Form	990
Form	990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service A For the 2022 calendar year, or tax year beginning

AF	or th	e 2022 calendar year, or tax year beginning and	ending										
B c	heck if pplicab	C Name of organization		D Employer identific	cation number								
	Addre	ss YAD EZRA											
	Name chang		**-***47	33									
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number										
	Final return	2850 W. 11 MILE ROAD	248-548-3										
	termir ated	City or town, state or province, country, and ZIP or foreign postal code											
	Amen	BERKLEI, MI 40072		H(a) Is this a group re	turn								
	Applic tion	F Name and address of principal officer: MICHAEL GENDELMAN		for subordinates	? Yes X No								
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No								
<u> </u>]	ax-ex	empt status: 🗴 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) (or 527	If "No," attach a	list. See instructions								
	Vebsi			H(c) Group exemption									
		f organization: X Corporation Trust Association Other	L Year	of formation: 1989 N	State of legal domicile: MI								
Pa	art I	Summary											
ė	1	Briefly describe the organization's mission or most significant activities: TO PI	ROVIDE	SUPPLEMENTA	AL KOSHER								
anc		FOOD PRODUCTS AND OTHER NECESSITIES TO NE											
Governance		Check this box if the organization discontinued its operations or dispos		1.1									
Š					<u>48</u> 48								
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Number of independent voting members of the governing body (Part VI, line 1b)			<u> </u>								
ies		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			50								
Activities &		Total number of volunteers (estimate if necessary)		3,623.									
Ac		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			2,623.								
			·····	Prior Year	Current Year								
	8	Contributions and grants (Part VIII, line 1h)		3,176,869.	2,083,531.								
anu	9	Program service revenue (Part VIII, line 2g)		0.	0.								
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,404,781.	1,127,278.								
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		27,452.	29,961.								
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,609,102.	3,240,770.								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,284,324.	1,880,048.								
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.								
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		787,233.	545,691.								
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.								
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 76,79	99.										
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		533,310.	564,377.								
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,604,867.	2,990,116.								
		Revenue less expenses. Subtract line 18 from line 12		2,004,235.	250,654.								
s or			Be	ginning of Current Year	End of Year								
Assets	20	Total assets (Part X, line 16)		10,892,193.	8,717,100.								
at As		Total liabilities (Part X, line 26)		274,689.	125,084.								
ž i		Net assets or fund balances. Subtract line 21 from line 20		10,617,504.	8,592,016.								
Pa	art II	Signature Block											

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date		
Here	MICHAEL GENDELMAN, TREASU	RER		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	KEVIN E. KLEIN, CPA			self-employed P00539501
Preparer	Firm's name GORDON ADVISORS,	PC		Firm's EIN **-***6556
Use Only	Firm's address 1301 W LONG LAKE	ROAD, STE 200		
	TROY, MI 48098			Phone no. 248 - 952 - 0200
May the I	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	n 990 (2022) YAD EZRA *	*-***4733	Page 2
	rt III Statement of Program Service Accomplishments		<u>,</u>
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
•	TO PROVIDE SUPPLEMENTAL KOSHER FOOD PRODUCTS AND OTHER NEC	ESSITTES TO	
	NEEDY JEWISH FAMILIES IN THE COMMUNITY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		37
	prior Form 990 or 990-EZ?	Yes 2	<u>A</u> No
	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 services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	asured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t	he total expenses, and	I
	revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 2,638,069. including grants of \$ 1,880,048. ) (Revenue \$		)
	TO PROVIDE SUPPLEMENTAL KOSHER FOOD AND OTHER NECESSITIES		/
	NEED IN THE JEWISH COMMUNITY. YAD EZRA IS COMMITTED TO OPE		
	WORLD CLASS FOOD PANTRY THROUGH THE HARD WORK AND SUPPORT		
	DONORS AND VOLUNTEERS. YAD EZRA ASSISTS 1,250 FAMILIES PER		
	ASSISTS 2,500 INDIVIDUALS EVERY MONTH. DURING THE YEAR YAD		
	DISTRIBUTED 1,100,000 POUNDS OF FOOD.		
	DISTRIBUTED 1,100,000 FOUNDS OF FOOD.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 2,638,069.		
		Form <b>99</b>	<b>0</b> (2022)
23200	12 12-13-22		

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>-</b>		
0		8		Х
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		- 23
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
	If "Yes," complete Schedule D, Part IV	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	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	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u> </u>		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> "</u>		
10		18	х	
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	- ¹⁰	- 23	
19		1		y
00-	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
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	<u>.</u> .		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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Form 990 (2022)

YAD EZRA klist of Required Schedu

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
28				
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	000		x
h	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
00	"Yes," complete Schedule L, Part IV	28c	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
•	contributions? If "Yes," complete Schedule M	30		X 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," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	_		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
		. —	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Form	990 (2022) YAD EZRA	**_*:	**4733	Pa	age <b>5</b>						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
				Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	2a	13								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х							
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
	At any time during the calendar year, did the organization have an interest in, or a signature or other a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?										
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 Ac	counts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		X						
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the										
	any contributions that were not tax deductible as charitable contributions?	-	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contribution										
	were not tax deductible?		6b								
7	Organizations that may receive deductible contributions under section 170(c).										
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	rices provided to the pa	yor? 7a		х						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa										
	to file Form 8282?		7c		х						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		Х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х						
g	If the organization received a contribution of qualified intellectual property, did the organization file For										
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	-									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained										
	sponsoring organization have excess business holdings at any time during the year?	,	8								
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a								
b			9b								
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12	10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders	11a									
	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
	Is the organization licensed to issue qualified health plans in more than one state?		13a								
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans	13b									
с	Enter the amount of reserves on hand	13c									
14a		•	14a		х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner										
	excess parachute payment(s) during the year?		15		х						
	If "Yes," see the 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		Х						
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17								
	If "Yes," complete Form 6069.										
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					. /						

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_	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 48	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 48	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			<u>-</u> -
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	x
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		x	
	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	X X	
14 45	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	x	
	The organization's CEO, Executive Director, or top management official	15a	X	
α	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	Δ	
16-				
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u>16a</u>		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990-T (section 501(c)(3)		ovoilo	blo
18	for public inspection. Indicate how you made these available. Check all that apply.	is only)	avalla	DIE
19	Own website       Another's website       X       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and the organization made its governing documents.       Image: Conflict of interest policy, and the organization made its governing documents.	d finan	cial	
13	statements available to the public during the tax year.		ordi	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	MICHAEL GENDELMAN - 248-548-3663			
	ZOOU W. II MILE RUAD, BERKLEY, MI 48077			
32004	2850 W. 11 MILE ROAD, BERKLEY, MI 48072	Form	990	(202
32006	2850 W. II MILE ROAD, BERKLEY, MI 48072 ^{5 12-13-22} 7	Form	1 <b>990</b>	(202

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)						(D)	(F)			
Name and title	Average	Position (do not check more than one					nne	Reportable	Reportable	Estimated		
	hours per	box	, unles	ss per	rson i	is both	n an	compensation	compensation	amount of		
	week			uau	recit		lee)	from	from related	other		
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the		
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (120)	and related		
	below	idual	Institutional trustee	5	Key employee	est co	er	,		organizations		
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			- 		
(1) LEA LUGER	40.00											
EXECUTIVE DIRECTOR THROUGH MAY 2021							Х	153,250.	0.	0.		
(2) DANIELLA MECHNIKOV	40.00											
EXECUTIVE DIRECTOR				Х				115,905.	0.	0.		
(3) JEFF SUPOWIT	1.00											
DIRECTOR		Х						0.	0.	0.		
(4) DANIEL CHERRIN	2.00											
VICE PRESIDENT		Х		Х				0.	0.	0.		
(5) MELVIN SCHWARTZ	2.00											
PRESIDENT		Х		Х				0.	0.	0.		
(6) JEFF MOSS	2.00											
TREASURER		Х		Х				0.	0.	0.		
(7) RUTH ANNE LIPPITT	1.00											
DIRECTOR		Х						0.	0.	0.		
(8) BRAD MUTNICK	1.00											
DIRECTOR		Х						0.	0.	0.		
(9) JASON BROWN	1.00											
DIRECTOR		Х						0.	0.	0.		
(10) ARI DOLGIN	2.00									-		
SECRETARY		Х		Х				0.	0.	0.		
(11) MICHAEL GENDELMAN	1.00									•		
DIRECTOR	1	Х						0.	0.	0.		
(12) FRANK REINSTEIN	1.00								•	•		
DIRECTOR	1 00	X				-		0.	0.	0.		
(13) RON KEPES	1.00								0	0		
DIRECTOR	1 00	Х				-		0.	0.	0.		
(14) MORRIS ROTTMAN	1.00								0	0		
DIRECTOR	1 0 0	Х						0.	0.	0.		
(15) MATT RAN	1.00								0	0		
DIRECTOR	1 0 0	Х						0.	0.	0.		
(16) SANDY ROSEN	1.00								•	<u>^</u>		
DIRECTOR	1 00	Х				<u> </u>	<u> </u>	0.	0.	0.		
(17) JULIE ROSENBAUM	1.00	3.7							•	<u>^</u>		
DIRECTOR		Х				1		0.	0.	0.		
232007 12-13-22										Form <b>990</b> (2022)		

