

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.

OMB No. 1545-0047

2020
Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

A For the 2020 calendar year, or tax year beginning _____ **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **YAD EZRA V' SHULAMIT**
 C/O Joseph Rivani
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3470 WILSHIRE BLVD
 City or town, state or province, country, and ZIP or foreign postal code
LOS ANGELES CA 90010

D Employer identification number
46-0477228

E Telephone number
213-365-0005

F Name and address of principal officer:
Joseph Rivani
3470 Wilshire Blvd
Los Angeles CA 90010

G Gross receipts \$ **2,456,299**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **www.yadezra.net**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2002** **M** State of legal domicile: _____

H(c) Group exemption number: _____

Part I Summary		L	M
		Year of formation: 2002	State of legal domicile:
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	4
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	6
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,056,896	Current Year 2,456,299
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,056,896	2,456,299
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,608,000	1,838,946
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		146,450
	b Total fundraising expenses (Part IX, column (D), line 25) 247,815		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	458,360	285,529
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,066,360	2,270,925
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-9,464	185,374
	20 Total assets (Part X, line 16)	Beginning of Current Year 8,086	End of Year 188,160
	21 Total liabilities (Part X, line 26)	5,300	0
	22 Net assets or fund balances. Subtract line 21 from line 20	2,786	188,160

Part 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 Here
 Signature of officer: *Joseph Rivani* Date: 7/12/2021
 Type or print name and title: **Joseph Rivani Director**

Paid Preparer Use Only
 Print/Type preparer's name: SHIMON GALITZER Preparer's signature: *Shimon Galitzer* Date: 07/04/21 Check self-employed PTIN: P01446338
 Firm's name: Galitzer & Associates Firm's EIN: 98-0079091
 Firm's address: PO Box 34516 Jerusalem Israel, IS 91342 Phone no.: 954-703-6027

May the IRS discuss this return with the preparer shown above? See instructions Yes No
 For Paperwork Reduction Act Notice, see the separate instructions. DAA Form 990 (2020)

TAXABLE YEAR
2020 **California Exempt Organization**
Annual Information Return

FORM
199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name **YAD EZRA V' SHULAMIT**
C/O JOSEPH RIVANI California corporation number _____

Additional information. See Instructions. FEIN **46-0477228**

Street address (suite or room) **3470 WILSHIRE BLVD** PMB no. _____

City **LOS ANGELES** State **CA** Zip code **90010**

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

A First return Yes No

B Amended return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final information return? Yes No

Dissolved Surrendered (Withdrawn) Merged/Reorganized
Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990)
(4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. **N/A** Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$ _____

L Is the organization a limited liability company? Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? Yes No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

O Is federal Form 1023/1024 pending? Yes No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received	3	2,456,299
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B.	4	2,456,299
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4	8	2,456,299
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,270,925
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	185,374
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Information K	12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Penalties and interest. See General Information J	15	00
Sign Here	16	Balance due. Add line 12, and line 15. Then subtract line 11 from the result	16	00
	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 taxpayer) is based on all information of which preparer has any knowledge.			
Paid Preparer's Use Only	Signature of officer	<i>Joseph Rivani</i>	Title	DIRECTOR
	Preparer's signature	<i>[Signature]</i>	Date	7/12/2021
	Firm's name (or yours, if self-employed) and address	GALITZER & ASSOCIATES PO BOX 34516 JERUSALEM ISRAEL, IS 91342	Telephone	213-365-0005
May the FTB discuss this return with the preparer shown above? See instructions			Check if self-employed	<input checked="" type="checkbox"/>
			PTIN	P01446338
			Firm's FEIN	98-0079091
			Telephone	954-703-6027

034

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR
2020

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name **YAD EZRA V' SHULAMIT
C/O JOSEPH RIVANI** Identifying number **46-0477228**

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	2,456,299
2 Total gross income (Form 199, line 8)	2	2,456,299
3 Total expenses and disbursements (Form 199, line 9)	3	2,270,925

Part II Settle Your Account Electronically for Taxable Year 2020

4 Electronic funds withdrawal 4a Amount _____ 4b Withdrawal date (mm/dd/yyyy) _____



Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____
6 Account number _____ 7 Type of account: Checking Savings

Part IV Declaration of Officer


I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

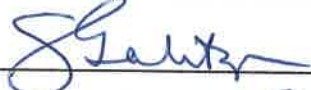
Sign Here  06/21/21  **DIRECTOR**
Signature of officer Date Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign ERO's signature  Date _____ Check if also paid preparer Check if self-employed ERO's PTIN **P01446338**
Firm's name (or yours if self-employed) and address **GALITZER & ASSOCIATES
PO BOX 34516
JERUSALEM ISRAEL IS** Firm's FEIN **98-0079091**
ZIP code **91342**

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign Paid preparer's signature  Date **7/11/2021** Check if self-employed Paid preparer's PTIN **P01446338**
Firm's name (or yours if self-employed) and address **Shimon Galitzer
P.O. Box 34516, Jerusalem, Israel** Firm's FEIN **98-0079091**
ZIP code _____