CEF 990

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	2017 cale	ndar year, or tax year beginning , 2017, and ending	1		, 20
В	Check if	applicable.	C Name of organization Medhen Orphan Relief Effort		D Employ	er identification number
	Address	change	Doing business as			20-8503441
$\overline{\Box}$	Name ch	•	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	е	E Telepho	ne number
Ħ	Initial ret	-	36 Heather Lane		-	973-361-2558
H			City or town, state or province, country, and ZIP or foreign postal code		··	
		m/terminated	Randolph, NJ 07869		C C****	aceints \$ \$240,511
님	Amende				G Gross re	
Ш	Applicati	on pending	F Name and address of principal officer:			subordinates? Yes No
_			Anthony Zecca, 36 Heather Lane, Randolph, NJ 07869 (973-381-2558			s included? Yes No
<u></u>		mpt status	<u></u> 501(c)(3)	┥		a list. (see instructions)
<u>J</u>	Website		w.morechildren.org	H(c) Group	<del></del>	
<u>K</u>		_	Corporation Trust Association Other ► L Year of formation	on: 2007	M State	of legal domicile: NJ
Р	art I	Summ				
	1	Briefly de	Solibe the organization of mission of most organical tablemos.			t for various programs
9	-	-	ins and vulnerable children in Addis Ababa, Ethiopia. These programs are a	dministered	through	and by the Medhen
nar	}		enter which is an NGO based in Addis Ababa.			
Activities & Governance	2	Check th	is box ▶☐ if the organization discontinued its operations or disposed o	f more than	25% of	its net assets.
Ó	3	Number	of voting members of the governing body (Part VI, line 1a)	A 1947 - 1	7 -3	12
જ	4		of independent voting members of the governing body (Part VI, line 1b)	FIACE	1 (4)	12
ies	5	Total nur	nber of individuals employed in calendar year 2017 (Part V, line 2a)	_ 	151	0
<u>\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ </u>	6			1 6 2018	161	10
Ac	7a		elated business revenue from Part VIII, column (C), line 12		Val	None
	Ь		lated business taxable income from Form 990-T, line 34		T 7b1	None
				U L Prior Ye	ar	Current Year
	8	Contribu	tions and grants (Part VIII, line 1h) .	<u> </u>	91,941	240,511
ng.	9		service revenue (Part VIII, line 2g)			
Š	10	-	ent income (Part VIII, column (A), lines 3, 4, and 7d)		30,620	21,009
( <u>A</u>	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
Q	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		122,561	261,520
enueve@CMNNEESukdXR	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		117,050	139,919
\$	14		paid to or for members (Part IX, column (A), line 4)			
ñ	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)			
C3	16a		onal fundraising fees (Part IX, column (A), line 11e)			
ೱಀ	b		draising expenses (Part IX, column (D), line 25) ▶			
丞	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		28,832	27,623
	18		penses (Part IX, Column (A), lines 11a-11d, 111-24e)		145,882	167,540
	1	•	· · · · · · · · · · · · · · · · · · ·		(23,321)	,
	19	nevenue	less expenses. Subtract line 18 from line 12	eginning of Cu	• •	End of Year
70TS	200	Total ac-	<u></u>		234,710	328,691
	20		sets (Part X, line 16)		None	None
Net Ase Fund Bal	21		illities (Part X, line 26)		234,710	328,691
			ts or fund balances. Subtract line 21 from line 20		204,710	020,001
	art II		ture Block			
			ry, I declare that I have examined this return, including accompanying schedules and staten lete. Declaration of preparer (other than officer) is based on all information of which preparer			my knowledge and belief, it is
_		1 1				
e:	~~	Sun 2	ature of officer	Da	**	
Sig	_	J Sign	1 — <del>T</del>		•	9,2018
He	i e	\ \_\\\	InTHONY ZECCA, REASURER		PICE	1,2010
_		17.	e or print name afid title  De preparer's name  Preparer's signature  Dat	<u> </u>	1	PTIN
Pa	iid	Printity	pe preparer's name Preparer's signature Dat	ι <del>ο</del>	Check	<b>□</b>
Pr	epare	r		<del></del>	self-em	pioyed
	se Onl	1	name ►	Firn	n's EIN ▶	,
			address >	Pho	ne no	
_			s this return with the preparer shown above? (see instructions)		•	Yes No
For	Paperv	vork Redu	ction Act Notice, see the separate instructions. Cat. No.	o. 11282Y		Form <b>990</b> (2017)

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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.	Form 99	0 (2017) Page <b>2</b>
1 Enriefy describe the organization's mission.  Our mission is to provide as much financial support as our fundraising allows to support various programs focused on the needs of orphans and vulnicable children in Addis Absels. Ethiopia who are cared for through the Middlen Social Center (NGO) based on Addis Absels. We currently support hundroid of children and related beneficiaries who have been either orphaned by HIV/AIDS or suffer from sewer deprivation caused by albeit poverty.  Did the organization organization caused by albeit poverty.  Did the organization caused by albeit poverty.  If "Yes," describe these new services on Schedule O.  Did the organization cases conducting, or make significant changes in how it conducts, any program services exerces?  If "Yes," describe these changes on Schedule O.  Did the organization cases conducting, or make significant changes in how it conducts, any program services expenses. Section 501(cf) and 501(cf) an	Part	<u> </u>
Our mission is to provide as much financial support as our fundralising allows to support various programs forecased of orphans and vulnerable folding an Addis Abbab. (Ethiops who are scared for through the Median Bootal Center (NGO) based on Addis Ababa. We currently support hundreds of children and related beneficiatios who have been either orphaned by HIV/AIDS or surfer from aware deprivation acused by subject poverty.  2. Did the organization undertake any significant program services during the year which were not listed on the plot of Form 990 or 990-52?  1. If "Yes," describe these new services on Schedule O.  2. Did the organization cease conducting, or make significant changes in how it conducts, any program services?  3. Did the organization cease conducting, or make significant changes in how it conducts, any program services exercise?  4. Describe the organization of Schedule O.  4. Describe the organization strongers service accomplishments for each of its three largest program services, as measured by expenses. Section 501c(O) and 501c(N) organizations are required to report the amount of grants and allocations to others, the total expenses and revenue, if any, to each program service reported.  4. (Code:) (Expenses \$		
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?    Yes   Gescribe these new services on Schedule O.   Old the organization cease conducting, or make significant changes in how it conducts, any program services?   Yes   No It "Yes   describe these changes on Schedule O.	1	Our mission is to provide as much financial support as our fundraising allows to support various programs focused on the needs of orphans and vulnerable children in Addis Ababa, Ethiopia who are cared for through the Medhen Social Center (NGO) based om Addis Ababa. We currently support hundreds of children and related beneficiaries who have been either orphaned by HIV/AIDS or
prior Form 990 or 990-E2?  If "Yes," closcribs these we services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(ci)) and 501(ci)) arganizations 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 \$	2	· · · · · · · · · · · · · · · · · · ·
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	-	prior Form 990 or 990-EZ?
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 \$ 139,919 including grants of \$ )(Revenue \$ ) This amount represents the total funding provided in 2017 to the Mothen Social Center for the programs we financially support. The first funding we provide a loue of for models, deducational, nutrificant, houring, clotting, councelling and upplies for each child according to their needs. Our funding for 2017 also provided for the purchase of laptops for use in the educational programs we support  4b (Code: )(Expenses \$ including grants of \$ )(Revenue \$ )  4c (Code: )(Expenses \$ including grants of \$ )(Revenue \$ )  4d Other program services (Describe in Schedule O)(Expenses \$ including grants of \$ )(Revenue \$ )	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
The Funding we provide is used for medical, odducational, nutritional, housing, clothing, councelling and outpillos for ooch child according to their needs. Our funding for 2017 also provided for the purchase of laptops for use in the educational programs we support  4b (Code:	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,
4b (Code:) (Expenses \$including grants of \$) (Revenue \$)  4c (Code:) (Expenses \$including grants of \$) (Revenue \$)  4d Other program services (Describe in Schedule O.) (Expenses \$including grants of \$) (Revenue \$)  4d Other program services (Describe in Schedule O.) (Expenses \$including grants of \$) (Revenue \$)	4a	This amount represents the total funding provided in 2017 to the Medhen Social Contor for the programs we financially support. The funding we provide is used for medical, adducational, nutritional, housing, clothing, councelling and supplies for each child
4c (Code:) (Expenses \$		programs we support
4c (Code:) (Expenses \$including grants of \$) (Revenue \$)  4d Other program services (Describe in Schedule O.) (Expenses \$including grants of \$) (Revenue \$)  4e Total program service expenses > 139,919	4b	
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses > 139,919		•
(Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ 139,919	4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
(Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ 139,919		
	4d	(Expenses \$ including grants of \$ ) (Revenue \$ )
- INVI MAI		

