# **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.

Open to Public

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

OMB No. 1545-0047

A I	or the	e 2018	calendar year, or tax year beginning		, 2018,	and ending			, 20
B	Check if a	nnlicable:	C Name of organization						ation number
	_		AMUDIM COMMUNITY RESOU	JRCES, INC.			47-0	98480	1
	Addre chang		Doing business as						
	Name	change	Number and street (or P.O. box if mail is	not delivered to street addres	s)	Room/suite	E Telephon	e number	
	-	l return	11 BROADWAY			1076	(646)	517-0	)222
	Final termin	return/ nated	City or town, state or province, country, a	and ZIP or foreign postal code	)				
	Amen returr		NEW YORK, NY 11691				<b>G</b> Gross red	eipts \$	7,334,830.
	Applio pendi	cation ing	F Name and address of principal officer:	ZVI GLUCK			H(a) Is this a subordii	a group retunates?	urn for Yes X No
			11 BROADWAY, NEW YORK	, NY 10004			H(b) Are all s		included? Yes No
<u> </u>	Tax-ex	empt st	atus: X 501(c)(3) 501(c) (	) <b>(</b> insert no.)	4947(a)(1)	or 527	If "No	o," attach a	list. (see instructions)
J	Websi	ite: 🕨	WWW.AMUDIM.ORG				H(c) Group e		
K	Form o	of organ	nization: X Corporation Trust	Association Other	•	L Year of fo	ormation: 2014	M State	of legal domicile: NY
P	art I		mmary						
	1	Briefly	/ describe the organization's mission o	r most significant activities	: CRISIS	S INTERVE	NTION AND	CASE	MANAGEMENT.
e	1								
Jan									
/err	2	Check	this box 🕨 🔃 if the organization di	iscontinued its operation	s or dispose	ed of more than	25% of its net as	sets.	
Governance	3	Numb	er of voting members of the governing	body (Part VI, line 1a)				. 3	5.
	1		er of independent voting members of t						5.
Activities &			number of individuals employed in cale						24.
ξį			number of volunteers (estimate if necess						13.
Ac	1		unrelated business revenue from Part V					1 1	0.
	1		nrelated business taxable income from I						9,764.
				, , , , , ,			Prior Yea		Current Year
•	8	Contri	ibutions and grants (Part VIII, line 1h)				3,591,	320.	7,334,689.
Revenue	9		am service revenue (Part VIII, line 2g)					0.	0.
eve	10		ment income (Part VIII, column (A), line					103.	141.
Ř	11		revenue (Part VIII, column (A), lines 5,					0.	0.
	12		revenue - add lines 8 through 11 (must				3,591,	423.	7,334,830.
_	13		s and similar amounts paid (Part IX, colu				· · ·	0.	698,540.
	14		its paid to or for members (Part IX, colu					0.	0.
	4.5		es, other compensation, employee bene				833.	647.	1,256,638.
Expenses	16 a		ssional fundraising fees (Part IX, column					0.	0.
per	h	Total f	fundraising expenses (Part IX, column (I	7) line 25) <b>&gt;</b>	338.275				
ŭ	17		expenses (Part IX, column (A), lines 11				2,139,	896.	2,746,647.
	18		expenses. Add lines 13-17 (must equal				2,973,		4,701,825.
	19		nue less expenses. Subtract line 18 from					880.	2,633,005.
n se		IVEVE	ide less expenses. Subtract line to non	Tillie 12			Beginning of Curre		End of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)					358.	3,598,366.
Ass Bal	21		liabilities (Part X, line 26)			• • • • • •		831.	213,834.
nd/	22		ssets or fund balances. Subtract line 21					527.	3,384,532.
	rt II		anature Block	HOIH IIIIe 20, , , , , ,			,31,	327.	3730173321
			of perjury, I declare that I have examined this	is return including accomp	anving sched	ules and stateme	nts and to the he	st of my	knowledge and helief it is
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all infor	mation of whi	ch preparer has a	any knowledge.	or or my	
Sig	ın		Signature of officer				Date		
He			3						
			Type or print name and title						
_			Type preparer's name	Preparer's signature		Date		.,	PTIN
Paid	d			sparsi o signaturo		Date	Check   self-em	'''	
Pre	parer	AAR	. DVD IID						P01333816
Use	Only		sname ►BKD, LLP	#1000 NEED TOOPT	NTS7 100	117			0160260
N / -	, 4l		address 655 THIRD AVENUE				Phone no.	212.	.867.4000
_			iscuss this return with the preparer	•	istructions)	<u> </u>		<u> </u>	. X Yes No
For	Paper	rwork	Reduction Act Notice, see the separat	e instructions.					Form <b>990</b> (2018)

AMUDIM COMMUNITY RESOURCES, INC. 47-0984801 Form 990 (2018) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO PROVIDE CRISIS INTERVENTION AND CASE MANAGEMENT FOR PEOPLE SUFFERING FROM ADDICTION, VICTIMS OF SEXUAL ABUSE, AND YOUTH AT RISK. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?.... 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code: ) (Expenses \$ 3,758,208. including grants of \$ 698,540. ) (Revenue \$ DURING 2018, AMUDIM PROVIDED CRISIS INTERVENTION AND/OR CASE MANAGEMENT FOR MORE THAN 2,800 INDIVIDUALS OF FAMILIES. ) (Revenue \$ **4b** (Code: including grants of \$ ) (Expenses \$ including grants of \$ ) (Revenue \$ **4c** (Code:

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$

**4e** Total program service expenses ► 3,758,208.

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1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			T
	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			
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		+
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		
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		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
^	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		
1	endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	10		
	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,"			
u	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	114		
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
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		
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		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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		
2 a	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 .			_
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	4.41	X	
_	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	^	
5	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	X	
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13	21	
U	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	-10		
•	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		
0 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
1	-	1	I	
1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

