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Form **990-EZ** 

- Department of the Treasury

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

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 públiq.

Open to Public

Inspection

Do not enter social security numbers on this form as it may be made públic.

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

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K Form of organization   X  Corporation   Trust   Association   Other    L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990-EZ   S\$ 164,108    Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II)    Check if the organization used Schedule O to respond to any question in this Part      1	1	Websi	te: ≅ <u>N/A</u>			
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, (lie Form 990 instead of Form 990-EZ	J	Tax-exe	mpt status (che	ck only one) — X 501(c)(3)	(Form	990, 990-EZ, or 990-PF)
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Part II   Column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	L	Add line	es 5b. 6c. and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets	
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Salaries, other compensation, and employee benefits  13    Professional fees and other payments to independent contractors OCITI, UT  13    Solaries, other compensation, and employee benefits  14    Occupancy, rent, utilities, and maintenance  15    Printing, publications, postage, and shipping  16    Other expenses (describe in Schedule O)  17    Total expenses. Add lines 10 through 16  18    Excess or (deficit) for the year (Subtract line 17 from line 9)  19    Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  19    Other changes in net assets or fund balances (explain in Schedule O)  20    Net assets or fund balances at end of year Combine lines 18 through 20  21    23,260	W ,	_ <u></u>				
Salaries, other compensation, and employee benefits  13    Professional fees and other payments to independent contractors OCITI, UT  13    Solaries, other compensation, and employee benefits  14    Occupancy, rent, utilities, and maintenance  15    Printing, publications, postage, and shipping  16    Other expenses (describe in Schedule O)  17    Total expenses. Add lines 10 through 16  18    Excess or (deficit) for the year (Subtract line 17 from line 9)  19    Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  19    Other changes in net assets or fund balances (explain in Schedule O)  20    Net assets or fund balances at end of year Combine lines 18 through 20  21    23,260	1			d to or for members   8   DFC 2.6 2018   0	ł	
Professional fees and other payments to independent contractors OCOEN, UT  13 5,986 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Vet assets or fund balances at end of year Combine lines 18 through 20 21 23,260	S		Salaries of	per compensation, and employee benefits	<b> </b>	
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 23,260	Se		Professiona	I fees and other payments to independent contractors.	ŀ	
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 23,260	je.		Occupancy	rent utilities and maintenance	ŀ	
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 23,260	X		Occupancy,	Terri, dunice, and maintenance	ŀ	
17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  17 173,499  18 -9,391  19 32,651  20 21 23,260					ŀ	
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 23,260						
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	Check if the organization used Schedule O to re	spond to any question in th	nis Part II				X
			(A	A) Beginning of	year		(B) End of year
22	Cash, savings, and investments .			34	1,202	22	22,660
23	Land and buildings		<u> </u>			23	
24	Other assets (describe in Schedule O)	•	· <u> </u>		1,000	$\overline{}$	600
25	Total assets		ļ		5,202	25	23,260
26	Total liabilities (describe in Schedule O)	\	<u> </u>		2,551	26 27	22.260
27	Net assets or fund balances (line 27 of column (B	<del>.</del>	se for Port III)		2,651	27	23,260
Pa	t III Statement of Program Service Accomplish Check if the organization used Schedule O to		·				Expenses
\ A /I= =				AND OTHE	<u></u>	(Req	juired for section
	t is the organization's primary exempt purpose? <u>F</u> cribe the organization's program service accomplishm	PROVIDE FUNDING FOR			<u> </u>		c)(3) and 501(c)(4) nizations, optional
	easured by expenses In a clear and concise manne						thers)
	ons benefited, and other relevant information for each		ovided, the hamber	0.			
	PROVIDED EDUCATIONAL AND YOUTH ASSITAN		DUCATIONAL				1
	FACILITIES						
					<u></u>		
	(Grants \$ ) If this amount	includes foreign grants, ch	neck here	E		28a	
29							
	(Grants \$ ) If this amount	includes foreign grants, cl	neck here	N	Ш	29a	
30							
						ļ	
		includes foreign grants, cl	neck here	<u> </u>	<u> </u>	30a	
31	Other program services (describe in Schedule O)			B.***	$\Box$		
		includes foreign grants, cl	neck here		<u>ш</u>	31a	
	Total program service expenses. (add lines 28a th		<u> </u>		<b>•</b>	32	0
Рa	rt IV List of Officers, Directors, Trustees, and K	ou Employees (list oach on					
				sated—see th	ie insti	ruction	is for Part IV)
	Check if the organization used Schedule O to		n this Part IV	· · · · · · · · · · · · · · · · · · ·	•		
		respond to any question (b) Average		(d) Healt	•		(e) Estimated amount of
		respond to any question i	n this Part IV  (c) Reportable  compensation  (Forms W-2/1099-MISC	(d) Health controls ) employee b	h benefit utions to enefit pla	s,	
	Check if the organization used Schedule O to	(b) Average hours per week	n this Part IV (c) Reportable compensation	(d) Health	h benefit utions to enefit pla	s,	(e) Estimated amount of
	Check if the organization used Schedule O to  (a) Name and title	(b) Average hours per week devoted to position	n this Part IV  (c) Reportable  compensation  (Forms W-2/1099-MISC	(d) Health controls ) employee b	h benefit utions to enefit pla	s,	(e) Estimated amount of
	Check if the organization used Schedule O to  (a) Name and title	(b) Average hours per week	n this Part IV  (c) Reportable  compensation  (Forms W-2/1099-MISC	(d) Health controls ) employee b	h benefit utions to enefit pla	s,	(e) Estimated amount of
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	Check if the organization used Schedule O to  (a) Name and title	respond to any question i  (b) Average hours per week devoted to position  Hr/WK 15 00  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	n this Part IV  (c) Reportable  compensation  (Forms W-2/1099-MISC	(d) Health controls ) employee b	h benefit utions to enefit pla	s,	(e) Estimated amount of
	Check if the organization used Schedule O to  (a) Name and title	respond to any question i  (b) Average hours per week devoted to position  Hr/WK 15 00  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	n this Part IV  (c) Reportable  compensation  (Forms W-2/1099-MISC	(d) Health controls ) employee b	h benefit utions to enefit pla	s,	(e) Estimated amount of
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yoss	Check if the organization used Schedule O to  (a) Name and title	respond to any question i  (b) Average hours per week devoted to position  Hr/WK 15 00  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	n this Part IV  (c) Reportable  compensation  (Forms W-2/1099-MISC	(d) Health controls ) employee b	h benefit utions to enefit pla	s,	(e) Estimated amount of



Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in the statement of the contract statement requirements in the statement of		rt V	
	mendenens for that ty enest in the organization about estimated to to respond to any question in t		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	· · · · · · · · · · · · · · · · · · ·	X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	202		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	*** 1. ***	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved			H1111111111111111111111111111111111111
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	4		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	23		
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		l x
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400 (A) (A) (A)	AND WILL	
·	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line			
•	40c reimbursed by the organization			2.8
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40-		X
41	transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed	40e	l .	
		(017) 7	704 269	
42 a	The organization's books are in care of ► YRG ACCOUNTING LLC Telephone no ►		U1-200	3/
	Located at ■ 6433 99TH STREET, 5A City REGO PARK ST NY ZIP + 4 🗷 113			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Pr. L. N. W. 200	X
	If "Yes," enter the name of the foreign country		7	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	73(2)		
	Financial Accounts (FBAR)  At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
C	If "Yes," enter the name of the foreign country	420		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			<b>104</b>
_	completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?	44b 44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			na v Suo comos a
AE -	explanation in Schedule O	44d	<b> </b>	<del>                                     </del>
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	DMS758	X
45 D	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," Form 990 and Schedule R may need to be completed instead of	45b		X
	Form 990-EZ (see instructions)		90-EZ	

Form 9	9δ-EZ (2017	FRIENDS OF TORAH AC	CADEMY SOUTH AFRICA	TASA INC		26-2459626 Page <b>4</b>	
46		organization engage, directly or indirectly dates for public office? If "Yes," complet	- · · · · · · · · · · · · · · · · · · ·	ivities on behalf of or i	n opposition	Yes No	
Part	Al 50	ection 501(c)(3) organizations on ll section 501(c)(3) organizations m ) and 51. heck if the organization used Sche	nust answer questions 4		•	s for lines	
47 48 49 a b 50	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  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, a employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None than the organization is not a section 500 or the organization is none, enter "None than the organization is not provided in the organization in the organization is not provided in the organization in the organization is not provided in the organization in the organization is not provided in the organization in the organization is not provided in the organization in the organization is not provided in the organization in the organization is not provided in the organization in the organization is not provided in the organization in the organization is not provided in the organization in the organization is not provided in the organization in the organization in the organization is not provided in the organization						
., <u></u>		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation	
Name Title Name	None		Hr/WK 00				
Title Name Title			Hr/WK 00				
Name Title Name			Hr/WK 00				
f 51	Total nu	mber of other employees paid over \$100 e this table for the organization's five high of compensation from the organization (a) Name and business address of each independ	0,000 ghest compensated indepe in If there is none, enter "N	endent contractors who		than	
Name City Name City		Str ST Str ST	ZIP ZIP				
Name City Name		Str ST Str	ZIP ZIP				
City Name City d		ST Str ST mber of other independent contractors e	ZIP	000			
52	complete	organization complete Schedule A? <b>Not</b> ed Schedule A				X Yes No	
Use	oarer Only	Print/Type preparer's name  YITZCHAK GROYER  Firm's name  ▼ YRG ACCOUNTING I  Firm's address  ▼ PO BOX 3555, NEW	YORK, NY 10185		Check X self-employed Firm's EIN ► 80 Phone no (9	P00939554  -0168861  17) 701-2687	
May t	he IRS di	scuss this return with the preparer show	vn above? See instructions	;		💌 💢 Yes 🔲 No	