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		٧
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		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		v
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		~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a		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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	446		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b	.,	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	15	•	.,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		·
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<b>/</b>	
	If "Yes," complete Schedule G, Part III	19	. 990	V (2017

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		,
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		,
22	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		ļ	-
23	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		<del> </del>	<del></del>
2-44	\$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		,
ь	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
20	current or former officers, directors, trustees, key employees, highest compensated employees, or 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 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		~
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28ь		~
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		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			ا ا
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30	-	-
31	Part	31	İ	<b>,</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		<del> </del>	<del>                                     </del>
	complete Schedule N, Part II	32		~
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		,
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		,
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		V
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
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		,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI	37		_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	,	

Test the number reported in Box 3 of Form 1096 Enter -0- if not applicable   Test	Part				
the Enter the number propriet in Box 3 of Form 1096 Enter 0-if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter 0-if not applicable  could the organization comply with backup withholding rules for reportable payments to vendors and propriet of the organization representations of the propriet of the propriation of the propriat		Check if Schedule O contains a response or note to any line in this Part V	<del>· · ·</del>	Vas	No.
b Enter the number of Forms W-2G included in line 1s. Enter 0-if not applicable.  Did the organization comply with backgow withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the catendar year ending with or within the year covered by this return  It is lesst one is reported on line 2a, did the organization file all required federal employment tax returner?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  If it is lesst one is reported on line 2a, did the organization file all required federal employment tax returner?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  If it is set if the a form 990-T for this year? If NO to line 3b, provide an explanation in Schedule O.  If Yes if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  If Yes, and the current of the foreign country:  Note, if the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)  If Yes, and the current of the foreign country:  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  If Yes, and the party to a prohibited tax shelter transaction at any time during the tax year?  If Yes, to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction or gifts were not tax deductible?  Organization solicit any contributions that were not tax deductible and the organization solicit any contributions that were not tax deductible and the organization solicit any contributions that were not tax deductible on the party of the organization set of the payor?  If Yes, if did the organization neceive a payment in excess of \$75 made party to a contribution and party for goods and servoes provided to t	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	1
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaining (gambling) winnings to prize winners?  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  8 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  8 Note. If the sum of lines 1a and 2 is greater than 250, you may be required to e-file (see instructions)  9 Did the organization have unrelated business gross income of \$1,000 or more during the year?  9 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?)  9 If "Yes," enter the name of the foreign country   Mark the organization have an enterest 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?)  9 If "Yes," enter the name of the foreign country   Mark the organization and the organization and the organization that the organization are party to a prohibited tax shelter transaction?  1 If "Yes," of line Sa or 5b, differ organization file form 8868-7?  10 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such combutions or gifts were not tax deductible?  1 If "Yes," did the organization include with every solicitation an express statement that such combutions or gifts were not tax deductible contributions under section 170(c).  10 If "Yes," did the organization include with every solicitation an express alterment that such combutions or gifts were not tax deductible?  10 Organizations that may receive deductible contributions under section 4967 organization that t		· · · · · · · · · · · · · · · · · · ·			ŀ
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   2	c				
Statements, filed for the calendar year ending with or within the year covered by this returm 2 0 b b fal faleat one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3 bid the organization have unrelated business gross income of \$1,000 or more during the year?  18 1f 'Yes,' has if filed a Form 980-17 for the year? If 'No' is fine 3b, provide an explanation in Schedule 0 3 b 1 file 4 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 accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If 'Yes,' enter the name of the foreign country: \(\binom{}{See anstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c If 'Yes,' to line is a or 5b, did the organization file Form 8886-17  6a 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?  6b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d Did the organization sell, exchange, or otherwise dispose of tanglible personal benefit contract?  9d If 'Yes,' indicate the number of Forms 8282 filed during the year  9d Did the organization sell, exchange, or otherwise dispose of tangli		reportable gaming (gambling) winnings to prize winners?	1c	ィ	
bit at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  5a Did the organization have unrelated business gross income of \$1,000 or more during the year?  5b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0.  5c 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 accounts or the security of the control of the security of security of the security of the security of the security of the	2a				
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required to file Form 8282?  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?  To Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  To Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  B Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders.  Gross income from members or shareholders.  B 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.).  11b  Section 501(c)(12) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. 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 in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reser			7b		
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Polid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file a form 1098-C?  f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1098-C?  f Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organizations. Enter:  a linitation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12  Gross income from members or shareholders  Gross income from members or shareholders  Gross income from members or shareholders  Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(12) organizations. Enter:  a Gross income from 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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 reserves on hand  Did the organization is filed a Form 720 to report these payments? If "No," provide an explanation in	d	·			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  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?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organizations. Enter:  a 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  10 Section 501(c)(12) organizations. Enter:  a 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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization received and payments for indoor tanning services during the tax year?  14a  V  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			7e		~
If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   Sponsoring organizations maintaining donor advised funds.   Bid the sponsoring organization make any taxable distributions under section 4966?   9a     Did the sponsoring organization make any taxable distributions under section 4966?   9a     Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   9b     Section 501(c)(7) organizations. Enter:   a Intiation fees and capital contributions included on Part VIII, line 12   10a     b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   10b     Section 501(c)(12) organizations. Enter:   a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   11a     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   12b     Section 501(c)(29) qualified nonprofit health insurance issuers.   13a     Note. See the instructions for additional information the organization must report on Schedule O.     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     C Enter the amount of reserves on hand   13c	f		7f		~
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?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  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?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  C Enter the amount of reserves on hand  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  It als   If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	g				
sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  B Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders.  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  C Enter the amount of reserves on hand  Ida Did the organization receive any payments for indoor tanning services during the tax year?  Ida Form 720 to report these payments? If "No," provide an explanation in Schedule O.  Ida Form 720 to report these payments? If "No," provide an explanation in Schedule O.  Ida Form 720 to report these payments? If "No," provide an explanation in Schedule O.			7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 15a 11b 11b 12a 11b 15 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 15 section 501(c) 15 section 4947(a) 15 section 501(c) 15 section	8		<u> </u>		
a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12	^		8		1
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12			92		
Initiation fees and capital contributions included on Part VIII, line 12	_		$\vdash$		
a Initiation fees and capital contributions included on Part VIII, line 12	10				
a 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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year .  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		Initiation fees and capital contributions included on Part VIII, line 12			
a 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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	11				
against amounts due or received from them.)					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	D				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b					
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  13a  13a  13b  13b  13b  13b	13				
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	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
the organization is licensed to issue qualified health plans	_				1
c Enter the amount of reserves on hand	b	and the transfer of the property and the contract of the contr			
Did the organization receive any payments for indoor tanning services during the tax year?	_	100			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b			142		
			<del> </del>		_
		11 100, has it mod at offit 120 to report these payments: 11 110, provide an explanation in considere of .		990	(2017)