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Part	V 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		X
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
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
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			
20 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	23a		
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	250		- 25
26				
	current or former officers, directors, trustees, key employees, highest compensated employees, or	0.0		Х
0.7	disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		Х
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		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-		
00	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part		30		
Tari	Check if Schedule O contains a response or note to any line in this Part V			
	onest il concaule o contains a response oi note to any ille ill tills rait v.,,,,,,,,,,,,,,,,		Yes	No
4.0	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   144		. 55	.10
	Enter the number of Ferme W 20 metadad in into ta. Enter of into applicable [11,11,11]			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4-		
	reportable gaming (gambling) winnings to prize winners?	1c		

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Par	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 24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	<b>Note</b> . If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule</i> O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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 organization			
-	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts 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 services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	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	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> 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			
_				
	Enter the amount of received on hand, [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 70		
10	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. 5	If "Yes," complete Form 4720, Schedule O.	_		

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

Soct	ion A. Governing Body and Management			21
Seci	TOTI A. Governing Body and Management		Yes	No
			163	140
1a	Enter the number of voting members of the governing body at the end of the tax year			
	committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent.	5		
	Enter the number of voting members included in line 1a, above, who are independent 1.1.1.			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		X
_	any other officer, director, trustee, or key employee?			-
3	Did the organization delegate control over management duties customarily performed by or under the direct			X
	supervision of officers, directors, or 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		
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 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:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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 in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a				
IVa	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
b	participation 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		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-1	(Sec	tion 5	:01(c)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website X Upon request Other (explain in Schedule O)	(080		.5 1(6)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record ZVI GLUCK 11 BROADWAY SUTIE 1076 NEW YORK, NY 10004	ls ▶		

Form **990** (2018)

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles er and	Pos heck ss pe	erson	e than or Highest compensated	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)MENDY KLEIN	10.00									
CHAIRMAN	0.	Х		Х				0.	0.	0.
(2)MORRIS WOLFSON	5.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(3)ADAM WESTREICH	5.00									
TREASURER	0.	Х		Х				0.	0.	0.
(4)ADAM SOKOL	5.00									
DIRECTOR	0.	Х						0.	0.	0.
(5)BARBARA SILBER	5.00									
DIRECTOR	0.	Х						0.	0.	0.
(6)ZVI GLUCK	40.00									
EXECUTIVE DIRECTOR	0.			Х				120,000.	0.	13,022.
(7)ZOE BINSON	40.00									
C00	0.			Х				92,600.	0.	4,569.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
	1						_	l		

Form **990** (2018)

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Form 990 (2018)	F4 1/-		1 -			1 1	12 1	h 4 O				Page 8
Part VII Section A. Officers, Directors,	rustees, Ke	y En	ipio			and F	ııgı	1	ea Empio	yees (c		
(A)	(B)			-	C)			(D)	(E)			(F)
Name and title	Average hours per	(do r	not ch		sition more	e than o	ne	Reportable compensation	Reporta compensati			mated ount of
	week (list any	box,	unles	ss pe	erson	is both	an	from	relate			ther
	hours for			_	T	or/truste		the	organiza			ensation
	related organizations	ndivi	nstit	Officer	е́у є	lighe	Former	organization	(W-2/1099	-MISC)		m the nization
	below dotted	ecto	utior	욕	mpl	est c	er	(W-2/1099-MISC)			_	related
	line)	or true	nal tı		Key employee	omp					orgar	nizations
		Individual trustee or director	Institutional trustee			ens						
			ě			Highest compensated employee						
		1										
		-										
			Ш									
		-										
		-										
	+	-										
		1										
		1										
1b Sub-total								212,600.		0.	1	17,591.
c Total from continuation sheets to Part VII	Section A							0.		0.		0.
d Total (add lines 1b and 1c)							<b></b>	212,600.		0.		17,591.
2 Total number of individuals (including but n				d al	bove	e) who	re	ceived more than	\$100,000	of		
reportable compensation from the organiza	lion 🕨		2									V N-
C Did the consideration that one forces			4	4 .				Lanca and Library		. 4 1		Yes No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sch											3	X
											3	
4 For any individual listed on line 1a, is th organization and related organizations	e sum of rep greater than	ortab 4 1 5	ie c	იიი om	pen	satior	n ai	nd other compens	sation from	the		
individual								complete Scriedu	IC J 101	SUUII	4	Х
5 Did any person listed on line 1a receive								related organization	on or indiv	idual	-	
for services rendered to the organization? <i>If</i>											5	Х
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest compensation from the organization. Report year.</li> </ol>												
(A)								(B)			(C)	
Name and business	address							Description of se	ervices	С	ompens	ation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

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### Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to an	y line in this Part VI			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	285,345. 7,049,344.	7 224 600			
	h	Total. Add lines 1a-1f	Business Code	7,334,689.			
Program Service Revenue	2a b c d e f	All other program service revenue		0.			
	<u>g</u>	Total. Add lines 2a-2f		0.			
	3 4 5	Investment income (including divider and other similar amounts)	proceeds	141. 0. 0.			141.
	6a b c	Gross rents					
	d 7a b	Net rental income or (loss)	(ii) Other	0.			
	c d	and sales expenses		0.			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
Other	b c	See Part IV, line 18 a  Less: direct expenses b  Net income or (loss) from fundraising events	0.	0.			
		Gross income from gaming activities. See Part IV, line 19					
	b c	Less: direct expenses b  Net income or (loss) from gaming activities		0.			
	_	Gross sales of inventory, less returns and allowances					
	b c	Less: cost of goods sold		0.			
	11a						
	b						
	c						
	d	All other revenue					
	е	Total. Add lines 11a-11d	▶ │	0.			
	12	Total revenue. See instructions		7,334,830.			141.
							Form 990 (2018)