# **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer Identification number FRIENDS OF TORAH ACADEMY SOUTH AFRICA TASA INC 26-2459626

Pai	<b>t</b> l	Reason for Public Char	ity Status (All org	ganizations must co	mplete tł	nis part.)	See instructions.	
The	orga	anization is not a private foundat	ion because it is (F	or lines 1 through 12, o	check only	one box	)	~1
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) )						
3		A hospital or a cooperative hos	pital service organiz	zation described in <b>sec</b>	tion 170(	b)(1)(A)(ii	i).	
4		A medical research organizatio	n operated in conju	nction with a hospital d	escribed	n section	170(b)(1)(A)(iii). En	ter the
		hospital's name, city, and state		, 			. , , , , , ,	
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6		A federal, state, or local govern	ment or governmer	ital unit described in se	ction 170	)(b)(1)(A)(	v).	
7	Х	An organization that normally redescribed in section 170(b)(1)(			m a gove	rnmental ı	unit or from the gene	ral public
8		A community trust described in			II )			
9	П	An agricultural research organiz				d in coniur	action with a land-gra	ent college
-	_	or university or a non-land-gran						
10		An organization that normally receipts from activities related t support from gross investment acquired by the organization af	to its exempt function income and unrelated	ns—subject to certain ed business taxable in	exception come (les	s, and (2) s section :	no more than 33 1/3 511 tax) from busine	8% of its
11		An organization organized and	operated exclusivel	y to test for public safe	ty Seese	ection 509	9(a)(4).	
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	operated exclusivel ed organizations de	y for the benefit of, to person to person the section 509	perform the (a)(1) or s	e function	is of, or to carry out t	n 509(a)(3).
a		Type I. A supporting organiz the supported organization(s organization You must con	s) the power to regu	larly appoint or elect a				
t	)	Type II. A supporting organic control or management of the organization(s) You must o	ie supporting organi	zation vested in the sa				
c	.	Type III functionally integra	-		n connect	ion with, a	and functionally integ	rated with,
		its supported organization(s		-				
C		Type III non-functionally in that is not functionally integr requirement (see instruction	ated The organizat	ion generally must sati	sfy a distr	ibution red	quirement and an att	
е	.	Check this box if the organiz	•					e III
	•	functionally integrated, or Ty						
f		Enter the number of supported	•					0
9		Provide the following information		ed organization(s) (iii) Type of organization	41-3-1-41		(iv) Amount of manager	(vil) Amount of
	(I)	Name of supported organization	(ii) EIN	(described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vI) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota		·		Carried a service de	- 400 - 20 Heat	COC-OVERDS		

Schedule A (Form 990 or 990-EZ) 2017 FRIENDS OF TORAH ACADEMY SOUTH AFRICA TASA INC 26-2459626 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (e) 2017 (b) 2014 (c) 2015 (d) 2016 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 143,533 164,108 307,641 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 307,641 Total. Add lines 1 through 3 143,533 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) Public support. Subtract line 5 from line 4 307.641 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Amounts from line 4 143,533 164,108 307,641 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 0 Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 307.641 Total support, Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 4'--- O O------ 4-4'--- - 4 D----- - 4 D----- - 4 D-----

<u>Se</u>	ction C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	100 00%
15	Public support percentage from 2016 Schedule A, Part II, line 14	15	100 00%
16a	33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or r	nore, check this box	

and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

		_
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Pα	~~	- 7

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

• •	•	• • • •	,
(Complete only	if you checked the box	con line 10 of Part I or if the organization failed to qualify under	Part II
If the organization	on fails to qualify unde	r the tests listed below inlease complete Part II \	/