Form 99	10 (2017)		1	Page <b>6</b>
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		. 🔽
Secti	on A. Governing Body and Management			
	Enter the number of voting members of the governing body at the end of the tax year 12		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.	-		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	_	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
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		~
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		_
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		-
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
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		,
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
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	~	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<u> </u>	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	<u> </u>
С	describe in Schedule O how this was done	12c	~	
13	Did the organization have a written whistleblower policy?	13	ļ	-
14	Did the organization have a written document retention and destruction policy?	14	<del> </del>	<u>,                                    </u>
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?			
a	The organization's CEO, Executive Director, or top management official	15a	├	-
b	Other officers or key employees of the organization	15b	├─	<b>—</b>
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	with a taxable entity during the year?	16a		7
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed New Jersey	504		only.
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	11 301(	(C)(J)S	only)
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.			y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Anthony Zecca, 36 Heather Lane, Randolph, NJ 07869 (973-361-2558)	cords	:▶	

Form **990** (2017)

Part VII	Compensation of Officers, Director	rs, Trustees	, Key Employees	, Highest	Compensated	<b>Employees</b>	, and
	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 no	r any related	d org	aniz	atio	n c	ompe	nsa	ted any curren	t officer, directo	r, or trustee.
				(0	C)					
(A)	(B)	(R) Position						(D)	(E)	(F)
	1 ''					e than c		Reportable	Reportable	Estimated
Name and Title	Average hours per					ıs both or/trust		compensation	compensation from	amount of
	week (list any	<u> </u>	$\overline{}$	_			<u> </u>	from	related	other
	hours for	일	ng l	Officer	፩	$  3 \frac{\pi}{2}$	Former	the	organizations	compensation
	related	T S	] <del>E</del>	₫	<u> è</u>	<u>ु</u>	₹	organization	(W-2/1099-MISC)	from the
	organizations	용률	ğ	`	를	8 0	~	(W-2/1099-MISC)		organization
	below dotted line)	Individual trustee or director	Institutional trustee		Key employee	ğ	1			and related organizations
	iiio)	l st	l S		•	Š	l			organizations
		°	8			Highest compensated employee				
	· · · ·		$\vdash$	<u> </u>	_	ă.	-	<del> </del>		<u> </u>
(1) Maureen Strenk	10									
Board President		-		~				O,	O	0
(2) James Miller	1									
Chairman Emeritus		~		L				0	0	0
(3) Barbara Zecca	25									
Board Vice President		1		~				0	0	0
(4) Anthony Zecca							}			
Board Treasurer	10	~		~			L	0	0	0
(5) Charles Strenk										
Board General Counsel	5	~		~	ļ		<u> </u>	0	0	0
(6) Diane Padula	ļ <u>-</u>								_	
Board Secretary	5	~		~	_			0	0	0
(7) Tom Padula	1									
Debes Heller d	ļ	-		<u> </u>	_			. 0	0	0
(8) Robert Holland	ļ									•
No. March Halland	1	~					_	0	0	0
(9) Nancy Holland	8					ļ				- 0
v.o. Acquel Cotonob	-	<u> </u>	_	<u> </u>	ļ	-	_	- 0		<u></u>
(10) Asqual Getanah	1							0		0
Own Davids	1	~					<u> </u>		<u>_</u>	U
(11) Sam Parsia	ļ	}				Ì	ł	0	0	0
(12) Jennifer Baxter	1 1	-		_	<u> </u>	-	<u> </u>			0
(12) Jennifer Baxter	<b></b>	,						o		o
(42)	<u> </u>	<u> </u>		├	├	<del>                                     </del>	┢	<del>                                     </del>	<u> </u>	
(13)	<del> </del>	ĺ								
(14)	<del> </del>	<del>                                     </del>		<del>                                     </del>	<del>                                     </del>		$\vdash$			
3		1						1		

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/005	s, ar	nd H	lighes	st C	ompensated E	mployees (d	ontiņu	ied)		
	(A) Name and title	(B) Average hours per week (list any	rage box, unless person is bo s per officer and a director/tru					an :ee)	(D)  Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		hours for related organizations below dotted line)	. ~ ~	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		compo froi organ and	ensation in the nization related izations	
(15)													<del> •</del>	,
(16)														
(17)			-											
(18)														
(19)														
(20)						H								
(21)						H								
(22)														
(23)										<del></del>		<del></del>		
(24)										<del></del>				
(25)														
1b c d	Sub-total  Total from continuation sheets to Part  Total (add lines 1b and 1c)	VII, Sectio		· ·	•		· ·	► ► ►						
2	Total number of individuals (including but reportable compensation from the organi	t not limited					above	e) w	ho received mo	ore than \$10	00,000	) of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc						 emp	oloyee, or high	est compei	nsated	3	Yes	No V
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep greater than	portal an \$1 	ble ( 150,	com 000	1per 1? <i>Ii</i> 	nsatio f <i>"Ye</i> :	na s,"	nd other comp complete Sch	ensation fro edule J for	om the r such	4		
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or ind	ividual			_
Section	on B. Independent Contractors									·			L	
1	· · · · · · · · · · · · · · · · · · ·													
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	ation	
None						_								
2	Total number of independent contractor	ors (includir	na bu	ıt n	ot I	imit	ed to	th	ose listed abo	ove) who				
-	received more than \$100,000 of compens								None	,				1

