Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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.

For Paperwork Reduction Act Notice, see the separate instructions.

<u> </u>	For the 2	O1/ cale	indar year, or tax year beginning 05-01 , 2017, and ending	<u>04</u> -30	, 20 18	
В	Check if ap	plicable:	C Name of organization HALACHIC EDUCATION CENTER CORP	D Employ	er Identification nu	ımber
	Address ch	nange	Doing business as		455237529	
Ę	Name char		Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telepho	ne number	
=	Initial return	_	254 Chestnut St		(201) 568-6114	
=	Final return/		City or town, state or province, country, and ZIP or foreign postal code	+	(- ,	
₹			Englewood, NJ, 07631-3134	G Gross re	occupte \$	232,305
⇉	Amended i					
	Application	n pending			subordinates? Yes	
					s included? Yes	
<u> </u>	Tax-exemp		= 00 (0)() = 00 (0)() = (0)(0)() (0)(0)()		a list. (see instructio	ns)
<u></u>	Website: I			up exemption	number >	
_		ganızatıon	✓ Corporation Trust Association Other ✓ L Year of formation: 201	2 M State	of legal domicile:	NJ
_P:	art I	Summ	ary			
	1 B	riefly de	escribe the organization's mission or most significant activities:			
9	P	roduction	n and dissemination of Jewish religious educational programs and books			
Activities & Governance						
Ē	2 0	heck th	is box ▶ ☐ if the organization discontinued its operations or d	of	ıts net assets.	
Š	1		of voting members of the governing body (Part VI, line 1a)	1		3
G az				<u> </u>		3
S	1		of independent voting members of the governing body (Part VI	<u> </u>		
Ę	ľ		nber of individuals employed in calendar year 2017 (Part V, line	<u>, </u>		0
<u>ફ</u>	1		nber of volunteers (estimate if necessary) 🚬	<u> </u>		2
Ř			elated business revenue from Part VIII, column (C), line-12	<u>a</u> _		0
	bean.	let unrel	ated business taxable income from Form 990-TFiline 34U	<u>b</u> _		0
	l S				Current Ye	ar
•	8 号 0	ontribut	tions and grants (Part VIII, line 1h) $\frac{7}{2}$. MAR. 0.4 2019.	51,510		136,717
Revenue			sonico royanua (Part VIII lina 2010)	0		95,588
Š			nt income (Part VIII, column (A), lines 3, 4, and 7d), 1. 1.1.	0		0
æ		ther rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1 e) .	12,299		0
	12 ≥ 7	otal rove	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	63,809		232,305
				80,000		
			nd similar amounts paid (Part IX, column (A), lines 1-3)		<u> </u>	154,500
			paid to or for members (Part IX, cólumn (A), line 4)	0		0
93	1 10		other compensation, employee benefits (Part IX, column (A), lines 5–10)	0		
Expenses			onal fundraising fees (Part IX, column (A), line 11e)	0	ļ	0
Ř	69⊤	otal fun	draising expenses (Part IX, column (D), line 25) ▶ 0			
Ŵ	17 C	ther exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,940		80,677
	18 T	otal exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)	87,940		235,177
			less expenses. Subtract line 18 from line 12	-24,131		-2,872
5 %			Current Year	End of Ye		
anca	20 T	otal ass	ets (Part X, line 16)	11,481		8,609
Net Assets (Fund Balance	21 T		ilities (Part X, line 26)	n	 	0
<u> 5</u> 5	22 N		ts or fund balances. Subtract line 21 from line 20	11,481	 	8,609
	art II			11,401		0,003
			ture Block			
			ry, I declare that I have examined this return, including accompanying schedules and statements, and to lete. Declaration of preparer (other than officer) is based on all information of which preparer has any kno		my knowledge and	belief, it is
	0,00//001,1	L COMP				
		<u>ox</u>	is leichmon		18,2019	
Sig		Sign		Date		
He	re	Ze	v Reichman Vice President			
		Туре	or print name and title			
Рa	id	Print/Ty	pe preparer's name Preparer's signature Date	Check	☐ _{If} PTIN	
		1		self-em		
	eparer	Firm's n	ame ►	ırm's EIN ▶	, <u>-</u>	
US	e Only			hone no.		
Ma	v the IRS		s this return with the preparer shown above? (see instructions)	10110 1101	Yes	No
	,					