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Form 990 (2022)	YAD EZRA									**_**4	733	Р	age <b>8</b>
	ers, Directors, Trus		oloy	ees,			ghes	t Co	ompensated Employee	, ,	1		
(A) Name and t	<b>(B)</b> Average hours per	Average hours per do not check more than one box, unless person is both an					an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	1	<b>(F)</b> stimate mount		
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer D		Highest com pensated	Former (a	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	f orç ar	other npensa from th ganizat nd relat anizat	ie tion ted
(18) JEFF SCHWARTZ DIRECTOR		1.00	x						0.	0.			0.
(19) DAVID SHERMAN		2.00	23						Ŭ.				<u> </u>
VICE PRESIDENT			х		х				0.	0.			0.
(20) MALKA TORGOW DIRECTOR		1.00	x						0.	0.			0
(21) JUDY THOMAS		1.00	~						0.	0.			0.
DIRECTOR		1.00	х						0.	0.			0.
(22) JEFF APPEL		1.00								_			
DIRECTOR		1 00	Х						0.	0.			0.
(23) RICHARD BARR DIRECTOR		1.00	x						0.	0.			0.
(24) STACIE BERNARD		1.00											
DIRECTOR (25) KEN BERNARD		1.00	Х						0.	0.			0.
DIRECTOR		1.00	x						0.	0.			0.
(26) LAURIE BOUNDS		1.00								_			
DIRECTOR			Х						0. 269,155.	0.			0.
1b Subtotal c Total from continuation	on sheets to Part VII								0.	0.			0.
d Total (add lines 1b an									269,155.	0.			0.
									ceived more than \$100,	000 of reportable			•
compensation from the	e organization											Yes	2 No
<b>3</b> Did the organization lis	st any <b>former</b> officer,	director, truste	ee, k	ey e	empl	oyee	e, or	higl	nest compensated emp	oyee on		103	
											3	X	
									er compensation from tl or such individual		4	x	
									or such individual d organization or individ				
		•				-			g		5		X
Section B. Independent Co	ontractors				-								
·		•	•						at received more than \$	•	ation fr	om	
the organization. Repo	rt compensation for t	ine calendar ye	ear e	nain	ig w	ith o	or wit	<u>nin</u>	the organization's tax y (B)	ear.		C)	
	Name and business	address	NC	ONE	2				Description of s	ervices (		ensatio	n
								+					
\$100,000 of compensa	ation from the organiz	zation				0	)		above) who received mo	bre than			
SEE PART V	II, SECTION	I A CONT	IN	UΑ	TI	ON	SI	HE	ETS		Form	<b>990</b> (	2022)

		npio	yee			ligne	est (	Compensated Employe	. ,	(
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours	(c	heck	Posi			LV)	Reportable compensation	Reportable compensation	Estimated amount of
	per				linat		'y)	from	from related	other
	week					yee		the	organizations	compensatio
	(list any	ector				m plo		organization	(W-2/1099-MISC)	from the
	hours for	or dir	3e			ated e		(W-2/1099-MISC)		organization
	related	ustee	truste		ee	bens				and related
	organizations below	lual tr	tional		n plo y	st com	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
27) MICKEY EIZELMAN	1.00		_	_						
DIRECTOR		х						0.	0.	C
28) CHANNIE GOLDSTEIN	1.00									
DIRECTOR		Х						0.	0.	0
29) SHIMSHON JONAS	1.00									
DIRECTOR		Х						0.	0.	0
30) RUTH KAHN	1.00									
DIRECTOR		Х						0.	0.	0
31) NANCY KLEINFELDT	1.00									
DIRECTOR	1.00	х						0.	0.	C
32) SAM ROZENBERG	1.00								0	
DIRECTOR	1 0 0	X						0.	0.	C
33) RICHARD SIMTOB	1.00	v						0	0	
DIRECTOR	1 00	Х						0.	0.	С
34) RON YOLLES DIRECTOR	1.00	x						0.	0.	C
35) ANDY ZACK	1.00	Λ						0.	0.	Ľ
DIRECTOR	1.00	х						0.	0.	C
36) HOWARD ZOLLER	1.00								0.	
DIRECTOR	100	x						0.	0.	C
37) MARCY FIKANY	1.00									
VICE PRESIDENT		х		х				0.	0.	C
38) ALAN REITER	1.00									
VICE PRESIDENT		х		х				0.	Ο.	C
39) GARY DEMBS	1.00									
DIRECTOR		х						0.	0.	C
40) SAM DUBIN	1.00									
DIRECTOR		Х						0.	0.	C
41) SANDY EISENBERG	1.00									
DIRECTOR		Х						0.	0.	0
42) TRACIE FIENMAN	1.00									
DIRECTOR		Х						0.	0.	0
43) PAUL FINKEL	1.00							_	_	
DIRECTOR		Х						0.	0.	C
44) LISA KLEIN	1.00									_
DIRECTOR		Х						0.	0.	C
45) JODI MICHAELSON	1.00								•	-
DIRECTOR	1 00	X						0.	0.	(
46) ALAN SEFTON	1.00								•	C
DIRECTOR		Х						0.	0.	