Form **990** (2017)

	90 (201	·					Page <b>9</b>
Part	VIII	Statement of Revenue		. any lina m thia	Dort VIII		
		Check if Schedule O contains a respons	e or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इं इ	1a	Federated campaigns 1a					
ons, Gifts, Grants Similar Amounts	b	Membership dues 1b		į		}	
s, C Am	С	Fundraising events 1c	44,830				
Gifts, ilar An	d	Related organizations 1d					
ns,	e	Government grants (contributions) 1e					
ntio er S	f	All other contributions, gifts, grants, and similar amounts not included above	195,681				
tributic Other	_		183,001				
Contributions, and Other Sim	g h	Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f		240,511			
_	- "		siness Code			<del> </del> -	
Program Service Revenue	2a						
Rev	ь						
<u>.8</u>	С						
Ę,	d						
Ē	e						
ogra	f	All other program service revenue.					<u> </u>
<u>~</u>	g	Total. Add lines 2a–2f	▶			γ ·	<u> </u>
	3	Investment income (including dividends and other similar amounts)		21,009			
		Income from investment of tax-exempt bond p		21,000			
	4 5	D 11:	[				
	"		) Personal		,		1
	6a	Gross rents					
	b	Less: rental expenses					i
	С	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
	7a	areas amend it in the same of	(ii) Other				]
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses .					
	ا ا	Gain or (loss)	•			<del></del>	
	d	Net gain or (loss)					<u> </u>
E	8a	Gross income from fundraising		İ			
le l		events (not including \$					
Other Revenue		of contributions reported on line 1c).					
Ē		See Part IV, line 18 a				Ì	
5		Less: direct expenses <b>b</b>					
-		Net income or (loss) from fundraising even	its 🕨				
	9a	Gross income from gaming activities.				ĺ	i
	١.	See Part IV, line 19 a				-	
	Ь	Less: direct expenses <b>b</b> Net income or (loss) from gaming activities	s <b>&gt;</b>			<del> </del>	
	L	Gross šālėš ot inventory, less					
		returns and allowances a					1
	ь	Less: cost of goods sold b				<u>                                      </u>	<u> </u>
		Net income or (loss) from sales of inventor					
		Miscellaneous Revenue Bu	siness Code				
	11a						
	b					<del> </del>	
	C			_	·		
	d	All other revenue			·	<del> </del>	
	12e	Total Add lines 11a-11d	🏲	261,520			

Dart IY	Statement	of Functional	Fynancae	
I allix	Juicinent	or runctional	Expenses	

Sectio	n 501(c)(3) and 501(c)(4) organizations must con			s must complete col	lumn (A).				
Check if Schedule O contains a response or note to any line in this Part IX									
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic individuals. See Part IV, line 22								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	139,919	139,919						
<b>4</b> <b>5</b>	Benefits paid to or for members								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
7 8	Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)								
9 10	Other employee benefits				·				
11 a b	Fees for services (non-employees)  Management								
c d	Accounting								
e f	Professional fundraising services. See Part IV, line 17 Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)								
12	Advertising and promotion								
13	Office expenses								
14	Information technology								
15	Royalties								
16	Occupancy				<del>, -</del>				
17 18	Travel								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization .								
23	Insurance								
24	Other expenses, Itemize expenses not covered								
	above (List miscellaneous expenses in line 24e If								
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)								
_	Fundraising event cost (golf)	23,452	· - · · · ·		23,452				
a b	Bank and other charges	974		974					
C	Sunnies and materials	1,246		1246					
d	Other	1,949		1949					
e	All other expenses	27,621							
25	Total functional expenses. Add lines 1 through 24e	167,540	139,919	4,169	23,452				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    If following SOP 98-2 (ASC 958-720)								

Form 990 (2017) Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X **(B)** Beginning of year End of year 33.050 30.079 Cash - non-interest-bearing . . . 295.640 204.631 2 2 Savings and temporary cash investments . . . . 3 Pledges and grants receivable, net . . . . 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . 6 Assets 7 7 8 8 Inventories for sale or use . . . . . 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 10c Less: accumulated depreciation . . . . Ь 11 11 Investments—publicly traded securities . . . . . 12 12 Investments—other securities. See Part IV, line 11 . 13 13 Investments - program-related. See Part IV, line 11. 14 14 15 15 234,710 328,690 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 17 17 Accounts payable and accrued expenses . . . . . 18 18 19 Deferred revenue . . 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . 23 23 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . . . . 25 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 328,291 27 399 28 28 Temporanly restricted net assets . . . . . . . . . . . . 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . . . . . . . Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds. 

Total liabilities and net assets/fund balances . . .

30

31

32

33

328,690

30

31

32

33

234,710

_	4	
Page	-1	•

					<b>J</b>
Part	XI Reconciliation of Net Assets				
-	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		26	1,520
2	Total expenses (must equal Part IX, column (A), line 25)	2		167	7,540
3	Revenue less expenses. Subtract line 2 from line 1	3			3,980
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		234	4,710
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7	·		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		328	3,690
Part .	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 ☑ Cash ☐ Accrual ☐ Other		.		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	1		
_	Schedule O.				لبـــ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				~
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:	ollea or			
	Separate basis Consolidated basis Both consolidated and separate basis				<b>一</b>
Ь	Were the organization's financial statements audited by an independent accountant?		2b		<del>-</del>
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	ed on a	' i		
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	/ereiaht	.		
C	of the audit, review, or compilation of its financial statements and selection of an independent account	_	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex				<del></del> 1
	Schedule O.	Piairi iri	'		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
Ja	the Single Audit Act and OMB Circular A-133?		3a		~
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao the			Ť
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		ЗЬ		
				n <b>990</b>	(2017)
			1 011		(2011)

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ.