# 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 resp	onse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) 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	0.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	698,540.	698,540.		
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	230,191.	138,114.	69,058.	23,019.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.	225 121	22.155	
7	Other salaries and wages	930,314.	827,431.	88,157.	14,726.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.	70.000	12 002	2 100
10	Payroll taxes	96,133.	79,983.	13,023.	3,127.
	Fees for services (non-employees):				
а	Management	0.			
b	Legal	0.		D 111	
C	Accounting	7,111.		7,111.	
d	l Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
	f Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column	1 452 000	1 220 766	6E 461	46 700
	(A) amount, list line 11g expenses on Schedule O.) ATCH 1	1,452,009.	1,339,766.	65,461.	46,782. 185,300.
	Advertising and promotion	189,855.	2,227.	122,591.	65,037.
	Office expenses	73,351.	2,227.	44,268.	05,037.
	Information technology	73,331.	29,003.	44,200.	
	Royalties	109,078.	75,817.	33,261.	
	Occupancy	41,419.	347.	41,072.	
	Travel	41,419.	347.	41,072.	
18	Payments of travel or entertainment expenses	0.			
40	for any federal, state, or local public officials	0.			
	Conferences, conventions, and meetings	0.			
	Interest	0.			
	Payments to affiliates  Depreciation, depletion, and amortization	6,866.		6,866.	
		46,458.	4,254.	41,920.	284.
	Other expenses. Itemize expenses not covered	,	-,	,,,	
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
9	EDUCATIONAL EXPENSES	589,475.	551,164.	38,311.	
_	STAFF TRAINING AND DEVELOPME	45,725.	11,482.	34,243.	
C		,	,	,	
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	4,701,825.	3,758,208.	605,342.	338,275.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	, 32,3231	1, 22,230		
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			

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## Part X Balance Sheet

ı u	ונא						
		Check if Schedule O contains a response of	r note	e to any line in this Pa	art X		<u></u>
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			0.	1	0.
	2	Savings and temporary cash investments			742,942.	2	1,219,729.
	3	Pledges and grants receivable, net			70,060.	3	2,350,147.
	4	Accounts receivable, net			0.	4	0.
	5	Loans and other receivables from current and t	orme	r officers, directors,			
		trustees, key employees, and highest co	mper	nsated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu	and o	contributing employers	0.	5	0.
		organizations (see instructions). Complete Part II of Sche	dule L	employees belieficially	0.	6	0.
ets	7	Notes and loans receivable, net			0.	7	0.
Assets	8	Inventories for sale or use			0.	8	0.
_	9	Prepaid expenses and deferred charges			3,393.	9	3,393.
	10 a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	11,363.	31,963.	10c	
	11				0.	11	0.
	12	Investments - other securities. See Part IV, line 11			0.		0.
	13	Investments - program-related. See Part IV, line 11			0.		0.
	14	Intangible assets			0.	14	0.
	15	Other assets. See Part IV, line 11			0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal			848,358.	16	3,598,366.
	17	Accounts payable and accrued expenses			51,831.	17	183,294.
	18	Grants payable			0.		0.
	19	Deferred revenue			0.		0.
	20	Tax-exempt bond liabilities			0.		0.
	21	Escrow or custodial account liability. Complete Pa			0.	21	0.
ies	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen			0		0
Lia Ja	00	disqualified persons. Complete Part II of Schedule			0. 0.		0.
_	23	Secured mortgages and notes payable to unrelate	ea thire	a parties	45,000.	23	30,540.
	24 25	Unsecured notes and loans payable to unrelated to Other liabilities (including federal income tax,			43,000.	24	30,340.
	25	parties, and other liabilities not included on lines	-				
		of Schedule D			0.	25	0.
	26	Total liabilities. Add lines 17 through 25.			96,831.	26	213,834.
		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check				,
Fund Balances	27	Unrestricted net assets			751,527.	27	3,384,532.
Sale	28	Temporarily restricted net assets			0.	28	0.
ğ	29	Permanently restricted net assets			0.	29	0.
or Fur		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building, or equ	ipmer	t fund		31	
ΓÀ	32	Retained earnings, endowment, accumulated inco	ome, d	or other funds		32	
Net	33	Total net assets or fund balances			751,527.	33	3,384,532.
	34	Total liabilities and net assets/fund balances	<u> </u>		848,358.	34	3,598,366.

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Part					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,	334,8	330.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,	701,8	325.
3	Revenue less expenses. Subtract line 2 from line 1	3		633,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		751,	527.
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	3,	384,5	532.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain i	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled o	r		
	reviewed on a separate basis, consolidated basis, or both:	·			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		_ 2b	X	
-	If "Yes," check a box below to indicate whether the financial statements for the year were aud				
	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	oversiah	nt		
	of the audit, review, or compilation of its financial statements and selection of an independent acc	_		X	
	If the organization changed either its oversight process or selection process during the tax year, or				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth i	n		
Ja	the Single Audit Act and OMB Circular A-133?		'' <sub>_</sub> 3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	derao th	e –		
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b		

