

Employer identification number 11-3459952

ATTACHMENT 1 (CONT'D)

APPROXIMATELY 5,000 MONTHLY FOOD BOXES CONTAINING BASIC GROCERY STAPLES AND HOUSEHOLD ITEMS ARE DELIVERED TO LOW INCOME FAMILIES. ANOTHER 12,000 FAMILIES RECEIVE FOOD VOUCHERS THAT CAN BE REDEEMED AT LOCAL SUPERMARKETS. BABY FORMULA IS DELIVERED ON A MONTHLY BASIS TO OVER 2,000 BABIES WHOSE MOTHERS WHO CANNOT NURSE BUT ARE TOO POOR TO PURCHASE INFANT FORMULA. OVER 500 PEOPLE WHO ARE TOO FRAIL TO COOK FOR THEMSELVES RECEIVE ABUNDANT FULLY COOKED MEALS EVERY THURSDAY - ENOUGH TO LAST THEM FOR A GOOD PART OF THE WEEK. OVER THOUSANDS OF INDIGENT FAMILIES RECEIVE CHECKEN TWICE A YEAR, BEFORE THE HOLIDAYS. AGRICULTURAL COOPERATIVES DONATE SURPLUS FRUITS AND VEGETABLES TO YAD ELIEZER. THE SURPLUS CROPS ARE THEN DISTRIBUTED TO OVER 2,000 LOW INCOME FAMILIES INSTEAD OF BEING DESTROYED. SOCIAL SERVICES - YAD ELIEZER MENTORING PROGRAM PROVIDES OVER 4,000 SEVERELY TROUBLED YOUNG BOYS AND 300 GIRLS WITH A BIG BROTHER OR BIG SISTER WHO WAS CAREFULLY CHOSEN TO PROVIDE HIS/HER CHARGE WITH THE LOVE AND GUIDANCE THAT HE OR SHE LACKS AT HOME. THE PAID MENTORS ARE TRAINED; THEY MUST FILL OUT MONTHLY AND BIANNUAL ASSESSMENT FORMS TO INSURE THAT THE CHILDREN RECEIVE THE BEST SUPPORT POSSIBLE. THE PROVEN SUCCESS OF THE PROGRAM ENABLES IT TO RECEIVE UP TO 30% OF ITS FUNDING FROM LOCAL MUNICIPALITIES. IN 2010, YAD ELIEZER HIRED A SURVEY TEAM TO DETERMINE THE RESULTS OF 10 YEARS OF MENTORING. THE RESULTANT REPORT, A DECADE OF 1 SUCCESS, DETAILS IN STATISTICS WHAT WE KNEW TO BE TRUE ANECDOTALLY. A FULL 96% OF PARTICIPANTS WERE PLACED IN STANDARD EDUCATIONAL PROGRAMS. UPON COMPLETION OF OUR MENTORING PROGRAM, OR HAD GRADUATED AND WERE

Employer Identification number 11-3459952

ATTACHMENT 1 (CONT'D)

HOLDING DOWN JOBS. STIPENDS - YAD ELIEZER OFFERS A MONTHLY STIPEND TO WIDOWS WHO ARE CURRENTLY RAISING CHILDREN ON THEIR OWN. AFTER TAKING INTO ACCOUNT ALL GOVERNMENT ASSISTANCE, LIFE IS STILL A NIGHTMARE FOR THESE FAMILIES. DEPENDING ON THE NEEDS AND CIRCUMSTANCES, EACH OF THESE 800 FAMILIES RECEIVE ANYWHERE FROM \$400-\$1500 A MONTH. THIS STIPEND IS A TRUE LIFESAVER FOR THESE WOMEN, AND ENABLES THEM TO PROVIDE FOR THEIR ORPHANS WITH DIGNITY. ADDITIONALLY, YAD ELIEZER PROVIDES CASH DISBURSEMENTS TO THOUSANDS OF FAMILIES FOR A ONE-TIME NEED. WHETHER DUE TO A MEDICAL EMERGENCY, AN UNEXPECTED EXPENSE, OR THE NEED TO GET THROUGH A DIFFICULT TIME, THIS FUND ALLEVIATES THEIR FINANCIAL DISTRESS AND ALLOWS THEM TO FOCUS ON THE REAL ISSUE AT HAND. THESE GRANTS OFTEN PREVENT A ONE-TIME CRISIS SITUATION FROM FORCING A FAMILY INTO A DOWNWARD SPIRAL OF POVERTY FROM WHICH THEY CAN NEVER ESCAPE. SUBSIDIZED WEDDINGS - THIS PAST YEAR YAD ELIEZER SUBSIDIZED MORE THAN 800 WEDDING CELEBRATIONS FOR COUPLES THROUGHOUT ISRAEL. THESE ARE COUPLES WHO ARE UNABLE TO AFFORD EVEN THE SIMPLEST AFFAIR. YAD ELIEZER ARRANGES FOR A MODEST YET JOYOUS AND FESTIVE CELEBRATION TO ALLOW THESE YOUNG FAMILIES TO ENJOY THIS MOMENTOUS DAY WITH DIGNITY AND HAPPINESS.