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 20,17	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities					/	
	furnished in any activity that is related to the					/	
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an					/	
	unrelated trade or business under section 513		<u></u>			/	0
4	Tax revenues levied for the organization's				/		
	benefit and either paid to or expended on			,	/		
	its behalf				/		0
5	The value of services or facilities				/		
	furnished by a governmental unit to the				/		
	organization without charge				/		0
6	Total. Add lines 1 through 5	0	0	0	/ 0	0	0
7a	Amounts included on lines 1, 2, and 3				/	ĺ	
	received from disqualified persons				/		0
b	Amounts included on lines 2 and 3						
	received from other than disqualified				/	ł	
	persons that exceed the greater of \$5,000				/		_
	or 1% of the amount on line 13 for the year			_			0
С	Add lines 7a and 7b	0	0	0 5 % 30% 75% 30% 555 25 %	0	0	0
8	Public support (Subtract line 7c from	ation in					•
	line 6)		TALL DESCRIPTION OF THE PARTY O	15世界12年14年1	r make a success		0
	tion B. Total Support	4 > 0040	41 \ 004.4	1 1 2015	(4) 0040	(-) 0047	(D. T. t. )
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015 /	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	0	0	/0	0	0	0
10a	Gross income from interest, dividends,			/			
	payments received on securities loans, rents,			· /			0
	royalties, and income from similar sources			<del></del>		+	<u> </u>
D	Unrelated business taxable income (less			/		1	
	section 511 taxes) from businesses			/			0
_	acquired after June 30, 1975 Add lines 10a and 10b	0	0	/· 0	0	0	0
	Net income from unrelated business	0	0	7 0		4	
11							
	activities not included in line 10b, whether			/			0
12	or not the business is regularly carried on Other income. Do not include gain or			<i>f</i>		<del></del>	
12	loss from the sale of capital assets	]	<i>[</i>				
	(Explain in Part VI )						0
13	Total support. (Add lines 9, 10c, 11,		<del></del>		-		
	and 12)	o	/ 0	0	0	ol	0
14	First five years. If the Form 990 is for the o	rganization's first, s	econd, third, fourt	h, or fifth tax year a	L,		
	organization, check this box and stop here		. /		.,	• •	
Sec	tion C. Computation of Public Su	pport Percenta	age /				
15	Public support percentage for 2017 (line 8, c			f)) .		15	0 00%
	Public support percentage from 2016 Sched	• •	• "	"		16	0 00%
	tion D. Computation of Investmen		- ii				
17	Investment income percentage for 2017 (line			olumn (f)) .		17	0 00%
18	Investment income percentage from 2016 S		ll .			18	0 00%
19a	33 1/3% support tests—2017. If the organi		"	4, and line 15 is m	ore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and	stop here. The org	anızatıon qualifies	as a publicly suppo	orted organization		▶ 🔲
b	33 1/3% support tests—2016. If the organi						F
	line 18 is not more than 33 1/3%, check this	box and stop here	. The organization	qualifies as a pub	licly supported orga	anızatıon	<b>₽</b> ∐
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b check this box a	ind see instructions	<b>\</b>	