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(A) Name and title (7) JULIE GREENFIELD RECTOR (8) MICHAEL JACOB RECTOR (9) MILT NEUMAN RECTOR (0) SHARI STEIN RECTOR	(B) Average hours per week (list any hours for related organizations below line) 1.00 1.00 1.00	stee or director	Institutional trustee	Pos all 1	ition		Former	(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 organizations and related organizations
7) JULIE GREENFIELD RECTOR 8) MICHAEL JACOB RECTOR 9) MILT NEUMAN RECTOR 0) SHARI STEIN	hours per week (list any hours for related organizations below line) 1.00 1.00	X Individual trustee or director	heck		that	app		compensation from the organization	compensation from related organizations	amount of other compensatio from the organization and related
RECTOR 18) MICHAEL JACOB RECTOR 19) MILT NEUMAN RECTOR 10) SHARI STEIN	per week (list any hours for related organizations below line) 1.00 1.00	X Individual trustee or director						from the organization	from related organizations	other compensatio from the organization and related
RECTOR 18) MICHAEL JACOB RECTOR 19) MILT NEUMAN RECTOR 10) SHARI STEIN	week (list any hours for related organizations below line) 1.00 1.00	x x	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	the organization	organizations	compensatio from the organization and related
RECTOR 18) MICHAEL JACOB RECTOR 19) MILT NEUMAN RECTOR 10) SHARI STEIN	(list any hours for related organizations below line) 1.00 1.00	x x	Institutional trustee	Officer	Key employee	Highest compensated employe	Former	organization		from the organizatior and related
RECTOR 18) MICHAEL JACOB RECTOR 19) MILT NEUMAN RECTOR 10) SHARI STEIN	hours for related organizations below line) 1.00 1.00	x x	Institutional trustee	Officer	Key employee	Highest com pensated en	Former			and related
RECTOR 18) MICHAEL JACOB RECTOR 19) MILT NEUMAN RECTOR 10) SHARI STEIN	organizations below line) 1.00 1.00 1.00	x x	Institutional trustee	Officer	Key em ployee	Highest compensat	Former			
RECTOR 18) MICHAEL JACOB RECTOR 19) MILT NEUMAN RECTOR 10) SHARI STEIN	below line) 1.00 1.00 1.00	x x	Institutional t	Officer	Key employee	Highest comp	Former			organization
RECTOR 18) MICHAEL JACOB RECTOR 19) MILT NEUMAN RECTOR 10) SHARI STEIN	line) 1.00 1.00 1.00	x x	Instituti	Officer	Key em	Highest	Former			
RECTOR 18) MICHAEL JACOB RECTOR 19) MILT NEUMAN RECTOR 10) SHARI STEIN	1.00 1.00 1.00	x x	Ē	Of	Ke	Ŧ	Fo			
RECTOR 18) MICHAEL JACOB RECTOR 19) MILT NEUMAN RECTOR 10) SHARI STEIN	1.00	x								
8) MICHAEL JACOB RECTOR 9) MILT NEUMAN RECTOR 50) SHARI STEIN	1.00	x							<u>م</u>	
RECTOR 9) MILT NEUMAN RECTOR 0) SHARI STEIN	1.00				1			0.	0.	C
9) MILT NEUMAN RECTOR 0) SHARI STEIN				I				0.	0.	C
RECTOR 0) SHARI STEIN		x	1					0.	0.	L L
0) SHARI STEIN	1.00							0.	0.	C
	1.00					-		U•	U•	L
		x						0.	0.	(
		- 23						<u>0.</u>	• •	(
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Forn	1 990 (	(2022) YAD EZ	RA				**_**4	733 Page <b>9</b>
	rt VII		е					
		Check if Schedule O contain	is a response (	or note to any line	e in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស្ត	1 a	Federated campaigns	1a					
ran	b	Membership dues						
, D D D	с	Fundraising events		378,978.				
a tit	d	Related organizations	1d					
s, s	е	Government grants (contribution	is) <b>1e</b>					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,	and					
ibut		similar amounts not included above	<b>1f</b>	1,704,553.				
ontr of O	g	Noncash contributions included in lines 1a-	1f <b>1g</b> \$	284,483.				
<u>0</u> 6	h	Total. Add lines 1a-1f			2,083,531.			
				Business Code				
ice	2 a							
er v	b							
gram Serv Revenue	C							
grai Re	d							
Program Service Revenue	e f	All other program service revenu						
_		Total. Add lines 2a-2f						
	3	Investment income (including div						
	-				1,127,278.			1127278.
	4	Income from investment of tax-e						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents 6a	26,338.					
	b	Less: rental expenses 6b	0.					
	С		26,338.					
			<u>() 0</u>		26,338.			26,338.
	7 a		(i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>						
Ø	D	Less: cost or other basisand sales expenses7b						
venue	·	Gain or (loss) 7c						
		Net gain or (loss)						
Other Re		Gross income from fundraising even						
đ	• •	including \$ 378,9						
-		contributions reported on line 10						
		Part IV, line 18	8a	60,762.				
	b	Less: direct expenses		60,762.				
	С	Net income or (loss) from fundra			0.			
	9 a	Gross income from gaming activ						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming						
	10 a	Gross sales of inventory, less ret						
	h	and allowances Less: cost of goods sold						
		Net income or (loss) from sales of		I				
				Business Code				
snc	11 a	ACD PARTNERS 2012 BAYVIEW	W LLC	531110	3,623.		3,623.	
anec	b							
iella eve	с							
Miscellaneous Revenue	d	All other revenue						
	е	Total. Add lines 11a-11d			3,623.			
	12	Total revenue See instructions			3,240,770.	0.	3,623.	1153616.

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Form **990** (2022)

	Check if Schedule O contains a respon			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,870,048.	1,870,048.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	10,000.	10,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	115,905.	86,929.	15,068.	13,908.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	345,513.	212,993.	100,287.	32,233.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	40 500	04 500	10 115	4 050
9	Other employee benefits	48,588.	31,582.	12,147.	<u>4,859.</u> 3,568.
10	Payroll taxes	35,685.	23,196.	8,921.	3,568.
11	Fees for services (nonemployees):				
	Management	410		41.0	
	Legal	418.		418.	
	Accounting	10,600.		10,600.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	<u> </u>		(0, 252)	
	Investment management fees	69,352.		69,352.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	30,643.	8,887.	14,402.	7 35/
13	Office expenses	15,230.	7,614.	3,808.	7,354. 3,808.
14	Information technology	13,230.	/,014•	5,000.	5,000.
15	Royalties	79,225.	71,303.	3,961.	3,961.
16 17		15,225.	71,505.	5,501.	5,501.
18	Travel Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	81,747.	73,573.	4,087.	4,087.
23	Insurance	21,089.	18,981.	1,054.	1,054.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.) COMMUNITY AND CLIENT PR	113,089.	113,089.		
a	CORONAVIRUS PROGRAMS	113,089.	113,089.		
b	PRINTING, POSTAGE & PUB	17,885.	2,682.	13,236.	1,967.
C L	SERVICE FEES	11,907.	2,002.	11,907.	±,907•
d		6,000.		6,000.	
	All other expenses	2,990,116.	2,638,069.	275,248.	76,799.
<u>25</u> 26	Joint costs. Complete this line only if the organization	2,550,110.	2,000,000.	2,5,210.	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm <b>990</b> (2022)

### 232010 12-13-22

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Form 990 (2022)

YAD EZRA 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).

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

: X	Balance Sheet			
	Check if Schedule O contains a response or note	to an	y line in this Part X	
				<b>(A)</b> Beginning of year
1	Cash - non-interest-bearing			622,142.
2	Savings and temporary cash investments		81,190.	
3	Pledges and grants receivable, net			24,827
4	A secondary use shushing used			
5	Loans and other receivables from any current or for	ormei	r officer, director,	
	trustee, key employee, creator or founder, substan	ntial c	contributor, or 35%	
	controlled entity or family member of any of these	perse	ons	
6	Loans and other receivables from other disqualifie	ed per	sons (as defined	
	under section 4958(f)(1)), and persons described in	n sec	tion 4958(c)(3)(B)	
7	Notes and loans receivable, net			
8	Inventories for sale or use			57,713
9	Prepaid expenses and deferred charges			
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D	10a	2,162,619.	

820,897.

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<u>23</u> 24

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1,413,180.

8,693,141.

10,892,193.

207,939.

65,000.

1,750.

274,689.

7,67<u>7,</u>629.

2,939,875.

10,617,504.

10,892,193.

(B) End of year

312,289.

81,190.

69,340.

72,623.

85,679.

1,341,722.

6,754,257.

8,717,100.

55,834.

67,500.

1,750.

125,084.

5,637,131.

2,954,885.

8,717,100. Form **990** (2022)

8,592,016.

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X

Form 990 (2022) Part X Bala

Assets

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33

of Schedule D

Liabilities

Net Assets or Fund Balances

YAD EZRA

b Less: accumulated depreciation 10b

**Total assets.** Add lines 1 through 15 (must equal line 33)

Investments - publicly traded securities

Investments - other securities. See Part IV, line 11

Investments - program-related. See Part IV, line 11

Intangible assets

Other assets. See Part IV, line 11

Accounts payable and accrued expenses

Grants payable

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

trustee, key employee, creator or founder, substantial contributor, or 35%

Loans and other payables to any current or former officer, director,

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

controlled entity or family member of any of these persons

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Form	1 990 (2022) YAD EZRA	**_***	4733	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,240		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,990		
3	Revenue less expenses. Subtract line 2 from line 1	3	250		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		0,617		
5	Net unrealized gains (losses) on investments	5 -	2,272	2,51	19.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-3	8,62	23.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	8,592	2,01	16.
Pa	rt 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," explain on Schedule	О.			
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 compiled 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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 oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	200	

Form **990** (2022)

232012 12-13-22

(Form 990)