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

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Reason for Public Charify Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box)    A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).   A A school described in section 170(b)(1)(A)(ii), (Altich Schedule E (Form 990 or 990-EZ).)   A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).   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:   A medical research organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)   A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)   A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)   A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)   A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)   A narganization that normally receives a substantial part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support in a conjunction with a land-grant college or university:	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the governmental in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-gran or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college of agriculture (see instructions).	general publicant college ege or and gross 6 of its
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Complete Part II.)  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  An organization that normally receives a substantial part of 1fs support from a governmental unit or from the general processes of the section 170(b)(1)(A)(iv). (Complete Part III.)  An againcultural research organization described in section 170(b)(1)(A)(iv). (Complete Part III.)  An againcultural research organization described in section 170(b)(1)(A)(iv). (Operated in conjunction with a land-grant colleg or university.  An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(1).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purp of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purp of one or more publicly supported organization organization organization organization orga	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the government of the section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-gran or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college.	general publicant college ege or and gross 6 of its
A school described in section 170(b)(1)(A)(ii), (Altach Schedule E (Form 980 or 990-EZ))  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  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:  An organization operated for the benefit of a college or university owned or operated by a governmental unit describs section 170(b)(1)(A)(iv), (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  A conganization that normally receives a substantial part of its support from a governmental unit or from the general process of the section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant coleg or university or an on-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or an on-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.  An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its evernpt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxobile income (less section 591(a)(4) or more than 331/3% of its support from gross investment income and unrelated business taxobile income (less section 591(a)(4).  An organization organization after June 30, 1975. See section 599(a)(2). (Complete Part III.)  An organization organization developed exclusively for the benefit of, to perform the functions of, or to carry out the purp of one or more publicized and operated exclusively for the sensity. See section 599(a)(2). (	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the governmental unit or section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grae or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college of the college of agriculture (see instructions).	general publicant college ege or and gross 6 of its
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  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:  5	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the g described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-gra or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college of the college of agriculture (see instructions).	general publicant college ege or and gross 6 of its
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  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:  5	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the g described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-gra or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college of the college of agriculture (see instructions).	general publicant college ege or and gross 6 of its
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hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit describ section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  X An organization that normally receives a substantial part of its support from a governmental unit or from the general processing or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:  An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization and operated exclusively to test for public safety. See section 509(a)(2). Complete Part III.)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purp of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2). Complete Part III.)  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by givin the supported organizations of organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2). See section 509(a)(3) or section 509(a)(2). See section 509(a)(3) or section 509(a)(4). See section 509(a)(4) or section 509(a)(2). See section 509(a)(4) or section 509(a)(2). See section 509(a)(4) or section 509(a)(4).	hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the g described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-gra or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college of the college of agriculture (see instructions).	general publicant college ege or and gross 6 of its
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supporting organization. You must complete Part IV, Sections A and B.  Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.  Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.  Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.  Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization.  Tenter the number of supported organizations.  (i) Name of supported organization  (ii) EIN  (iii) Type of organization(s)  (iv) is the organization (v) Amount of monetary support (see instructions)  (vi) Amount of other support (see instructions)  (vi) Amount of monetary support (see instructions)  (vi) Amount of monetary support (see instructions)		
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control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.  Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.  d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.  e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.  f Enter the number of supported organizations about the supported organization(described on lines 1-10 above (see instructions))  (i) Name of supported organization  (ii) EIN  (iii) Type of organization (v) Amount of monetary support (see instructions)  (iv) Amount of other support (see instructions)  (vi) Amount of other support (see instructions)  (vii) Amount of other support (see instructions)  (viii) Amount of other support (see instructions)  (viii) Amount of other support (see instructions)		having
organization(s). You must complete Part IV, Sections A and C.  Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.  Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.  Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization.  g Provide the following information about the supported organization(s).  (i) Name of supported organization  (ii) EIN  (iii) IND  (iii) IND  (iii) IND  (iii) IND  (iii) IND  (iv) Is the organization (v) Amount of monetary support (see instructions) when the instructions of the the instruction of the instruction of the instruction of the instruc		-
Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.  Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.  Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization.  Enter the number of supported organizations  Provide the following information about the supported organization(s).  (ii) Name of supported organization  (iii) EIN  (iii) Type of organization (v) Is the organization support (see instructions) above (see instructions)  (iii) Vyes No  (A)  (B)  (C)  (D)		supported
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.  Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.  Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization.  In the number of supported organization about the supported organization(s).  (i) Name of supported organization  (ii) EIN  (iii) Type of organization (described on lines 1-10 above (see instructions))  (iv) Is the organization (v) Amount of monetary support (see instructions)  (iv) Amount of monetary support (see instructions)  (A)  (B)  (C)		atad with
d		ateu witii,
that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.  e		nization(a)
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.  e		
Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization.  f Enter the number of supported organizations.  g Provide the following information about the supported organization(s).  (i) Name of supported organization  (ii) EIN  (iii) Type of organization (iii) Type of organization (described on lines 1-10 above (see instructions))  (iv) Is the organization (v) Amount of monetary support (see instructions)  (vi) Amount of other support (see instructions)  (A)  (B)  (C)  (D)		iliveriess
functionally integrated, or Type III non-functionally integrated supporting organization.  f Enter the number of supported organizations		
f Enter the number of supported organizations. g Provide the following information about the supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions))  (A)  (B)  (C)  (D)		ı
g Provide the following information about the supported organization (i) Name of supported organization (ii) Name of supported organization (described on lines 1-10 above (see instructions))  (A)  (B)  (C)  (D)		
(i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions))  (iv) Is the organization (listed in your governing document?  Yes No  (vi) Amount of monetary support (see instructions)  other support (see instructions)  instructions)  (C) (D)		•
(A)  (B)  (CC)  (D)		Amount of
Yes No  (A)  (B)  (C)  (D)		
(A) (B) (C) (D)		tructions)
(B) (C) (D)	Tes No	
(C) (D)	(A)	
(C) (D)		
(D)	(B)	
(D)	(0)	
	(C)	
	(D)	_
	(2)	
	(E)	
	\-/	
Total	Total	

Schedule A (Form 990 or 990-EZ) 2018

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) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	380,462.	1,292,726.	2,513,798.	3,591,320.	7,334,689.	15,112,995.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	380,462.	1,292,726.	2,513,798.	3,591,320.	7,334,689.	15,112,995.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,997,387.
6	Public support. Subtract line 5 from line 4						13,115,608.
Sec	tion B. Total Support						_
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	380,462.	1,292,726.	2,513,798.	3,591,320.	7,334,689.	15,112,995.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			30.	103.	141.	274.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						15,113,269.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2018 (lin		-			14	<u>%</u>
15	Public support percentage from 2017					15	%
16a	331/3% support test - 2018. If the org	•					
	box and <b>stop here.</b> The organization qu	•		•			
b	331/3% support test - 2017. If the org						
	this box and <b>stop here</b> . The organization			_			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization			•		•	•
	Part VI how the organization meets to			•	•		
	organization						
b	10%-facts-and-circumstances test - 2	•					
	15 is 10% or more, and if the orga						
	Explain in Part VI how the organization	on meets the "	facts-and-circum	nstances" test.	The organizatio	n qualifies as a	publicly
	supported organization						
18	Private foundation. If the organization						
	instructions						▶ □