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

0MB No. 1545-0047 2∩ **1 7** 

Open to Public Inspection

Name of the organization
Medhen Orphan Relief Effort

Employer identification number 20-8503441

Par							ns.	
The c	rganızation is not a private founda				-		$\sim$ $\sim$	
1	( / / / / / / / / / / / / / / / / / / /							
2	A school described in <b>section</b>							
3	A hospital or a cooperative hos						::3 F-A-A-A	
4	A medical research organization hospital's name, city, and state	):						
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp	olete Part II.)					al unit described in	
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup	in <b>section</b>	on 170(b) n a goven	(1)(A)(v). nmental unit or from	the general public	
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II)				
9	An agricultural research organi or university or a non-land-grauuniversity	nt college of agri	iculture (see instruction	ons). Ente	er the nam	ne, city, and state of	the college or	
10	An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt fur income and uni	nctions—subject to co related business taxal	ertain exc ole incon	ceptions, ne (less se	and (2) no more that ection 511 tax) from	ո 33¹/₃% of its	
11	☐ An organization organized and	•			-	•		
12	An organization organized and	•		-			ry out the purposes	
	of one or more publicly support Check the box in lines 12a thro							
а	☐ Type I. A supporting organ	ization operated	, supervised, or contr	olled by	its suppo	rted organization(s),	typically by giving	
	the supported organization supporting organization. Ye	(s) the power to	regularly appoint or e	lect a ma	ajority of t			
b	☐ <b>Type II.</b> A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having	
	control or management of to organization(s). You must o				e persons	that control or man	age the supported	
С	Type III functionally integrits supported organization(						ally integrated with,	
d		• •	•				orted organization(s)	
	that is not functionally integ requirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ıtion requirement an		
е	Check this box if the organ functionally integrated, or T	ization received ype III non-func	a written determination	on from to oporting	he IRS the	at it is a Type I, Type ion.	e II, Type III	
f	Enter the number of supported of							
g	Provide the following information	about the supp	orted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	[isted m yo	organization ur governing iment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	]	17 E 11 11 15 15	17 : 17 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	En Property	11 15 50 50 50 11 15 50 55			

18

instructions

Part							
	(Complete only if you checked the Part III. If the organization fails to						unaer
Secti	on A. Public Support	quality unde	i the tests iis	ted below, pr	ease comple	te Fait III.)	
	dar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and	(4) 2010	(5) 2014	(0) 2010	(4) 2010	(6) 2017	(1) 10100
•	membership fees received (Do not						
	include any "unusual grants.")	91,236	105,187	105,480	91,941	90,511	484,355
2	Tax revenues levied for the	-					
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities					1	
	furnished by a governmental unit to the organization without charge				·		
4	Total. Add lines 1 through 3	91,236	105,187	105,480	91,941	90,511	484,355
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					1	153,249
_	shown on line 11, column (f)			····			331,106
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support					<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	91,236	105,187	105,480	91,941	90,511	484,355
8	Gross income from interest, dividends,						
•	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources		7,092	(7.715)	30,620	21,009	51,006
9	Net income from unrelated business						
	activities, whether or not the business					-	
40	is regularly carried on					-	
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						535,361
12	Gross receipts from related activities, etc.	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for th			d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop her	re					🕨 🗆
Secti	on C. Computation of Public Suppor	t Percentag	e				
14	Public support percentage for 2017 (line 6		=			14	61.8 %
15	Public support percentage from 2016 Sch					15	70.0 %
16a	331/3% support test—2017. If the organi box and stop here. The organization qual						
_	33 <sup>1</sup> / <sub>3</sub> % support test—2016. If the organi	-		-			
b	this box and <b>stop here</b> . The organization					15 33 7370 OF THE	ore, check  ► □
47.	,	•		_		 Sa ar 16h ans	lling 14 is
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization			_	•		▶ □
٠ь	10%-facts-and-circumstances test—20	016. If the ora	anization did n	ot check a bo	x on line 13. 1	6a, 16b. or 17a	a, and line
_	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization n						
	supported organization						▶ □

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

## 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.)

<u> </u>	if the organization falls to qualify	under the te	sis listed beid	w, please co	ompiete Fart	II. <i>)</i>	<del></del>
	on A. Public Support					г	
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees			i			
2	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities				į		
	furnished in any activity that is related to the		]				
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		]			/	
	unrelated trade or business under section 513						<u> </u>
4	Tax revenues levied for the						
	organization's benefit and either paid to					/	
	or expended on its behalf					/	
5	The value of services or facilities					1	
	furnished by a governmental unit to the				/	ł	
	organization without charge .					}	
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3					ĺ	
	received from disqualified persons .		1		/		}
ь	Amounts included on lines 2 and 3				/		
	received from other than disqualified			/	1		ļ
	persons that exceed the greater of \$5,000		1				
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			1			
	line 6.)				1		
Secti	on B. Total Support	I,		<i>f</i>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	1-7		(-7			<del></del>
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,				ĺ		
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		/				]
	acquired after June 30, 1975	/	1				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included in line 10b, whether				ĺ	İ	
	or not the business is regularly carried on			İ			
12	Other income Do not include gain or			-		<u> </u>	
	loss from the sale of capital assets	/					<b>!</b> '
	(Explain in Part VI.)	ľ					1
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	ne organizatio	n's first. secon	d. third. fourth	n, or fifth tax v	ear as a section	on 501(c)(3)
	organization, check this box and stop he	_					
Secti	on C. Computation of Public Suppo		_				
15	Public support percentage for 2017 (line			3. column (f))		15	%
16	Public support percentage from 2016 Sc		-			16	%
	ion D. Computation of Investment In						
17	Investment income percentage for 2017			y line 13, colu	mn (f))	17	%
18	Investment income percentage from 201	-		-			%
19a	331/3% support tests—2017. If the organ	ization did not	check the box	c on line 14. a	nd line 15 is n	nore than 331/3	
.54	17 is not more than 331/3%, check this box	and stop here	. The organizati	on qualifies as	a publicly supp	orted organizat	tion . > 🗆
b	331/3% support tests-2016. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	-	_				
	Ivanianamin ii dio organization d			,,,			

### Part IV Supporting Organizations

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

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI.</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
b	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>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 <b>Part VI</b> .	9a 9b		
С		9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		ļ
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	<u> </u>	

Pa	30	Θ	5

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)			
L	below, the governing body of a supported organization?	11a 11b		
	A family member of a person described in (a) above?	11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110		<u> </u>
<u> </u>	on b. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1 1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		L
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			ł l
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sooti	on C. Type II Supporting Organizations	2		L
Secu	on C. Type it Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
•	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		<b> </b>	
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ļ		
	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?		<del> </del>	
•	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		<del> </del>
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how		ļ	
	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		ŀ	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
Ь	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
•	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	<u>-</u>		
	that these activities constituted substantially all of its activities.	2a	<u> </u>	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	ļ	1	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	l		
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	-		ļl
_		2b	├─	<del> </del> -
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		•	
а	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	<u> </u>		<u> </u>
U	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income	,	(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes 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) Pnor Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		-
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recovenes 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	ly in	tegrated Type III supporti	ng organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
_ 1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets	·		
5	Qualified set-aside amounts (prior IRS approval required)	- · · · · · · · · · · · · · · · · · · ·		
6	Other distributions (describe in Part VI) See instructions.	*		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.	J	•	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(ī) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, it any, to 2017			
а				
b	From 2013		,	
č	From 2014		i,	•
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
<u>_</u>	Excess from 2014	,		
Ĉ	Excess trom 2015			• •
d	Excess from 2016			
е	Excess from 2017			