# **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.

47(a)(1)	nonex	empt	charita	ible 1	trust
		000 -		000	<b>E7</b>

OMB No. 1545-0047	
2022	

							Open to Public Inspection			
Nan	ne of t	the organizati							Employer	identification number
			YAD	EZRA					*	*-***4733
Pa	rt I	Reason	for Public (	Charity Status.	(All organizations must o	complete th	nis part.) S	ee instructior	is.	
The	organ	ization is not a	ı private found	lation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, cor	nvention of ch	urches, or associatio	n of churches described	l in <b>sectio</b>	on 170(b)( ⁻	1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or	a cooperative	hospital service orga	anization described in s	ection 170	)(b)(1)(A)(ii	ii).		
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state	e:							
5		An organizati	on operated fo	or the benefit of a col	llege or university owned	d or operat	ed by a go	overnmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv).(C	Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	Illy receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from tl	ne general p	oublic described in
		-		omplete Part II.)						
8	Ц	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		-			in section 170(b)(1)(A)(		-		-	-
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:								
10		•		•	than 33 1/3% of its supp				-	•
					t to certain exceptions;	• •				•
					(less section 511 tax) fro	om busines	sses acqui	red by the org	Janization a	inter Julie 30, 1975.
11				mplete Part III.)	vely to test for public sa	foty Soo	coction 5(	DQ(a)(4)		
12	H				vely for the benefit of, to				urny out the	nurnoses of one or
12		•	-	-	d in section 509(a)(1)	-			•	
				-	f supporting organization					
а		-	-	• •	upervised, or controlled				-	aivina
				-	gularly appoint or elect a	•	-		•••••	
			-	complete Part IV, Se						
b				-	or controlled in connec	tion with it:	s supporte	ed organizatio	n(s). by hav	vina
				•	anization vested in the s			0		•
			•	t complete Part IV,		•			• • • •	
с		Type III fur	nctionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
		its supporte	ed organizatio	n(s) (see instructions)	). You must complete	Part IV, Se	ections A,	D, and E.		
d		] Type III no	n-functionally	v integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		that is not f	functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	veness
		requiremen	it (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.		
е		Check this	box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	integrated, or	r Type III non-functior	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number	of supported o	organizations						
g			0	n about the supporte	(/	(iv) is the oron	anization listed	( .) A	f	
	(	<ul> <li>i) Name of support organization</li> </ul>		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount o support (see in		(vi) Amount of other support (see instructions)
		organization	•		above (see instructions))	Yes	No			

Schedule A	Eorm Q	an) or	100
Schedule A	LOUIII A	90) ZU	122

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2071806.	2511528.	2747668.	3176869.	2083531.	12591402.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2071806.	2511528.	2747668.	3176869.	2083531.	12591402.
	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)						842,987.
6	Public support. Subtract line 5 from line 4.						11748415.
	tion B. Total Support				L		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	2071806.	2511528.	2747668.	3176869.		12591402.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	29,279.	1015903.	689,117.	1404781.	1127278.	4266358.
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						16857760.
12	Gross receipts from related activities,	etc. (see instructio	uns)			12	
	First 5 years. If the Form 990 is for th						
	organization, check this box and <b>stop</b>	•				()()	
Sec	tion C. Computation of Publi						
14	Public support percentage for 2022 (I			olumn (f))		14	69.69 %
15	Public support percentage from 2021		-			15	75.95 %
	6a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       Image: Comparison of the						
b	<b>b</b> 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and <b>stop here.</b> The organization qual						
17a	and stop here. The organization qualifies as a publicly supported organization						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
h	10% -facts-and-circumstances test	6	•		•		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	<b>Private foundation.</b> If the organization						
				,,,,			(Form 990) 2022

Schedule A (Form 990) 202

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### 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.)

Se	ction A. Public Support		1				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 20	22 (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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support	1	1	1	1		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20	22 (f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3) org	anization,
	check this box and stop here						
	ction C. Computation of Publi						
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2021					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
19a	<b>33 1/3% support tests - 2022.</b> If the						d line 17 is not
	more than 33 1/3%, check this box a						
t	<b>33 1/3% support tests - 2021.</b> If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	
2320	23 12-09-22					Sch	edule A (Form 990) 2022

18 2022.04020 YAD EZRA

YAD EZRA

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes No

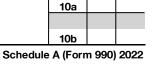
### Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	Supporting C	<b>Organizations</b>	(continued)
Schedule A	(Form 990) 2022	YAD	EZRA

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
-				

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)
 1
 1
 1
 1

Section D	. All Typ	be III Supporting Organizations	

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

### Section 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	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- a 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	ou supported a governmental entity	(see instruction <u>s).</u>
-----	--------------------------------------------------	-----------------------------	------------------------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