Schedule A (Form 990 or 990-EZ) 2018

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

_				, I	•	,	
	tion A. Public Support	(-) 0044	(h) 0045	(-) 0046	(-1) 0047	(-) 0040	(6) T-4-1
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
•	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons  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						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Soc	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
_	Amounts from line 6	(a) 2011	(3) 2010	(0) 2010	(4) 2011	(0) 2010	(i) rotal
9 10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
•	and 12.)						
14	First five years. If the Form 990 is f	or the organize	ution's first, seco	nd. third. fourth	or fifth tax v	rear as a section	501(c)(3)
	organization, check this box and stop here	-					
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2018 (line 8	•		mn (f))		. 15	%
16	Public support percentage from 2017 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2018 (lin			13, column (f))		17	%
18	Investment income percentage from 2017						%
	331/3% support tests - 2018. If the org						and line
	17 is not more than 331/3%, check th	_					
b	331/3% support tests - 2017. If the orgaline 18 is not more than 331/3%, check	anization did not	check a box on	line 14 or line 19	9a, and line 16 i	s more than 331/	3 %, and
20	Private foundation. If the organization		•	•			

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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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, the determine whether the organization had excess business holdings.)

		Yes	No
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Schedule A (Form 990 or 990-EZ) 2018

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Part	Supporting Organizations (continued)			
			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 in (b) and (c)	44.		
	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 <b>Part VI</b> .	11c		
Secti	ion B. Type I Supporting Organizations		V	NI -
			Yes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11		
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Cooti	11 0 0	2		
Secti	ion C. Type II Supporting Organizations		V	NI.a
			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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
C = =4:		1		
Secti	ion D. All Type III Supporting Organizations		V	NI -
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
	ion E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins  The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.	tructi	ons).	
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
			Yes	
2	Activities Test. Answer (a) and (b) below.			
а	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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	<u> </u>
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (expla	in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organi	zations r	nust complete Sectio	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		(71) Thor Tear	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
		(A) I Hol Teal	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</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 <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional		ited Type III supporting	g organization (see
instructions).	, 5	21 11	, ,

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Part	V Type III Non-Functionally Integrated 509(a)(3)	<b>Supporting Organizat</b>	tions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page 8

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

#### **SCHEDULE D** (Form 990)

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number

JMA	JDIM COMMUNITY RESOURCES, INC.	47-0984801
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	ids can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	Yes . No
Pa	art II Conservation Easements.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		f a historically important land area
		f a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	he form of a conservation  Held at the End of the Tax Year
	easement on the last day of the tax year.	
а		2a
b		2b
С.		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	0.4
2	9	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termina	ted by the organization during the
4	tax year ▶ Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	n handling of
3	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	
•	b	ervation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year
-	<b>&gt;</b> \$	,g ,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educate public service, provide, in Part XIII, the text of the footnote to its financial statements that described in the control of the footnote to its financial statements.	venue statement and balance sheet
	public service, provide, in Part XIII, the text of the footnote to its financial statements that described and the footnote to its financial statements that described and the footnote to its financial statements that described and the footnote to its financial statements.	ation, or research in furtherance of ribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev	
~	works of art, historical treasures, or other similar assets held for public exhibition, education public service, provide the following amounts relating to these items:	ation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	= :
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	<u></u>

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

Schedule D (Form 990) 2018

Page 2 Schedule D (Form 990) 2018

Pa	rt III Organizations Maintaini	ng Collections	of Art, Histo	rical Tre	asures, o	r Other	Similar Assets (	continue	d)
3	Using the organization's acquisition	on, accession, and	d other recor	ds, checl	k any of th	e follow	ing that are a sig	nificant us	se of its
	collection items (check all that app	ly):							
а	Public exhibition		d _	Loan	or exchange	e prograr	ns		
b	Scholarly research		е	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collection	ns and expl	ain how t	hey further	r the org	ganization's exemp	t purpose	in Part
	XIII.								
5	During the year, did the organization	n solicit or receiv	e donations o	f art, histo	orical treas	ures, or o	other similar		
	assets to be sold to raise funds rath	ner than to be mai	ntained as pa	rt of the o	organizatio	n's collec	tion?	Yes	No
Pa	rt IV Escrow and Custodial A	rrangements.							
	Complete if the organiza	ition answered "	Yes" on For	m 990, F	Part IV, line	e 9, or re	eported an amou	nt on For	m
	990, Part X, line 21.								
1 a	Is the organization an agent, truste	e, custodian or o	ther intermed	liary for c	ontributions	s or other	assets not		
	included on Form 990, Part X?						[	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and co	mplete the fo	llowing tab	ole:				
							Amoun	t	
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an am							Yes	No
b	If "Yes," explain the arrangement i	n Part XIII. Check	here if the e	xplanation	has been p	provided (	on Part XIII		
Pa	rt V Endowment Funds.								
	Complete if the organiza	ation answered "	Yes" on For	m 990, F	Part IV, line	e 10.			
		(a) Current year	(b) Prio	r year	(c) Two yea	ars back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage	of the current year	r end balanc	e (line 1g,	column (a)	) held as:			
а	Board designated or quasi-endown		%	, 0.	. ,	,			
b	Permanent endowment	%							
С	Temporarily restricted endowment	<b>&gt;</b>	%						
	The percentages on lines 2a, 2b, a	and 2c should equa	al 100%.						
3 a	Are there endowment funds not in	the possession of	the organiza	tion that	are held ar	nd admin	istered for the		
	organization by:								es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	•	•					3b	
4	Describe in Part XIII the intended u								
Pa	rt VI Land, Buildings, and Equ Complete if the organize	<b>Jipment.</b> ation answered '	'Yes" on Fo	m 990 I	Part IV lin	e 11a S	See Form 990 P	art X line	10
	Description of property		t or other basis		or other basis			d) Book valu	
		(in	vestment)		ther)		eciation	-	
1a									
b	Buildings				00 010		0. 500		0 205
С	Leasehold improvements				29,010.		8,703.		0,307.
d	Equipment				7,450.		2,660.		4,790.
<u>e</u>	Other			<u> </u>	(5) "				<u> </u>
Tota	I. Add lines 1a through 1e. (Column	ı (d) must equal F	orm 990, Part	X, columi	n (B), line 1	0c.)	▶	2	5,097.