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.)
<del>-</del> -	

#### SCHEDULE D' (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

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

OMB No. 1545-0047

Open to Public Inspection

Name o	f the organization		Employer identification number
Medh	n Orphan Relief Effort		20-8503441
Par	Organizations Maintaining Donor Adv Complete if the organization answered "		ds or Accounts.
	,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	0
2	Aggregate value of contributions to (during year)	\$9.000	0
3	Aggregate value of grants from (during year) .	\$8.601	0
4	Aggregate value at end of year	399	O
5 6	Did the organization inform all donors and donor funds are the organization's property, subject to the Did the organization inform all grantees, donors, a	e organization's exclusive legal contro	ol? 🗹 Yes 🗌 No
	only for charitable purposes and not for the beneficonferring impermissible private benefit?		or any other purpose
Par	Conservation Easements.		
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recreat		
	Protection of natural habitat	☐ Preservation of	a certified historic structure
_	Preservation of open space	ii ee i e e e	
2	Complete lines 2a through 2d if the organization he	eia a qualmea conservation contributio	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified h		. 2c
d	· ·		- 2d
3	Number of conservation easements modified, transtax year ▶	·	ninated by the organization during the
4	Number of states where property subject to conser		
5	Does the organization have a written policy requipolations, and enforcement of the conservation eas	sements it holds?	· · · · · · · 🔲 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectin ▶\$	g, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?		section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of organization's accounting for conservation easeme	of the footnote to the organization's fin	
Part	Organizations Maintaining Collections Complete if the organization answered "		Other Similar Assets.
	If the organization elected, as permitted under SF/		revenue statement and balance shee
	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the fo	assets held for public exhibition, ec	lucation, or research in furtherance o
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide the following amounts relati	assets held for public exhibition, ec	
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, following amounts required to be reported under S	FAS 116 (ASC 958) relating to these it	ems:
a	Revenue included on Form 990, Part VIII, line 1 .		<b>&gt;</b> \$

Par	III Organizations Maintaining	Collections of	Art, His	torical 7	reasures,	or O	her Similar A	ssets (continued	Ĭ
3	Using the organization's acquisition, collection items (check all that apply):	•	ther reco	rds, chec	k any of the	e follo	wing that are a s	significant use of i	ts
а	☐ Public exhibition		d	☐ Loan	or exchang	e prog	rams		
b	Scholarly research								
С	Preservation for future generation	s							
4	Provide a description of the organiza XIII.		and expla	ain how t	hey further	the org	ganization's exe	mpt purpose in Pa	urt
5	During the year, did the organization	solicit or receive	donation	s of art,	historical tr	easure	s, or other simil	ar	
	assets to be sold to raise funds rather	r than to be maint	ained as	part of the	e organizati	on's co	ollection?	☐ Yes ☐ N	o
Pari	IV Escrow and Custodial Arra	angements.		•					
	Complete if the organization 990, Part X, line 21.								
1a	Is the organization an agent, trustee included on Form 990, Part X?								0
b	If "Yes," explain the arrangement in P	art XIII and compl	lete the fo	llowing to	able:	_	<del> </del>		
							, P	mount	
C	5 5					10	_	<del></del>	
d	Additions during the year					10	<del></del>	<del></del>	_
e	Distributions during the year					16	<del></del>		_
f	Ending balance								
2a	Did the organization include an amou								0
	If "Yes," explain the arrangement in P	art XIII. Check her	re if the e	kplanatio	n has been	provid	ed on Part XIII .		_
Par		1 (0)/	.,	000 1	5	. 40			
	Complete if the organization				(c) Two year		(d) Three years bac	k (e) Four years back	_
	B : : ( )	(a) Current year	(6) Pri	or year	(c) Iwo year	s Dack	(d) Three years bac	(e) Four years back	<u>.                                    </u>
1a	Beginning of year balance								_
b	Contributions								_
С	Net investment earnings, gains, and losses								
đ	Grants or scholarships		1						_
е	Other expenditures for facilities and programs								
f	Administrative expenses		<u> </u>						_
g	End of year balance		<del>                                     </del>		·				_
2	Provide the estimated percentage of	the current vear e	nd baland	e (line 1 a	. column (a)	)) held	as:	<del>_</del>	_
a	Board designated or quasi-endowme		%	- (	(-)	,,			
b	Permanent endowment ►	%							
c	Temporarily restricted endowment ▶								
•	The percentages on lines 2a, 2b, and		100%.						
3a	Are there endowment funds not in th			zation tha	at are held	and ad	lministered for th	ne	
	organization by	•	_					Yes No	 >
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
Ь	If "Yes" on line 3a(ii), are the related of	organizations listed	d as requi	red on So	chedule R?			3b	
4	Describe in Part XIII the intended use	s of the organizati	on's endo	owment fo	unds.				
Pari	VI Land, Buildings, and Equip	oment.						<u> </u>	
	Complete if the organization	answered "Yes	on For	m 990, F	Part IV, line	11a.	See Form 990,	Part X, line 10.	
	Description of property	(a) Cost or o			or other basis ther)		Accumulated epreciation	(d) Book value	
1a	Land								_
b	Buildings			<u> </u>					
С	Leasehold improvements								_
d	Equipment								
е	Other			]					
Total	Add lines to through te (Column (d) r		OO Part	/ column	(P) line 10	<u> </u>			_

Part VII	Complete if the organization		m 990. Part IV. lin	e 11b. See Form	990. Part X. line 12.
	(a) Description of security or ca (including name of security	ategory	(b) Book value	(c) Met	hod of valuation: -of-year market value
(1) Financia	I derivatives				
(2) Closely-I	held equity interests		<u>.</u>		
(3) Other					
(A)					
(B)				ļ	
(C)					<del></del>
(D)					
(E)				ļ	
(F)					
(G)				<del> </del>	
(H)	4)				
	(b) must equal Form 990, Part X, col (B) line 12 Investments—Program Re			<u> </u>	<del></del>
Part VIII	Complete if the organization		m 000 Part IV lin	o 11c Soo Form	000 Part Y line 13
	(a) Description of investme		(b) Book value	1	hod of valuation:
	(a) Description of investme	ent	(b) Book value		of-year market value
/4\			<del>                                     </del>		<del>`</del>
(1)					
(2)					
(4)				<del> </del>	
(5)	-				
(6)					
(7)					
(8)		<del></del>			
(9)					
	b) must equal Form 990, Part X, col (B) line 1:	3) ▶			
Part IX	Other Assets.		<del>,</del>		
	Complete if the organization	answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
		(a) Description			(b) Book value
<u>(1)</u>					
(2)					
(3)					
(4)					
<u>(5)</u>					
(6)					
(7)		<u></u>			
(8)	<del> </del>				-····
(9)	mn (b) must equal Form 990, Part	V cal (P) line 15)			· · · · · · · · · · · · · · · · · · ·
Part X	Other Liabilities.	. Λ, COI. (B) line 13.)	· · · · · · ·	· · · · · ·	
PartA	Complete if the organization	answered "Ves" on For	m 990 Part IV lin	a 11a or 11f Sag	Form 990 Part Y
	line 25.	answered les onlio	iii 990, raitiv, iii	ie i ie di i i i. Set	or only 330, Fare A,
1.	(a) Description of liability	(b) Book value			
(1) Federal ii					
(2)					
(3)					
(4)					
(5)				4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
(6)					
(/)					
(8)					
(O)					
	(b) must equal Form 990, Part X, col. (B) line 2				
2. Liability fo	r uncertain tax positions. In Part XIII,	provide the text of the footn	ote to the organizatio	n's financial stateme	nts 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