**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 | Schedule A (Form 990) 2022

2a

2b

3a

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Yes No

ection 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         4       Add lines 1 through 3.       4       5         5       Depreciation and depletion       5       5         6       Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)       6         7       Other expenses (see instructions)       7       8         8       Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8       6         ection B - Minimum Asset Amount       (A) Prior Year       (B) Current Year (cptional)         1       Agreage monthly value of accurities       1a       6         1       Agreage monthly value of accurities       1a       6       6         1       Average monthly value of accurities       1a       1d       6         1       Agreage monthly value of accurities       1a       1d       6         1       Agreage monthly value of accurities       1a       6       6       6 <th>Part V Type III Non-Functionally Integrated 509(a)(3) Sup</th> <th></th> <th></th> <th></th>	Part V Type III Non-Functionally Integrated 509(a)(3) Sup			
ection A - Adjusted Net Income       (A) Prior Year       (B) Current Year (optional)         1       Net short term capital gain       1         2       Recoveries of prior year distributions       2         3       Other gross income (see instructions)       3         4       Add lines 1 through 3.       4         5       Deparating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production or lincome (see instructions)       6         7       Other expenses (see instructions)       7         8       Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         ection B - Minimum Asset Amount       (A) Prior Year       (B) Current Year (optional)         1       Aggregate fair market value of all non-exempt use assets (see instructions)       7         a       Average monthly value of securities       1a         b       Average monthly value of securities       1a         c       Fair market value of other non-exempt use assets       1c         c       Fair market value of other non-exempt use assets       1c         c       Fair market value of other non-exempt use assets       1c         d       Total (add lines 1a, 1b, and 1c)       1d         2       Acach deemee held fo			•	Part VI). See instruction
ection 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 maintenance of property held for production of income (see instructions)       6         7       Other expenses (see instructions)       7       8         8       Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8       9         ection B - Minimum Asset Amount       (A) Prior Year       (B) Current Year (cptional)         1       Agreage monthly cash balances       1b       0         6       Fair market value of other non-exempt-use assets       1c       1d         1       Average monthly cash balances       1b       0         6       Discount claimed for blockage or other factors       1d         6       Discount claimed for blockage or other factors       2         6       Subtract line 2 from line 1d.       3         7       Acash deemed	All other Type III non-functionally integrated supporting organization	ons must complete	Sections A through E.	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 of for management, conservation, or maintenance of property held for production of income (see instructions)       6         7       Other expenses (see instructions)       7       8         8       Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         ection 8 - Minimum Asset Amount       (A) Prior Year       (B) Current Yea (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):       1a         a       Average monthy value of securities       1a         b       Average monthy value of securities       1d         e       Discount claimed for blockage or other factors (explain in ideali in Part VI):       2         2       Acquisition indebtedness applicable to non-exempt-use assets       2         3       Subtract line 2 from line 4.       3         4       3       4       4         5       Minimum Asset Amount (add line 7 to line 6)       6	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
3       Other gross income (see instructions)       3         4       Add lines 1 through 3.       4         5       Depreciation and depletion       5         6       Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)       6         7       Other expenses (see instructions)       6         7       Other expenses (see instructions)       7         8       Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         ection B - Minimum Asset Amount       (A) Prior Year       (B) Current Yea (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):       1a         a       Average monthly cash balances       1b       1c         6       Total (add lines 1a, tb, and 1c)       1d       1d         e Discount claimed for blockage or other factors (explain in detail in Part VI):       2       2         2       Acquisition indebtechness applicable to non-exempt-use assets       2         3       Subtract line 2 from line 1d.       3         4       Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions)       5         6	1 Net short-term capital gain	1		
4       Add lines 1 through 3.       4         5       Depreciation and depletion       5         6       Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)       6         7       Other expenses (see instructions)       7         8       Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         ection B - Minimum Asset Amount       (A) Prior Year       (B) Current Yea (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):       1a         a       Average monthly value of securities       1a         b       Average monthly value of securities       1a         csplain in detail in Part VI:       14       14         explain in detail in Part VI:       2       2         2       Acquisition indetedness applicable to non-exempt-use assets       2         3       Subtract line 2 from line 1d.       3         4       Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).       4         5       Metail in Part VI:       2       2         4       Cash deemed held for exempt uses. Enter 0.015 of line 3 (for greater amount,	2 Recoveries of prior-year distributions	2		
5       Depreciation and depletion       5         6       Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)       6         7       Other expenses (see instructions)       7         8       Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         ection 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);       1a         a       Average monthly value of securities       1a         b       Average monthly value of securities       1a         c       Fair market value of other non-exempt-use assets       1c         d       Total (add lines 1a, 1b, and 1c)       1d       1d         explain in detail in Part W):       2       2       2         2       Acquisition indetotedness applicable to non-exempt-use assets       2       2         3       Subtract line 2 from line 1d.       3       4         4       Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).       4       5         5       Multiply line 5 by 0.035.       6       6 <td>3 Other gross income (see instructions)</td> <td>3</td> <td></td> <td></td>	3 Other gross income (see instructions)	3		
6       Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)       6         7       Other expenses (see instructions)       7         8       Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         ection B - Minimum Asset Amount       (A) Prior Year       (B) Current Yea (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):       1a         a       Average monthly value of securities       1a         b       Average monthly value of securities       1d         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         2       Acquisition indetedness applicable to non-exempt-use assets       2         3       Subtract line 2 from line 1d.       3         4       Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).       4         5       Multiply line 5 by 0.035.       6         7       Recoveries of prior-year distributions       7         8	4 Add lines 1 through 3.	4		
collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)       6         7       Other expenses (see instructions)       7         8       Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         ection B - Minimum Asset Amount       (A) Prior Year       (B) Current Year         (B) Current Year       (a) Prior Year       (b) Current Year         instructions for short tax year or assets held for part of year):       1       Average monthly value of securities       1a         a       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       -       -         3       Subtract line 2 from line 1d.       3       -       -         4       Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).       4       -       -         5       Net value of non-exempt-use assets (subtract line 4 from line 3)       5       -       -         6       Multiply line 5 by 0.035.       6       - <td>5 Depreciation and depletion</td> <td>5</td> <td></td> <td></td>	5 Depreciation and depletion	5		
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         ection 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):       1a       (A) Prior Year         a       Average monthly value of securities       1a       (D) Prior Year       (E) Current Year         a       Average monthly cash balances       1b       (D)       (D)       (D)         c       Fair market value of other non-exempt-use assets       1c       (D)       (D)       (D)         e       Discount claimed for blockage or other factors       (a)       (a)       (C)       (C)         2       Acquisition indebtedness applicable to non-exempt-use assets       2       (D)       (D)       (D)         3       Subtract line 2 from line 1d.       3       (D)       (D)       (D)       (D)         4       Cash deemed held for exempt-use assets (subtract line 3 (for greater amount, see instructions).       5       (C)       (C)       (C)         5       Nutliply line 5 by 0.035	6 Portion of operating expenses paid or incurred for production or			
7       Other expenses (see instructions)       7       8         8       Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8       (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):       1a       6       6         a       Average monthly value of securities       1a       6       6       6         b       Average monthly cash balances       1b       6       6       6         c       Fair market value of other non-exempt-use assets       1c       1d       6       6         c       Fair market value of other non-exempt use assets       1c       1d       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6       6 </td <td>collection of gross income or for management, conservation, or</td> <td></td> <td></td> <td></td>	collection of gross income or for management, conservation, or			
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ection 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):       1a       (A) Prior Year       (B) Current Year (optional)         a Average monthly value of securities       1a       1a       (B) Current Year       (C) Current Year       (Current Year	7 Other expenses (see instructions)	7		
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instructions for short tax year or assets held for part of year):       Image: construction of the securities         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):       1d         2 Acquisition indebtedness applicable to non-exempt-use assets       2         3 Subtract line 2 from line 1d.       3         4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).       4         5 Net value of non-exempt-use assets (subtract line 4 from line 3)       5         6 Multiply line 5 by 0.035.       6         7 Recoveries of prior-year distributions       7         8 Minimum Asset Amount (add line 7 to line 6)       8         ection C - Distributable Amount       2         1 Adjusted net income for prior year (from Section A, line 8, column A)       1         2 Enter 0.85 of line 1.       2         3 Minimum asset amount for prior year (from Section B, line 8, column A)       3         4 Enter greater of line 2 or line 3.       4         5 Income tax imposed in prior year       5         6 Distributable Amount. Subtract line 5 from line 4, un	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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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):       1d         2       Acquisition indebtedness applicable to non-exempt-use assets       2         3       Subtract line 2 from line 1d.       3         4       Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).       4         5       Net value of non-exempt-use assets (subtract line 4 from line 3)       5         6       Multiply line 5 by 0.035.       6         7       Recoveries of prior-year distributions       7         8       Minimum Asset Amount (add line 7 to line 6)       8         ection C - Distributable Amount       Current Year         1       Adjusted net income for prior year (from Section A, line 8, column A)       1         2       Income tax imposed in prior year       4         5       Income tax imposed in prior year       5         6       Distributable Amount.       4         1       Enter greater of line 2 or line 3.       4         5       Income tax imposed in prior year       5	instructions for short tax year or assets held for part of year):			
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         2       Acquisition indebtedness applicable to non-exempt-use assets       2         3       Subtract line 2 from line 1d.       3         4       Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).       4         5       Net value of non-exempt-use assets (subtract line 4 from line 3)       5         6       Multiply line 5 by 0.035.       6         7       Recoveries of prior-year distributions       7         8       Minimum Asset Amount (add line 7 to line 6)       8         ection C - Distributable Amount       Current Year         1       Adjusted net income for prior year (from Section A, line 8, column A)       1         2       Enter 0.85 of line 1.       2         3       Minimum asset amount for prior year (from Section B, line 8, column A)       4         4       Enter greater of line 2 or line 3.       4         5       Income tax imposed in prior year       5         6       Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). <td>a Average monthly value of securities</td> <td>1a</td> <td></td> <td></td>	a Average monthly value of securities	1a		
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(explain in detail in Part VI):       2         2       Acquisition indebtedness applicable to non-exempt-use assets       2         3       Subtract line 2 from line 1d.       3         4       Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).       4         5       Net value of non-exempt-use assets (subtract line 4 from line 3)       5         6       Multiply line 5 by 0.035.       6         7       Recoveries of prior-year distributions       7         8       Minimum Asset Amount (add line 7 to line 6)       8         ection C - Distributable Amount       Current Year         1       Adjusted net income for prior year (from Section A, line 8, column A)       1         2       Enter 0.85 of line 1.       2         3       Minimum asset amount for prior year (from Section B, line 8, column A)       3         4       Enter greater of line 2 or line 3.       4         5       Income tax imposed in prior year       5         6       Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).       6	d Total (add lines 1a, 1b, and 1c)	1d		
2       Acquisition indebtedness applicable to non-exempt-use assets       2         3       Subtract line 2 from line 1d.       3         4       Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).       4         5       Net value of non-exempt-use assets (subtract line 4 from line 3)       5         6       Multiply line 5 by 0.035.       6         7       Recoveries of prior-year distributions       7         8       Minimum Asset Amount (add line 7 to line 6)       8         ection C - Distributable Amount       Current Year         1       Adjusted net income for prior year (from Section A, line 8, column A)       1         2       Enter 0.85 of line 1.       2         3       Minimum asset amount for prior year (from Section B, line 8, column A)       3         4       Enter greater of line 2 or line 3.       4         5       Income tax imposed in prior year       5         6       Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).       6	e Discount claimed for blockage or other factors			
2       Acquisition indebtedness applicable to non-exempt-use assets       2         3       Subtract line 2 from line 1d.       3         4       Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).       4         5       Net value of non-exempt-use assets (subtract line 4 from line 3)       5         6       Multiply line 5 by 0.035.       6         7       Recoveries of prior-year distributions       7         8       Minimum Asset Amount (add line 7 to line 6)       8         ection C - Distributable Amount       Current Year         1       Adjusted net income for prior year (from Section A, line 8, column A)       1         2       Enter 0.85 of line 1.       2         3       Minimum asset amount for prior year (from Section B, line 8, column A)       3         4       Enter greater of line 2 or line 3.       4         5       Income tax imposed in prior year       5         6       Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).       6	(explain in detail in <b>Part VI</b> ):			
4       Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).       4         5       Net value of non-exempt-use assets (subtract line 4 from line 3)       5         6       Multiply line 5 by 0.035.       6         7       Recoveries of prior-year distributions       7         8       Minimum Asset Amount (add line 7 to line 6)       8         ection C - Distributable Amount       Current Year         1       Adjusted net income for prior year (from Section A, line 8, column A)       1         2       Enter 0.85 of line 1.       2         3       Minimum asset amount for prior year (from Section B, line 8, column A)       3         4       Enter greater of line 2 or line 3.       4         5       Income tax imposed in prior year       5         6       Distributable Amount.       Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).       6	•	2		
see instructions).45Net value of non-exempt-use assets (subtract line 4 from line 3)56Multiply line 5 by 0.035.67Recoveries of prior-year distributions78Minimum Asset Amount (add line 7 to line 6)8Current Year1Adjusted net income for prior year (from Section A, line 8, column A)12Enter 0.85 of line 1.23Minimum asset amount for prior year (from Section B, line 8, column A)34Enter greater of line 2 or line 3.45Income tax imposed in prior year56Distributable Amount.Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).6	3 Subtract line 2 from line 1d.	3		
see instructions).45Net value of non-exempt-use assets (subtract line 4 from line 3)56Multiply line 5 by 0.035.67Recoveries of prior-year distributions78Minimum Asset Amount (add line 7 to line 6)8Current Year1Adjusted net income for prior year (from Section A, line 8, column A)12Enter 0.85 of line 1.23Minimum asset amount for prior year (from Section B, line 8, column A)34Enter greater of line 2 or line 3.45Income tax imposed in prior year56Distributable Amount.Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).6	4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater and	ount,		
6       Multiply line 5 by 0.035.       6         7       Recoveries of prior-year distributions       7         8       Minimum Asset Amount (add line 7 to line 6)       8         ection C - Distributable Amount       8       Current Year         1       Adjusted net income for prior year (from Section A, line 8, column A)       1         2       Enter 0.85 of line 1.       2         3       Minimum asset amount for prior year (from Section B, line 8, column A)       3         4       Enter greater of line 2 or line 3.       4         5       Income tax imposed in prior year       5         6       Distributable Amount.       Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).       6				
6       Multiply line 5 by 0.035.       6	5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
7       Recoveries of prior-year distributions       7         8       Minimum Asset Amount (add line 7 to line 6)       8         ection C - Distributable Amount       8       Current Year         1       Adjusted net income for prior year (from Section A, line 8, column A)       1       Current Year         2       Enter 0.85 of line 1.       2           3       Minimum asset amount for prior year (from Section B, line 8, column A)       3           4       Enter greater of line 2 or line 3.       4            5       Income tax imposed in prior year       5             6       Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).       6		6		
8       Minimum Asset Amount (add line 7 to line 6)       8       Current Year         ection C - Distributable Amount       Current Year       Current Year         1       Adjusted net income for prior year (from Section A, line 8, column A)       1       Current Year         2       Enter 0.85 of line 1.       2       Current Year         3       Minimum asset amount for prior year (from Section B, line 8, column A)       3       Current Year         4       Enter greater of line 2 or line 3.       4       Current Year         5       Income tax imposed in prior year       5       Current Year         6       Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).       6       Enter		7		
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2Enter 0.85 of line 1.23Minimum asset amount for prior year (from Section B, line 8, column A)34Enter greater of line 2 or line 3.45Income tax imposed in prior year56Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).6	Section C - Distributable Amount			Current Year
2Enter 0.85 of line 1.23Minimum asset amount for prior year (from Section B, line 8, column A)34Enter greater of line 2 or line 3.45Income tax imposed in prior year56Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).6	1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
3       Minimum asset amount for prior year (from Section B, line 8, column A)       3         4       Enter greater of line 2 or line 3.       4         5       Income tax imposed in prior year       5         6       Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).       6		2		
4     Enter greater of line 2 or line 3.     4       5     Income tax imposed in prior year     5       6     Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).     6		3		
5     Income tax imposed in prior year     5       6     Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).     6				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).       6		5		
emergency temporary reduction (see instructions). 6				
		6		
			d Type III supporting orga	anization (see