Schedule D (Form 990) 2018 Page **3** 

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	Part IV line 11b See Form 990 P	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	1:
(1) Financia	al derivatives			
	held equity interests			
	, ,			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	W	5 / 11 / 11 / 2 5 5 5 5 5	
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, P	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuatior Cost or end-of-year market	
(1)				
(2)				
(3)				
_(4)				
(5)				
(6)				
_(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered		, Part IV, line 11d. See Form 990, P	
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
	ımn (b) must equal Form 990, Part X, col. (B) l	ino 15 )		
Part X	Other Liabilities.	<i>nie 10.)</i> , , , , , , , , , , , , , , , , , , ,		
Tarex	Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form	990, Part X,
1.	(a) Description of liability	(b) Book valu	е	
(1) Feder	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>		
	r uncertain tax positions. In Part XIII, provide the		e organization's financial statements that repo	rts the

2. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018 Page **4** 

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	7,334,830.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
	Recoveries of prior year grants	1	
C	Other (Describe in Part XIII.)	1	
d	Add lines 2a through 2d	2e	
e	Subtract line 2e from line 1	3	7,334,830.
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		· · ·
4			
a	investment expenses not included on Form 550, Fart VIII, line 75 1 1 1 1 1 1	1	
b	Other (Describe III are Alle,)	4c	
С 5	Add lines <b>4a</b> and <b>4b</b>	5	7,334,830.
Part		_	.,,
Tart	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,701,825.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,701,825.
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		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,701,825.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		

JSA 8E1271 1.000 Part XIII Supplemental Information (continued)

#### **SCHEDULE F** (Form 990)

#### **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 47-0984801

AMUI	DIM COMMUNITY RESOURCES	S, INC.				47-09848	01
Part	General Information o Form 990, Part IV, line 141		Outside the	United States. Comple	ete if the	organization a	answered "Yes" on
1	For grantmakers. Does the orga	nization mainta	in records to s	substantiate the amount of	f its grant	s and other	
	assistance, the grantees' eligibili	ty for the grant	ts or assistance	e, and the selection criteri	a used to	award the	
	grants or assistance?						X Yes No
_							
	For grantmakers. Describe in I outside the United States.	Part V the org	anization's pro	ocedures for monitoring t	the use o	of its grants an	d other assistance
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace is ne	eded.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If act a pro describ	ivity listed in (d) is ogram service, e specific type of e(s) in the region	(f) Total expenditures for and investments in the region
			ure region				
(1)							
(2)							
(3)							
(0)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
3a	Subtotal						
b	Total from continuation						
	sheets to Part I						
С	Totals (add lines 3a and 3b)						

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

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

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

	Part IV, line 13, for any recipient who received more than \$5,000. Part il can be duplicated il additional space is needed.	ecipient wno recei	ved more man \$5,000. P	ait II cari be d	uplicated il additio	ilal space is i	leeded.		
~	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
5			MIDDLE EAST/NORTH AFRICA	BUSINESS EXP	698,540.	WIRE TRANSFE			
(2)									
<u>®</u>									
9									
(5)									
(9)									
6									
(8)									
6									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
8	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS. or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶	anizations listed abo	ve that are recognized as charities by the fided a section 501(c)(3) equivalency letter	harities by the rand	foreign country, rec r	ognized as tax-	-exempt		٦.

Schedule F (Form 990) 2018

Enter total number of other organizations or entities.

3

Schedule F (Form 990) 2018

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Part III

(a) Type of grant or assistance (b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
(7)						
(8)						
(6)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
(18)						
					Sche	Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

Part IV Foreign Forms Page 4

Part	roreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	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? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	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? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X	No

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 Page 5

#### Schedule 1 (1 ohli 990) 201

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2:

AMUDIM HAS A SIGNED CONTRACT DETAILING THE REQUIREMENTS OF THE GRANT AS WELL AS THE STIPULATED MONTHLY FUNDS. THEY REVIEW THE ORGANIZATION'S FINANCIAL STATEMENTS TO ENSURE THAT THEY ARE IN FINANCIAL COMPLIANCE WITH ISRAELI NON PROFIT TAX STANDARDS AS WELL AS REVIEW THEIR CASE LOAD MONTHLY.

#### 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.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 47-0984801

AMUDIM COMMUNITY RESOURCES, INC.

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

THE DIRECTOR OF OPERATIONS REVIEWS THE 990 AND DISCUSSES IT WITH THE AUDITORS. THE FORM IS THEN MADE AVAILBLE TO ALL BOARD MEMBERS PRIOR TO FILING.

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

AMUDIM REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE

WITH THE CONFLICT OF INTEREST POLICY BY REQUIRING BOARD MEMBERS AND

KEY EMPLOYEES TO DISCLOSE THEIR PROFESSIONAL AFFILIATIONS ANNUALLY.

ANY CONFLICTS MUST BE REPORTED TO THE BOARD AND THE INDIVIDUAL IS

RECUSED FROM THE VOTING PROCESS RELATING TO THE CONFLICT.

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

THE BOARD OF DIRECTORS DETERMINES THE SALARY FOR THE DIRECTOR OF

OPERATIONS. THEY LOOK AT SIMILAR POSITIONS IN THE FIELD AND BASE IT OFF

OF MARKET VALUE. THIS WAS LAST DONE IN 2018.