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#### Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes " complete Part I of Schedule L (Form 990 or 990-EZ) ~
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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Part I	V Supporting Organizations (continued)			
		and the state of t	Yes	No
	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 in (b) and (c)			1000
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110		—
Secu	on B. Type I Supporting Organizations		Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to			
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities of the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Section	on C. Type II Supporting Organizations			
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		(A)	
	or management of the supporting organization was vested in the same persons that controlled or managed		ine este.	<u> </u>
Casti	the supported organization(s)	111	1	
Section	on D. All Type III Supporting Organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
1	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			44
	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		學	1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	- 's		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	ء الشوائد		
	supported organizations played in this regard	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insti	ructions	)	
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	e instruci	tions)	)
2	Activities Test Answer (a) and (b) below.	ſ	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	Jab. C. k	a.wwas
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		288	
	activities but for the organization's involvement	2b	10 to 10	Markery
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a	5-18-14-14-14-15-15-15-15-15-15-15-15-15-15-15-15-15-	70000
1-	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .			1966
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 <b>Part VI</b> the role played by the organization in this regard	3b	2000	cacific 24
	or to deposited digaritzations in 100, describe in 1 are 11 the poyer by the digaritzation in the 13 years			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C			459626 Page <b>6</b>
1 Check here if the organization satisfied the Integral Part Test as a qualifying			In Part VI) See
instructions. All other Type III non-functionally integrated supporting organization	_		
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1_		
2 Recoveries of prior-year distributions ·	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	T		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6	j	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			rasidation policy (1986)
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	0	0
e Discount claimed for blockage or other	# 12 m		
factors (explain in detail in Part VI)	d) (ny	and the later than the second	Parketanian kara
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	影响。影響的	0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4	源於一個學學所有的	0
5 Income tax imposed in prior year	5	31/41/11/19/09/9/9/19/09	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6	Alteria de la como de	0
7 Check here if the current year is the organization's first as a non-functional	lly int	egrated Type III supporting	organization (see
instructions)			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Section D - Distributions			Current Year		
Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose				
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions				
7	Total annual distributions. Add lines 1 through 6	0			
8	Distributions to attentive supported organizations to which the				
	(provide details in Part VI) See instructions	·			
9	Distributable amount for 2017 from Section C, line 6	0			
10	Line 8 amount divided by line 9 amount	0 000			
		/i\	(ii)	(iii)	
S	ection E - Distribution Allocations (see instructions)	(۱) Excess Distributions	Underdistributions	Distributable	
		Exocoo Biotribationo	Pre-2017	Amount for 2017	
1	Distributable amount for 2017 from Section C, line 6	Material Control of the Control		0	
	Underdistributions, if any, for years prior to 2017		1		
2	(reasonable cause required—explain in Part VI) See				
	instructions				
3	Excess distributions carryover, if any, to 2017			lies d'Ann du différent de magazinado da	
a		maileo ilgonolominationi di ser a describito di con	officer in the million world the million of the mil	description of the second of t	
b	From 2013 0	STORES TO STORE THE STORE STOR	remembral & Localina Pro Con.	allow a faller in 1985 a long	
C	From 2014. 0				
d_	From 2015 0	學是大學學學的學學學	<b>罗蒙尔大汉美国教员的</b>		
е	From 2016 0				
f	Total of lines 3a through e	0			
g	Applied to underdistributions of prior years		0	AT THE TABLE	
h	Applied to 2017 distributable amount			0	
i	Carryöver from 2012 not applied (see instructions)				
i	Remainder Subtract lines 3g, 3h, and 3i from 3f	0	1669 1000 1000 441 200	Product of the product of	
4	Distributions for 2017 from				
	Section D, line 7 \$ 0		All the second second second	ar host, best large to the contract of	
a	Applied to underdistributions of prior years		0		
b	Applied to 2017 distributable amount .			O	
с	Remainder Subtract lines 4a and 4b from 4	O			
5	Remaining underdistributions for years prior to 2017, if				
	any Subtract lines 3g and 4a from line 2 For result	Property of the second			
	greater than zero, explain in Part VI See instructions	25/15/25 75/25	0		
6	Remaining underdistributions for 2017 Subtract lines 3h				
	and 4b from line 1 For result greater than zero, explain in			_	
	Part VI See instructions			O	
7	Excess distributions carryover to 2018. Add lines 3j				
	and 4c	O		A STATE OF THE STA	
8	Breakdown of line 7:				
a	Excess from 2013 0				
<u>b</u>	Excess from 2014 0	PA 241 SERVICES	Company of the Compan	NIN. TOOS CONTINUES A SUISA ROBOMANIA	
c	Excess from 2015		And the state of t	1772 SOUND COMMAND OF THE STATE	
d					
е	Excess from 2017 0			The Marie of the Mark Total	

#### **SCHEDULE O** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

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Department of the Treasury Internal Revenue Service Name of the organization Employer identification number FRIENDS OF TORAH ACADEMY SOUTH AFRICA TASA INC 26-2459626 Form 990-EZ, Part I, Line 10, Grants Paid Activity, Grantee All Grants, Cash Grant 165,865, Relationship Form 990-EZ, Part I, Line 16, Other Expenses Travel 69 Form 990-EZ, Part I, Line 16, Other Expenses Accounting Fees 750 Form 990-EZ, Part I, Line 16, Other Expenses Bank service charges 529 Form 990-EZ, Part I, Line 16, Other Expenses Supplies 300 Form 990-EZ, Part II, Line 24, Other Assets loan receivable Beginning of year 1,000, End of Form 990-EZ, Part II, Line 26, Liabilities admin fee payable Beginning of year 2,551, End of year 0

Schedule O (Form 990 or 990-EZ) (2017)	
Name of the organization	Employer identification number
	26-2459626
FRIENDS OF TORAH ACADEMIT SOUTH AFRICA TASA INC	20-2409020
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