instructions).

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10	Line 8 amount divided by line 9 amount				
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	S	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				

YAD EZRA

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

**1** Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2022 from Section C, line 6

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

Schedule A (Form 990) 2022

Section D - Distributions

2

3

4

6

7

8

9

### **-***4733 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1

2

3

4

5

6

7

8

9

**Current Year** 

Schedule A (Form 990) 2022

16290830 131861 02076.000

c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A	(Form 990) 2022	YAD	EZRA	**-**4733 Page 8
Part VI	Supplemental Part IV, Section A line 1; Part IV, Sec	, lines 1, 2, 3b, 30 ption D, lines 2 an , 6, and 8; and Pa	Provide the explanations required by Part II, line 10; Part II, lin , 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section d 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line rt V, Section E, lines 2, 5, and 6. Also complete this part for an	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, a 1; Part V, Section B, line 1e; Part V,
	(200			
232028 12-09-2	2		23	Schedule A (Form 990) 2022

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Department of the Treasury

Internal Revenue Service

# **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.



Nam	e of the organization					Employer identification number * * - * * * 4 7 3 3
Do	YAD EZRA t I Organizations Maintaining Donor Advise	d Eurodo or Oth	or Cin	nilor Eunde	or Ao	
Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		er Sin	nilar Funds	s or AC	<b>Counts.</b> Complete if the
	organization answered fes on Form 990, Fait IV, in		duiaad	fundo		b) Funda and other accounts
_		(a) Donor ad	uvised	lunas	(	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	•				
•	are the organization's property, subject to the organization's					
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of impermissible private benefit?		-			
Pa						
1				011101111330,	Tarriv,	
	Purpose(s) of conservation easements held by the organizati Preservation of land for public use (for example, recrea			Draconvotion	of a biata	rically important land area
	Protection of natural habitat	lion of education)				rically important land area ied historic structure
	Preservation of open space			Freservation		
2	Complete lines 2a through 2d if the organization held a qualit	ied conservation co	ntributi	on in the form	of a cor	servation essement on the last
2	day of the tax year.		minouti			Held at the End of the Tax Year
а	Total number of conservation easements					2a
h						2b
c	Number of conservation easements on a certified historic str					2c
d	Number of conservation easements included in (c) acquired a					
						2d
3	Number of conservation easements modified, transferred, rel					
	year	, <b>g</b>	,	······	9	g
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per		spectio	n, handling of	-	
					Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	ns, and	enforcing cor	servatio	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, an	nd enfo	rcing conserv	ation eas	ements during the year
8	Does each conservation easement reported on line 2(d) abov					
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservati					
	balance sheet, and include, if applicable, the text of the footr	note to the organizat	ion's fi	nancial staten	nents tha	t describes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical	Troad		thor Si	imilar Assots
ı a	Complete if the organization answered "Yes" on Form	-		Sures, or O		Assets.
10	If the organization elected, as permitted under FASB ASC 95			ua atatamant	and hala	noo oboot worko
Id	of art, historical treasures, or other similar assets held for put	•				
	service, provide in Part XIII the text of the footnote to its final					
h	If the organization elected, as permitted under FASB ASC 95					sheet works of
D.	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items:		, or n		linerance	
						\$
	· · · · · · · · · · · · · · · · · · ·					•
2	If the organization received or held works of art, historical tre					*
-	the following amounts required to be reported under FASB A					
а	Revenue included on Form 990, Part VIII, line 1					\$
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions					Schedule D (Form 990) 2022
	09-01-22					

29 2022.04020 YAD EZRA

Sche	dule D (Form 990) 2022 YAD EZRA						**_**			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, o	r Othe	r Simila	r Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that	: make s	ignificant (	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	change progra	am					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further t	he organizatio	on's exei	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations of	f art, historical trea	sures, or othe	er similaı	r assets		_		_
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organization	on answered '	'Yes" or	n Form 990	), Part IV,	ine 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia							-		7
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:							
								Amoun	t	
	Beginning balance									
	Additions during the year									
e	Distributions during the year									
T	Ending balance					<b>1</b> f		Vee		
	Did the organization include an amount on Fo If "Yes," explain the arrangement in Part XIII.		•			IILY ?	····· ∟	Yes		No ∣
Par						10	<u></u>	<u></u>		
		(a) Current year	(b) Prior year	(c) Two year			/ears back	(e) Fou	vears	back
1a	Beginning of year balance	2,939,875.	2,848,875.		3,375.		01,841.		,777,	
b	Contributions	15,010.	91,000.		5,500.					
c	Net investment earnings, gains, and losses	,	288,649.		5,547.		63,260.			934.
d	Grants or scholarships		,		,		,		,	
	Other expenditures for facilities									
-	and programs		288,649.	246	5,547.	4	63,262.		58,	934.
f	Administrative expenses		·							
g	End of year balance	2,954,885.	2,939,875.	2,848	3,875.	2,8	23,375.	2	,801,	841.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment 100	%	-							
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held a	nd administer	ed for th	ne				
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	d on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		/ment funds.							
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990,								
	Description of property	(a) Cost or ot basis (investm	.,	t or other (other)	• •	Accumulate preciation		( <b>d)</b> Boo	k value	e
1a	Land		19	5,000.				19	5,00	00.
b	Buildings		1,73	38,769.		674,6	97.	1,06	<u>4,</u> 0'	72.
с	Leasehold improvements									
d	Equipment			21,726.		103,3	50.		8,3'	
<u> </u>	Other		10	)7,124.		42,8		6	4,2'	74.
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X	(, column (B), line 1	0c.)				1,34	1,72	22.