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

THESE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Name of the organization			Employer identific	ation number
AMUDIM COMMUNITY RESOURCES, INC.			47-09848	801
			ATTACHMENT	1
FORM 990, PART IX - OTHER FEES		_		
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
OTHER	112,243.		65,461.	46,782.
REHABILITATION FEES	1,339,766.	1,339,766.		
TOTALS	1,452,009.	1,339,766.	65,461.	46,782.

Exempt Organization Business Income Tax Return Form **990-T** OMB No. 1545-0687 (and proxy tax under section 6033(e)) 01/01, 2018, and ending 12/31, 2018 For calendar year 2018 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Employer identification number Check box if Name of organization ( Check box if name changed and see instructions.) (Employees' trust, see instructions.) address changed AMUDIM COMMUNITY RESOURCES, INC. **B** Exempt under section **Print** 47-0984801  $X \mid_{501(C)(3)}$ Number, street, and room or suite no. If a P.O. box, see instructions. E Unrelated business activity code 408(e) 220(e) Type (See instructions.) 11 BROADWAY 1076 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) C Book value of all assets NEW YORK, NY 11691 at end of year Group exemption number (See instructions.) 3,598,366. Check organization type | X | 501(c) corporation 501(c) trust 401(a) trust Other trust **H** Enter the number of the organization's unrelated trades or businesses.  $\blacktriangleright$  1 Describe the only (or first) unrelated trade or business here If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes." enter the name and identifying number of the parent corporation. The books are in care of ►ZVI GLUCK Telephone number ▶ 645 517 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales Less returns and allowances c Balance 1 c b Cost of goods sold (Schedule A, line 7) Gross profit. Subtract line 2 from line 1c 3 3 Capital gain net income (attach Schedule D) 4a 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) b 4b Capital loss deduction for trusts С 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 6 7 Unrelated debt-financed income (Schedule E) 8 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 Other income (See instructions; attach schedule) 12 12 Total. Combine lines 3 through 12 Ο. 13 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K). 15 Salaries and wages 15 16 Repairs and maintenance 16 17 17 Interest (attach schedule) (see instructions) 18 18 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 20 Depreciation (attach Form 4562) 21 21 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22h 23 Contributions to deferred compensation plans 24 24 25 Employee benefit programs Excess exempt expenses (Schedule I) 26 26 Excess readership costs (Schedule J) 27 27 Other deductions (attach schedule) 28 28 Total deductions. Add lines 14 through 28 29 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

31

Unrelated business taxable income. Subtract line 31 from line 30

31

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	330-1 (20	·						age =
Pai	t III	Total Unrelated Business Taxable	e Income					
33	Total o	of unrelated business taxable income cor	nputed from all unrelated trade	es or businesses (s	see			
	instruct	ions)			33			
34	Amoun	s paid for disallowed fringes			34		10,5	764.
35		on for net operating loss arising in						
33		ions)		•				
						+		
36		f unrelated business taxable income befor					10 [	<b>5 6 4</b>
		33 and 34						764.
37	Specific	deduction (Generally \$1,000, but see line 37	instructions for exceptions)		37		1,(	000.
38	Unrelat	ed business taxable income. Subtract line	37 from line 36. If line 37 is	greater than line 3	36,			
	enter th	e smaller of zero or line 36			38		9,	764.
Pai	t IV	Tax Computation				, '		
39		eations Taxable as Corporations. Multiply line 3	38 by 21% (0.21)		. > 39		2.0	050.
40	Trusts		structions for tax computatio		.,			
40								
		ount on line 38 from: Tax rate schedule o						
41		ax. See instructions						
42	Alterna	rive minimum tax (trusts only)			42			
43	Tax on	Noncompliant Facility Income. See instructions			43			
44	Total. A	dd lines 41, 42, and 43 to line 39 or 40, which	ever applies		44		2,0	050.
Pai	t V	Tax and Payments						
		tax credit (corporations attach Form 1118; true	ete ettech Ferm 1116)	2				
	_							
		redits (see instructions)						
		business credit. Attach Form 3800 (see instruc						
		or prior year minimum tax (attach Form 8801 o						
е	Total c	redits. Add lines 45a through 45d			45e			
46	Subtrac	t line 45e from <u>line 44</u>	. <u></u> <u></u> <u>.</u>	<u></u>	46		2,0	050.
47	Other ta	kes. Check if from: Form 4255 Form 8611	Form 8697 Form 8866	Other (attach schedul	le) <b>. 47</b>			
48	Total ta	x. Add lines 46 and 47 (see instructions)			48		2,0	050.
49		et 965 tax liability paid from Form 965-A or For						
		* *	. ,		40			
		tts: A 2017 overpayment credited to 2018 • •						
		stimated tax payments						
С	Tax dep	osited with Form 8868						
	_	organizations: Tax paid or withheld at source (s	,	d				
е	Backup	withholding (see instructions)		е				
f	Credit f	or small employer health insurance premiums (	attach Form 8941) <b>50</b>	f				
g	Other c	redits, adjustments, and payments: Form 2	439					
·		orm 4136 Other	Total ► 50	a				
51		ayments. Add lines 50a through 50g		3	51			
52	•	ed tax penalty (see instructions). Check if Form		٦	52	+		
		, , ,		, ,		+	2 (	050.
53		e. If line 51 is less than the total of lines 48, 49			· —		۷, ۱	350.
54	Overpa	yment. If line 51 is larger than the total of lines	s 48, 49, and 52, enter amount overp	paid	54			
<u>55</u>	Enter th	e amount of line 54 you want: Credited to 2019 est		Refunded				
Pai	t VI	Statements Regarding Certain A	ctivities and Other Inforn	<b>nation</b> (see instruc	tions)			
56	At any	time during the 2018 calendar year, did	the organization have an interest	est in or a signature	or othe	r authority	Yes	No
	over a	financial account (bank, securities, or oth	ner) in a foreign country? If "Y	es," the organization	n may h	ave to file		
	FinCEN	Form 114, Report of Foreign Bank and	Financial Accounts. If "Yes," e	enter the name of t	the forei	gn country		
	here >	•						Х
57		the tax year, did the organization receive a dist	ribution from or was it the granter	of or transferor to a	foreign t-			Х
57	•	•		or, or transferor to, a	ioreign at	iot!		
E0		see instructions for other forms the organizatio						
<u>58</u>		ne amount of tax-exempt interest received or ac	9 ,		46-6-4-6	many law control		
۵.	tr	nder penalties of perjury, I declare that I have examined ue, correct, and complete. Declaration of preparer (other than to			ure pest of	my knowledge	and beli	iei, it is
Sig	n				May the	RS discuss	this r	return
Her	e 🚩		<u> </u>			e prep <u>arer</u> sl		
	S	gnature of officer	Date Title		(see instru	rctions)? X Y	es	No
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN		
Paic		AARON SHAPIRO			self-employ	D013	3381	.6
Pre	oarer	Firm's name ► BKD, LLP	1			► 44-016		
Use	Only	Firm's address  655 THIRD AVENUE	11200 NEW VORK NV 10	1017	IIII S EIIN	212.867.	4000	
		LIMIS addiess - 000 IUIVD WATHOR	TILOU, INDW IORK, INI IU	, o ± / F	none no.	· 1 / 0 / 0 / 0	- U U U	