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Form 990 (2017)

Part		ce Accomplishments a response or note to any line in thi	e Part III	П
1	Briefly describe the organization's mis Production and dissemination of Jewish re	SSION:	Sraitii	
2	Did the organization undertake any s prior Form 990 or 990-EZ?		•	
3	If "Yes," describe these new services Did the organization cease conduct services?	ting, or make significant changes		
	If "Yes," describe these changes on S			
4	Describe the organization's program expenses. Section 501(c)(3) and 501(the total expenses, and revenue, if an	service accomplishments for each o (c)(4) organizations are required to re	port the amount of grants and a	
4a	(Code:) (Expenses \$	69,780 including grants of \$	0) (Revenue \$	95,588)
	Jewish day schools, and JCCs across the	terials and books distributed this year in ov USA, Canada and Australia, serving over	er 2000 copies to over 20 1000 children and young adults	
4b	(Code:) (Expenses \$	155,300 including grants of \$	154,500) (Revenue \$	0)
	Extensive Research and Development of	new educational materials by scholars in Is	srael for Halachic Education	
	Center programs and field studies for extra	a-curriculum programs		
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
44	Other program services (Describe in	Schadula ()		
4d	Other program services (Describe in S (Expenses \$ including	g grants of \$	nue\$)	
4e	Total program service expenses ▶	225,080		



	<u> </u>	<u>11</u>	<u> </u>	Page
art	Checklist of Required Schedules		1 34	Τ
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	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	4		v
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		•
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		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	112	4	~
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11k	<u>, </u>	~
	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	110	;	~
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	110		2
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 .	110		v
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	128	<u>a</u>	v
	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	121		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	+	V
	Did the organization maintain an office, employees, or agents outside of the United States? 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	141		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		V
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	3	~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	$\left\{ \right\}$	~

Part	Checklist of Hequired Schedules (continued)			
20 0	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
zo a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	-	-
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		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		v
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		v v
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		V
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 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		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		V
C	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		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
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 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note . All Form 990 filers are required to complete Schedule O.	20		

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Part				
_	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
4.	Est. No. 11. D. O. 65 and 4000 Est. 10. 17. April 1981.		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ł		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			l
00		1c	~	├
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.	ľ		1
L	Take the first of the outstand your stand with a within the your several your several your	<u></u>		·
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		 -
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	130		
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		,
b	If "Yes," enter the name of the foreign country: ▶	 		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		~	
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		4
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).		ļ	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u> </u>		
	and services provided to the payor?	7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		₩-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	 	V
d	If "Yes," indicate the number of Forms 8282 filed during the year		ļ	~
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f	 	1
f	Did the organization, dunng the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		├-
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C?	7h	\vdash	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	 		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		<u> </u>	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		İ	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b]		
11	Section 501(c)(12) organizations. Enter:		1	
а	Gross income from members or shareholders	1	1	1
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	<u> </u> -	ļ	.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>	<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	₩-
	Note. See the instructions for additional information the organization must report on Schedule O.			
D	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	1	1	

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

c Enter the amount of reserves on hand

14a

14b

13c

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
<u> </u>	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		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	\Box		1
	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.	<u> </u>		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
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		v
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 7a	Did the organization have members or stockholders?	6 7a	v	
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	•	v
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a		<u> </u>
9	Each committee with authority to act on behalf of the governing body?	8b		~
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	odo l	~
Secu	on B. Policies (This Section B requests information about policies not required by the internal Aeven	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		V
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	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			<u> </u>
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	V	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	,	
13	Did the organization have a written whistleblower policy?	13		V
14	Did the organization have a written document retention and destruction policy?	14		~
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		7
b	Other officers or key employees of the organization	15b		1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a wrtten policy or procedure requiring the organization to evaluate its		 	1
	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 18	List the states with which a copy of this Form 990 is required to be filed New Jersey Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other <i>(explain in Schedule O)</i> Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest (policy	/, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Zev Reichman, 254 Chestnut St, Englewood, NJ, 07631-3134, Tel. (201) 568-6114	cords	>	