Schedule D (Form 990) 2022

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Part VII	Investments -	Other	Securities.

YAD EZRA

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 valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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 valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Col. (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) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	•

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	SECURITY DEPOSITS	1,750.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,750.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 YAD EZRA			**_	***4733 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	ts Wil	h Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	895,276.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-2,272,519.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		-3,623.		
е	Add lines 2a through 2d			2e	-2,276,142.
3	Subtract line 2e from line 1			3	3,171,418.
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	69,352.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	69,352.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	3,240,770.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts W	ith Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,920,764.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines <b>2a</b> through <b>2d</b>			2e	0.
3	Subtract line 2e from line 1			3	2,920,764.
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	69,352.		
b	Other (Describe in Part XIII.)				
с	Add lines 4a and 4b			4c	69,352.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	2,990,116.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART V, LINE 4:

THE ORGANIZATION HAS NET ASSETS WITH DONOR RESTRICTIONS THAT ARE PERPETUAL
IN NATURE CONSISTING OF ENDOWMENT FUNDS. THE PRINCIPAL AMOUNT OF THE
ENDOWMENT HAS BEEN RESTRICTED IN PERPETUITY BY THEIR DONORS, WHEREAS THE
INVESTMENT INCOME EARNED ON THE ASSETS OF THESE FUNDS IS UNRESTRICTED AND
EXPENDABLE FOR PROGRAM SERVICES.
PART X, LINE 2:
PROFESSIONAL STANDARDS REQUIRE AN EVALUATION OF WHETHER A TAX POSITION

REPORTED ON A TAX RETURN IS MORE LIKELY THAN NOT TO BE SUSTAINED IF

CHALLENGED. MANAGEMENT BELIEVES NO SUCH POSITIONS EXIST THAT WOULD HAVE

SIGNIFICANT IMPACT ON THE ORGANIZATION 'S FINANCIAL POSITION AND RESULTS

Schedule D (Form 990) 2022

232054 09-01-22

 Schedule D (Form 990) 2022
 YAD
 EZRA

 Part XIII
 Supplemental Information (continued)

OF OPERATIONS. AS OF DECEMBER 31, 2022 AND 2021, NO LIABILITY FOR

UNRECOGNIZED TAX BENEFIT WAS REQUIRED TO BE RECORDED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PARTNERSHIP INCOME NOT INCLUDED ON FINANCIAL STATEMENT

-3,623.

Schedule D (Form 990) 2022

232055 09-01-22

232071 10-17		
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# 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.

Name of the organization

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

### YAD EZRA

#### **-***4733 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I

Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, Yes X No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....L
- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is	<i>,</i>	
(a) Degion (b) Number of (a) Number of (d) Activities conducted in the regio	- /-) /f	

• Activities per negion. (II	ne following r art	I, III E O LADIE CA	in be duplicated if additional space is fi	eeueu.j	
(a) Region	(b) Number of offices	(c) Number of employees, agents, and independent contractors	(d) Activities conducted in the region (by type) (such as, fundraising, pro-	<ul> <li>(e) If activity listed in (d) is a program service,</li> </ul>	(f) Total expenditures
	in the region	agents, and independent	gram services, investments, grants to		for and
		contractors	recipients located in the region)	of service(s) in the region	investments in the region
		in the region			
<b>0</b> - 0.44444	0	0			0.
3 a Subtotal		0			<u> </u>
<b>b</b> Total from continuation					
sheets to Part I	0	0			٥.
c Totals (add lines 3a					
and 3b)	0	0			0

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

Schedule F (Form 990) 2022



Employer identification number

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) -	ITEMS NEEDED TO OUTFIT THE TOTALLY INDEPENDENT KOSHER					
		ALBANIA, ANDORRA,	FOOD PANTRY AND PAY	10,000.	WIRE TRANSFER	0.		
			recognized as charities by the f or counsel has provided a sect					
			·			<b>&gt;</b>		dule F (Form 990) 202

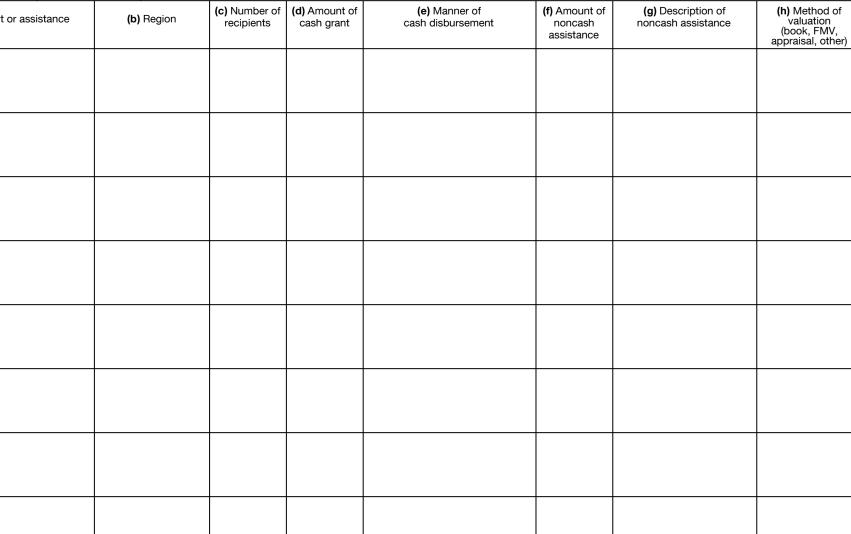
SEE PART V FOR COLUMN (D) DESCRIPTIONS

Page 2

232073 10-17-22

YAD EZRA Schedule F (Form 990) 2022

Schedule F (Form 990) 2022



**-***4733

	Foreign Form	19	
Schedule F	(Form 990) 2022	YAD	EZRA

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

Schedule F (Form 990) 2022

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

PART II, COLUMN (D):

### (A) REGION:

### EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU

(D) PURPOSE OF GRANT: ITEMS NEEDED TO OUTFIT THE TOTALLY INDEPENDENT

KOSHER FOOD PANTRY AND PAY SALARIES FOR TWO INDIVIDUALS.

Schedule F (Form 990) 2022

232075 10-17-22

16290830 131861 02076.000

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ties	OM	1B No. 1545-0047	
(Form 990)	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.									
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ.Open to PublicGo to www.irs.gov/Form990 for instructions and the latest information.Inspection									
Name of the organization	ame of the organization Employer identification number									
YAD EZRA       **-**4733         Part I       Fundraising Activities. Complete if the organization answered "Yes" on Form 990. Part IV. line 17. Form 990-EZ filers are not										
	Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
<ul> <li>1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>g Special fundraising events</li> <li>d In-person solicitations</li> <li>z a 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?</li> <li>b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be</li> </ul>										
compensated at le	ast \$5,000 by the	organization.								
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount pai or retained b fundraiser ted in col. <b>(i</b> )	y)   1	(vi) Amount paid to (or retained by) organization	
			Yes	No						
Total										
3 List all states in whit or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from	ı regi	stration	

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

Schedule G (Form 990) 2022

232081 10-27-22

YAD EZRA

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990 FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	- col. (c))
Hevenue			420 840			420 840
Š	1	Gross receipts	439,740.			439,740
	2	Less: Contributions	378,978.			378,978
	3	Gross income (line 1 minus line 2)	60,762.			60,762
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs				
Ulrect Expenses	7	Food and beverages				
-1		Entertainment				<u> </u>
		Other direct expenses				60,762
		Direct expense summary. Add lines 4 throug				60,762
2	rt I	Net income summary. Subtract line 10 from <b>II Gaming.</b> Complete if the organization		000 Dort IV line 10 or		, v
-		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or	reported more than	
Ţ		\$13,000 011 F0111 990-EZ, line 0a.		(b) Pull tabs/instant		(d) Total gaming (ad
e			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (a)
Hevenue				0 1 0		
<u>ב</u>	1	Gross revenue				
1	·					
	2	Cash prizes				
<u>UITECL EXPENSES</u>						
D D	3	Noncash prizes				
Ц Ц						
	4	Rent/facility costs				
וב						
	5	Other direct expenses				
			<b>Yes</b> %	<b>Yes</b> %	Yes %	
	6	Volunteer labor	Νο	No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	-					
	8	Net gaming income summary. Subtract line	/ from line 1, column (d)			
		er the state(s) in which the organization cond				
	E at	er me state(s) in which me oroanization cond				Yes N
				states?		
а	ls t	he organization licensed to conduct gaming a				
а	ls t					
а	ls t	he organization licensed to conduct gaming a				
a b	ls t If "I	he organization licensed to conduct gaming a No," explain:			vear?	Yes
a b	Is t If "I	he organization licensed to conduct gaming a No," explain:	evoked, suspended, or te	rminated during the tax	year?	Yes N
a b	Is t If "I	he organization licensed to conduct gaming a No," explain:	evoked, suspended, or te	rminated during the tax	year?	Yes N
a b a	Is t If "I	he organization licensed to conduct gaming a No," explain:	evoked, suspended, or te	rminated during the tax	year?	