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Schedule A - Cost of Go	oods Sold. En	ter method	of invento	ory valuation I	<b>-</b>			
1 Inventory at beginning of y						ar	6	
2 Purchases	2					ld. Subtract line		
3 Cost of labor				6 from I	ine 5. En	ter here and in		
4a Additional section 263A co				Part I, line	2		7	
(attach schedule)	4a					section 263A (w		Yes No
<b>b</b> Other costs (attach schedu						or acquired for	•	
5 Total. Add lines 1 through	/ • <del>                                    </del>							X
Schedule C - Rent Income		roperty ai	nd Persoi	nal Property	Leased V	Vith Real Proper	rty)	
(see instructions)	•						3,	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
( · )	2. Rent recei	ved or accrue	ed					
(a) From personal property (if the				personal property	/if the	2(a) Doductions di	iroatly connected with	the income
for personal property is more th				r personal property			irectly connected with (a) and 2(b) (attach scl	
more than 50%)		50% or	if the rent is	based on profit or	income)			
(1)								
(2)								
(3)								
(4)								
Total		Total						
(c) Total income. Add totals of c	alumana 2/a) and 2/					(b) Total deduction		
here and on page 1, Part I, line 6	` '	,				Enter here and on Part I, line 6, colur		
Schedule E - Unrelated D			e instructi	nne)		T drt i, iirio o, ooidi	IIII (B)	
Octionale E - Officiation B	cot-i maneca i	icome (se		,	3. [	Deductions directly cor	nnected with or allocal	ble to
1. Description of del	ot-financed property		1	income from or to debt-financed		debt-financ		
·			рі	operty		nt line depreciation ich schedule)	(b) Other ded (attach sche	
(1)					(4114	ion concurs,	(attasti estie	
(2)								
(3)								
(4)								
4. Amount of average	5. Average adju	sted basis						
acquisition debt on or	of or alloca	ble to		Column divided		income reportable	8. Allocable de (column 6 x total	
allocable to debt-financed property (attach schedule)	debt-financed (attach sche		1	column 5	(columi	n 2 x column 6)	3(a) and 3	
(1)	(attaon con	, duio)		%				
				%				
(2)				%				
(3)				%				
(4)				%	Enter has	o and an rage 1	Enter here and	on page 1
						re and on page 1, ne 7, column (A).	Enter here and on Part I, line 7, co	
					,	, , ,	. ,	` '
Totals				▶				
Total dividends-received deduct	ions included in co	niimn 8				<b>■</b> 1		

Page 4

Schedule F-Interest, Ann	uities, Royalties	, and Rer	nts Fro	om Contro	lled Or	ganizati	ons (see	instruction	ons)	
		Exe	mpt Co	ontrolled Org	ganizatio	ons				
Name of controlled organization	2. Employer identification number	5I		ated income instructions)	1	of specified ents made	included	f column 4 the in the control	olling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organ	izations									
7. Taxable Income	8. Net unrelated ind (loss) (see instruction	I .		Total of specific payments made		includ	rt of column ed in the co ation's gros	ntrolling		Deductions directly nnected with income in column 10
(1)										
(2)										
(3)										
(4)										
Totals	ncome of a Sec	tion 501(	(c)(7),	(9), or (17	<u> </u>	Part I	nere and on , line 8, colui	mn (A).		ter here and on page 1, art I, line 8, column (B).
1. Description of income	2. Amount of	income		3. Deduction directly cortain (attach sch	nnected		4. Set-asides (attach schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
<u>(1)</u>										
(2)										
(3)										
(4)										
	Enter here and o Part I, line 9, co								Enter here and on page 1. Part I, line 9, column (B).	
Totals ▶	•									
Schedule I-Exploited Ex	empt Activity Inc	come, Ot	her Th	an Adverti	ising Ir	ncome (s	see instru	ctions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exper direct connecte producti unrelat business i	tly d with on of ted	4. Net incon from unrelat or business 2 minus col If a gain, or cols. 5 thro	ted tradé (column lumn 3). ompute	from ac is not ι	s income tivity that inrelated s income	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, F line 10, co	Part I,						Enter here and on page 1, Part II, line 26.	
Schedule J- Advertising I		uctions)								
Part I Income From Pe			consol	idated Bas	sis					
		<del></del>	, O.1.001		<u> </u>					
1. Name of periodical	2. Gross advertising income	3. Dire advertisinç		4. Advertigain or (los 2 minus co a gain, co cols. 5 thro	ss) (col. ol. 3). If mpute	1	5. Circulation income 6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))										

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Total. Enter here and on page 1, Part II, line 14

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns

∠ through / on a i	ine-by-line basis	S.)				
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		
1. Name		2.	Title	3. Percent of time devoted to business	4. Compensatio unrelated	
(1)				%		
(2)				%		
(3)				%		
(4)						

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