Part			Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	]	
С	Recoveries of prior year grants	2c	] ]	
d	Other (Describe in Part XIII.)		1	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1	
b	Other (Describe in Part XIII.)	4b	1	
С	Add lines <b>4a</b> and <b>4b</b>	<del></del>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990,			
1			1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Pnor year adjustments	2b	1 ì	
С	Other losses		1	
d	Other (Describe in Part XIII.)	2d	1	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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.)	4b	1!	
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.) .   .   .   .   .   .   .	5	
Part	XIII Supplemental Information.		1 - 1	
Part Provid	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2l	o; Part V, line 4	; Part X, line
Part Provid	XIII Supplemental Information.	d 4; Part IV, lines 1b and 2l	o; Part V, line 4	; Part X, line
Part Provid 2; Par	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2l	o; Part V, line 4	; Part X, line
Part Provid 2; Par	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ant XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2l	o; Part V, line 4	; Part X, line
Part Provid 2; Par I coul	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ant XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2l to provide any additional ir	o; Part V, line 4	
Part Provid 2; Par I coul	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ant XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part d not find a Schedule D for 2017 so hope the 2018 form is sufficient.	d 4; Part IV, lines 1b and 2l to provide any additional ir	o; Part V, line 4	
Part Provice 2; Par I could Schee	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ant XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part d not find a Schedule D for 2017 so hope the 2018 form is sufficient.	d 4; Part IV, lines 1b and 2l to provide any additional in	p; Part V, line 4 nformation.	
Part Provice 2; Par I could Schee	XIII Supplemental Information. let the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part d not find a Schedule D for 2017 so hope the 2018 form is sufficient.  Iule D was excluded from originally filed 990 for 2017 as a result of oversight a	d 4; Part IV, lines 1b and 2l to provide any additional in	p; Part V, line 4 nformation.	
Part Provic 2; Par I coul Schec	XIII Supplemental Information. let the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part d not find a Schedule D for 2017 so hope the 2018 form is sufficient.  Iule D was excluded from originally filed 990 for 2017 as a result of oversight a	d 4; Part IV, lines 1b and 2l to provide any additional in the provide any additional in the provide and person who are and its missed this.	p; Part V, line 4 nformation.	
Part Provic 2; Par I coul Schec	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ant XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part d not find a Schedule D for 2017 so hope the 2018 form is sufficient.  Iule D was excluded from originally filed 990 for 2017 as a result of oversight a versew the final return before it is filed checking the numbers and the attack	d 4; Part IV, lines 1b and 2l to provide any additional in the provide any additional in the provide and person who are and its missed this.	p; Part V, line 4 nformation.	
Part Provic 2; Par I coul Schec	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ant XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part d not find a Schedule D for 2017 so hope the 2018 form is sufficient.  Iule D was excluded from originally filed 990 for 2017 as a result of oversight a versew the final return before it is filed checking the numbers and the attack	d 4; Part IV, lines 1b and 2l to provide any additional in the provide any additional in the provide and person who are and its missed this.	p; Part V, line 4 nformation.	
Part Provic 2; Par I coul Schec	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ant XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part d not find a Schedule D for 2017 so hope the 2018 form is sufficient.  Iule D was excluded from originally filed 990 for 2017 as a result of oversight a versew the final return before it is filed checking the numbers and the attack	d 4; Part IV, lines 1b and 2l to provide any additional in the provide any additional in the provide and person who are and its missed this.	p; Part V, line 4 nformation.	
Part Provic 2; Par I coul Schec	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ant XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part d not find a Schedule D for 2017 so hope the 2018 form is sufficient.  Iule D was excluded from originally filed 990 for 2017 as a result of oversight a versew the final return before it is filed checking the numbers and the attack	d 4; Part IV, lines 1b and 2l to provide any additional in the provide any additional in the provide and person who are and its missed this.	p; Part V, line 4 nformation.	
Part Provic 2; Par I coul Schec	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ant XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part d not find a Schedule D for 2017 so hope the 2018 form is sufficient.  Iule D was excluded from originally filed 990 for 2017 as a result of oversight a versew the final return before it is filed checking the numbers and the attack	d 4; Part IV, lines 1b and 2l to provide any additional in the provide any additional in the provide and person who are and its missed this.	p; Part V, line 4 nformation.	
Part Provic 2; Par I coul Schec	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ant XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part d not find a Schedule D for 2017 so hope the 2018 form is sufficient.  Iule D was excluded from originally filed 990 for 2017 as a result of oversight a versew the final return before it is filed checking the numbers and the attack	d 4; Part IV, lines 1b and 2l to provide any additional in the provide any additional in the provide and person who are and its missed this.	p; Part V, line 4 nformation.	
Part Provic 2; Par I coul Schec	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ant XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part d not find a Schedule D for 2017 so hope the 2018 form is sufficient.  Iule D was excluded from originally filed 990 for 2017 as a result of oversight a versew the final return before it is filed checking the numbers and the attack	d 4; Part IV, lines 1b and 2l to provide any additional in the provide any additional in the provide and person who are and its missed this.	p; Part V, line 4 nformation.	
Part Provic 2; Par I coul Schec	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ant XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part d not find a Schedule D for 2017 so hope the 2018 form is sufficient.  Iule D was excluded from originally filed 990 for 2017 as a result of oversight a versew the final return before it is filed checking the numbers and the attack	d 4; Part IV, lines 1b and 2l to provide any additional in the provide any additional in the provide and person who are and its missed this.	p; Part V, line 4 nformation.	
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Part Provic 2; Par I coul Schec	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ant XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part d not find a Schedule D for 2017 so hope the 2018 form is sufficient.  Iule D was excluded from originally filed 990 for 2017 as a result of oversight a versew the final return before it is filed checking the numbers and the attack	d 4; Part IV, lines 1b and 2l to provide any additional in the provide any additional in the provide and person who are and its missed this.	p; Part V, line 4 nformation.	
Part Provic 2; Par I coul Schec	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ant XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part d not find a Schedule D for 2017 so hope the 2018 form is sufficient.  Iule D was excluded from originally filed 990 for 2017 as a result of oversight a versew the final return before it is filed checking the numbers and the attack	d 4; Part IV, lines 1b and 2l to provide any additional in the provide any additional in the provide and person who are and its missed this.	p; Part V, line 4 nformation.	
Part Provic 2; Par I coul Schec	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ant XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part d not find a Schedule D for 2017 so hope the 2018 form is sufficient.  Iule D was excluded from originally filed 990 for 2017 as a result of oversight a versew the final return before it is filed checking the numbers and the attack	d 4; Part IV, lines 1b and 2l to provide any additional in the provide any additional in the provide and person who are and its missed this.	p; Part V, line 4 nformation.	
Part Provic 2; Par I coul Schec	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ant XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part d not find a Schedule D for 2017 so hope the 2018 form is sufficient.  Iule D was excluded from originally filed 990 for 2017 as a result of oversight a versew the final return before it is filed checking the numbers and the attack	d 4; Part IV, lines 1b and 2l to provide any additional in the provide any additional in the provide and person who are and its missed this.	p; Part V, line 4 nformation.	