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Sch	edule G (Form 990) 2022	YAD	EZRA	**_**	*4733	Page 3
11 12			ivities with nonmembers?	C	Yes	🗌 No
	<b>c</b>			C	Yes	No No
				-	3a	%
					3b	%
			who prepares the organization's gaming/special events books and records			/0
	Name					
	Address					
15a	Does the organization have a con	tract with	a third party from whom the organization receives gaming revenue?	E	Yes	No No
b	If "Yes," enter the amount of gam of gaming revenue retained by the			unt		
c	: If "Yes," enter name and address					
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	\$				
	Description of services provided					
	Director/officer	En En	ployee Independent contractor			
	Mandatory distributions:					
a	untain the state mension lineares		v to make charitable distributions from the gaming proceeds to	[	Yes	🗌 No
b	<ul> <li>Enter the amount of distributions organization's own exempt activit</li> </ul>	•	under state law to be distributed to other exempt organizations or spent in g the tax year \$	the		
Pa	rt IV Supplemental Infor	mation	<ul> <li>Provide the explanations required by Part I, line 2b, columns (iii) and (v); a ole. Also provide any additional information. See instructions.</li> </ul>	Ind Part II	l, lines 9,	9b, 10b,
	, , , , ,					
2320	83 10-27-22			Schedule	G (Form	990) 2022

Schedule G	i (Form 990)		EZRA
Part IV	Supplement	al Information	(continued)

raitiv	(continued)		
			Schedule G (Form 990)

232084 04-01-22

SCHEDULE I Grants and Other Assistance to Organizations,							OMB No. 1545-0047			
(Form 990)		Go	vernments, an	d Individual	ls in the Ŭni	ted States		2022		
Department of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.									
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.										
Name of the organization Employer										
YAD EZRA										
Part I General I	Part I General Information on Grants and Assistance									
1 Does the organiz										
	award the grants or assis							X Yes	No	
	IV the organization's pro									
	d Other Assistance to I hat received more than \$	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any		
1 (a) Name and ad	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash	<b>(f)</b> Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
					assistance	other)				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ....

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

YAD EZRA

Page 2

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

(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
400	0.	1,870,048.	COST/FMV	FOOD
	recipients	recipients cash grant	recipients cash grant cash assistance	recipients cash grant cash assistance (book, FMV, appraisal, other)

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

### CONTROL PROCEDURES ARE IN PLACE TO MONITOR DISTRIBUTION OF FOOD TO NEEDY

### FAMILIES AND INDIVIDUALS.

SC	HEDULE J	Compensation Information	1	OMB No.	1545-004	47
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			20	22	)
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			2022		
	tment of the Treasury	Attach to Form 990.		Open to Inspe		
	al Revenue Service ne of the organizatior	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer i			
man	le of the organization	YAD EZRA		**473		libei
Pa	rt I Question	s Regarding Compensation		115	<u> </u>	
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990.		100	110
		line 1a. Complete Part III to provide any relevant information regarding these items.	,			
	First-class or c		nal use			
	Travel for com					
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s			
		spending account Personal services (such as maid, chauffer	ır, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization's	;			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant Compensation survey or study				
	Form 990 of o	ther organizations $X$ Approval by the board or compensation of	ommittee			
	During the year did	any person listed on Form 000. Port VII. Section A line 1s, with respect to the filing				
4	organization or a re	I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
а	-			4a	х	
b						x
c		eive payment from a supplemental nonqualified retirement plan?				X
Ŭ		hes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the re					
а	The organization?			5a		X
b	Any related organiz	ation?		5b		X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n	et earnings of:				
а	The organization?			<u>6a</u>	Х	
	Any related organiz					X
	If "Yes" on line 6a c	or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section			9		
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990)	2022

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### 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.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LEA LUGER	(i)	0.	0.	153,250.	0.	0.	153,250.	0.
EXECUTIVE DIRECTOR THROUGH MAY 2021	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (ii							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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.

PART I, LINE 3:

BOARD APPROVES ALL COMPENSATION AS A PART OF THE BUDGET

PART I, LINE 4A:

FORMER EXECTUIVE DIRECTOR WAS AWARDED SEPARATION PAY THAT WILL BE PAID OUT

IN TWO INSTALLMENTS OF \$150,000 ADJUSTED UP OR DOWN BY THE PERCENTAGE

CHANGE IN THE OPERATING ACCOUNT AS A RESULT OF INVESTMENT APPRECIATION OR

DEPRECIATION NET OF ALL EXPENSES ON CERTAIN SPECIFIED DATES. ONE PAYMENT

WAS MADE ON AUGUST 23, 2021 AND THE FINAL PAYMENT WAS ACCRUED AS OF

DECEMBER 31, 2021 AND WAS PAID ON JANUARY 4, 2022.

PART I, LINE 6:

THE EXECUTIVE DIRECTOR VOLUNTARILY RETIRED AND WAS AWARDED SEPARATION PAY

WHICH SHALL BE PAID IN TWO INSTALLMENTS OF \$150,000 ADJUSTED UP OR DOWN BY

THE PERCENTAGE CHANGE IN THE OPERATING ACCOUNT AS A RESULT OF INVESTMENT

APPRECIATION OR DEPRECIATION NET OF ALL EXPENSES ON CERTAIN SPECIFIED

DATES.

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

2022 Open to Public

Name of the organization

YAD	EZRA

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Pa	t I Types of Property							
Ia		(a)	(b)	(c)	(d)			
		Check if	Number of	Noncash contribution	Method of de		ing	
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contribu	ution ar	nount	S
1	Art - Works of art			ronn 990, rait vin, ine rg				
2	Art - Historical treasures							
2	Art - Fractional interests							
3 4								
-	Books and publications							
5	Clothing and household goods							
6 7	Cars and other vehicles							
7 8	Boats and planes							
9	Intellectual property							
	Securities - Publicly tradedSecurities - Closely held stock							
10 11								
11	Securities - Partnership, LLC, or							
10	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
44	Historic structures Qualified conservation contribution - Other							
14 15								
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles	x		284 483	POUNDS AT M	ועסגו	הייים ג	77 T
19 00	Food inventory	A		204,403.	FOONDS AT M		<u> </u>	ичп
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24 05	Archeological artifacts							
25 00	Other ()							
26 07	Other ()							
27	Other ()							
<u>28</u> 29	Other ( ) Number of Forms 8283 received by the organiz		the tax year for a	antributiona				
29	for which the organization completed Form 82							
	for which the organization completed Form 62	os, Fart V, L	onee Acknowledg	ement 29			Yes	No
200	During the year did the organization receive h	v oontributio	n any proporty ron	ortad in Dart L lines 1 throug	h 29. that it		Tes	NO
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of	_				20-		x
Ŀ	exempt purposes for the entire holding period'	۰				30a		
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	onliny that re	ouires the roview	of any nonstandard contribut	ions?	24		x
31					ions?	31		
<b>32</b> d	Does the organization hire or use third parties contributions?	or related of	yanizations to soll	on, process, or sell noncash		32a		x
	CONTROLIOUS (					1 JZd		

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

b If "Yes," describe in Part II.

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

Schedule M (Form 990) 2022

232141 09-09-22

Part II		Inforr	nation.
Schedule	M (Form 990) 2022	YAD	EZRA

	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization
_	is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete
	this part for any additional information.

232142 09-09-22	Schedule M (Form 990) 2022

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49 2022.04020 YAD EZRA SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

FORM 990, PART

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



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YAD EZRA

I,

LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY.

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

A COPY OF FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION CONDUCTS ORIENTATION OF NEW BOARD MEMBERS AND EXPLAINS THE

CONFLICT OF INTEREST POLICY ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

A COMMITTEE DETERMINES THE SALARIES. THE ENTIRE SALARY BUDGET IS APPROVED

BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PARTNERSHIP INCOME NOT INCLUDED ON FINANCIAL STATEMENT

-3,623.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022