Schedule D (For	m 990) 2018	age 🕏
Part XIII	Supplemental Information (continued)	
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#### SCHEDULE F (Form 990)

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

15 or 16

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Employer identification number

Medh	en Orphan Relief Effort					20-	-8503441
Par	General Information Form 990, Part IV, line		es Outside	the United States. Comp	lete if the organi	zation ansv	vered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	gibility for the					∐Yes ∐No
2	For grantmakers. Describe assistance outside the Unite		he organizati	on's procedures for monit	oring the use o	f its grants	s and other
3	Activities per Region (The fo	llowing Part	i, line 3 table o	an be duplicated if addition	al space is need	ed.)	
	(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 activity liste a program se describe specific service(s) in the	rvice, type of	(f) Total expenditures for and investments in the region
(1)							
(2)							
(3)					•		
(4)							
(5)							
(6)						Ì	
(7)							
(8)							
(9)							-
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)			. "				
3a	Sub-total		'		-		
b	Total from continuation sheets to Part I				,	,	
С	Totals (add lines 3a and 3b)						

Schedule F (Form 990) 2017

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

		3 5 5 9		railly, into 10, 101 any technical with received find a will wo, our in car be duplicated if additional space to received			delication of the second		
-	(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)
Ξ			Addis Ababa, Ethiol Financial	Financial support for	139,919	139,919 Wire transfer			
(7)									
ල									
€									
<u>(S</u>									
<u>©</u>									
3									
<u>@</u>									
6									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
•	1		:	•	•	•	• •		

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 N

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017

Part III 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 can be dubiic	al Space	is needed.					
(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)							
(6)							
(4)							
(5)							
(9)							
(7)	-						
(8)							
(6)							
(10)							
(11)							
(12)		:					
(13)							
(14)							
(15)							
(16)							
(17)						-	
(18)							
,	·					Sch	Schedule F (Form 990) 2017

Pag	ıA	4

Part	V Foreign Forms		
1	Was the organization a U.S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	, 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	☑ 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	☑ 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	☑ 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	☑ 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	☑ No

## 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.

The organization to which funds are provided is the Medhen Social Contor, an NGO based in Addis Ababa, Ethiopia and operating undor
the auspices of the Ethiopian Catholic Church. Our financial support program for orphans and vulnerable (poor) children is under the
executive leadership and direction of Sister Senkenesh. Our funding supports each child according to their needs and
provides funding for educational, nutritiional, housing, medical and other needs.
Our funding supports hundreds of children and beneficiaries.
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#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2017
Open to Rublic

Name of the organization

Employer identification number

Medh	en Orphan Relief Effort					20	-8503441
Par	Fundraising Activities Form 990-EZ filers are				vered "Yes" on I	Form 990, Part IV,	line 17.
1	Indicate whether the organizati	on raised funds	through any	of the folk	owing activities. C	heck all that apply.	
а	✓ Mail solicitations				ion of non-govern		
ь	Internet and email solicitation	n <b>n</b> s			ion of government	-	
-	Phone solicitations	0110	-		fundraising events	-	
C			g Ŀ	_ Special	iundraising events	•	
d	✓ In-person solicitations						•
2a	Did the organization have a wr						
b	or key employees listed in Forn If "Yes," list the 10 highest paid compensated at least \$5,000 b	d individuals or	entities (fun		*	-	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3	· · · · · · · · · · · · · · · · · · ·						
4							
5							
6							
7	,						
8					<del>       \</del>	· · · · · ·	
9							
10							
Total				<b>.</b>			
3	List all states in which the org registration or licensing.	anization is regi	stered or lic	ensed to s	solicit contribution	s or has been notifi	ed it is exempt from
New	Jersey						
<del>-</del> -							
<b>-</b> -							

Pa	ırt II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
		gross receipts greater tha	(a) Event #1 Golf Outing (event type)	(b) Event #2 (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	44,830			44,830
<u> </u>	2	Less: Contributions Gross income (line 1 minus line 2)	44,830			44,830
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	23,452			23,452
Expe	7	Food and beverages .		<del></del> .		
Direct	8	Entertainment				
	9	Other direct expenses .				
Pa	10 11 rt III	Direct expense summary. Ac Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, co	olumn (d)	0. Part IV line 19. or	23,452 21,378 reported more
		than \$15,000 on Form 9				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
- Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .			0(1	
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in $\propto$	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
g				mıng activities:		
	a Is			in each of these states	s?	🗌 Yes 🗌 No

		] Yes 🗌 l	No
13	Indicate the percentage of gaming activity conducted in.		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records. Name ▶		
	Address►		
45.	Does the organization have a contract with a third party from whom the organization receives gaming		
15a	revenue?	] Yes □	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	-	
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	□ Director/officer □ Employee □ Independent contractor		
17 a		] Yes □ □	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inform See instructions.	d (v); and ation.	
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#### SCHEDULE O' (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization

Medhen Orphan Relief Effort

Employer identification number 20-8503441

Part VI - Sec A - Question 2 - There are members of the Board who are married (Strenk, Zecca, Padula, Holland). We ensure that there are			
no conflicts of interest or segregation of duties issues based on the allocation of individual responsibilities as well as general  Board oversight and discussions coupled with appropriate financial reporting.			
Part VI - Sec B - Question 12c - We enforce our conflict of interest policy through questions and discussions at Board meetings to ensure			
that all actions taken by the Board as well as individual Board members are free of any conflict of interest issues.			
1			
Part VI - Sec C - Question 19 - Governing documents including conflict of interest policy are made available upon request. Form 990 is also			
,			
available on our web site or upon request.			
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