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Part VII	Compensation of Officers,	Directors, Trustee	es, Key Employees, I	Highest Compensat	ted Employees,	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 relate	d orga	aniz			ompe	nsa	ited any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average	(do n	ot ch	Pos neck	C) ation more		one	(D)	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below dotted line)	office or directo	r an	d Officer	rect Key employee	Highest compensated	tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	
(1) Rabbi Yosef Tzvi Rimon President	6	,						0	0	0
(2) Rabbi Zev Reichman	8	 	\vdash		\vdash		T			
Vice President	†	'		~				0	o	0
(3) Kehat Raanan	6									
Treasurer		'	L	~				0	0	0
.(4)	 			ĺ						1
(5)										
(6)										
_(7)										
(8)										
(9)	,									1
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees	s, ar	nd H	lighe	st C	ompensated E	mployees (con	tinue	d)		- 14
	(A) Name and trtle	(B) Average hours per week (list any					is both	n an	(D) Reportable compensation from	(E) Reportable compensation fro	m	Esti amo	(F) mated ount of ther	
		hours for related organizations below dotted line)	ndıvıdua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	comp fro orga and	ensation m the nization related nization	n I
(15)														
(16)			-											
(17)											-	<u>,,</u>		
(18)														
(19)								_			<u> </u>			
(20)					<u> </u>									
(21)						-		-						
(22)				_										
(23)														
(24)													· · · ·	
(25)														
1b	Sub-total		<u> </u>	_	<u></u>	<u>L</u>	L	<u> </u>	0		0			0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio						▶	0		0			0
2	Total number of individuals (including but reportable compensation from the organi	t not limited				ted a	above	e) w	ho received m	ore than \$100,	000 c	of		
3	Did the organization list any former of		tor. c	or tr	uste	ee.	kev e	emr		nest compensa	ated	 	Yes	No
4	employee on line 1a? If "Yes," complete S For any individual listed on line 1a, is the	Schedule J	for su	uch	ındı	ividu	ıal	•				3		<u>, , , , , , , , , , , , , , , , , , , </u>
*	organization and related organizations													
5	Did any person listed on line 1a receive of											4		•
Section	for services rendered to the organization on B. Independent Contractors	r II res, c	ompi	ele	SCI	ieat	ile J i	or s	such person		•	5		/
1	Complete this table for your five highest compensation from the organization. Repyear.													ах
	(A) Name and business add	Iress							(B) Description of s	ervices	Co	(C) ompens		
None		· · · · · · · · · · · · · · · · · · ·									•			
											_			
	Total number of indexes had not	ma (im alice)					ء امم	14	Baka da at	aug) usta a				
2	Total number of independent contractor	•	-) th	nose listed ab	ove) wno				- 1

Par	VIII	Statement of Reve		-		D+\/##		
		Check if Schedule C	o contains a res	ponse 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
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns Membership dues . Fundraising events . Related organizations Government grants (con	1b 1c s 1d	0 0				
ontributions od Other Sir	f	All other contributions, g and similar amounts not inc Noncash contributions include	ifts, grants, cluded above 1f ded in lines 1a-1f \$	136,717				
	h	Total. Add lines 1a-1	<u>f.,</u>		136,717			
Program Service Revenue	2a b	Text book Publishing		Business Code 511130	95,588	95,588	0	0
йсе	C						==-	
Sen	d							
E	е							
ođi	f	All other program sen		0	0	0	0	0
<u>~</u> _	g	Total. Add lines 2a-2			95,588			
	3	Investment income and other similar amount income from investment	ounts)	▶	0	0	0	0
	5	Royalties	-	· · · · · · · · · · · · · · · · · · ·			0	0
		noyanos	(i) Real	(ii) Personal				
	6a	Gross rents	0	0		j		
	b	Less: rental expenses	0	0				
	C	Rental income or (loss)	0	0				
	ď	Net rental income or	(loss)	>	0	0		0
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	0	0				
	ь	Less: cost or other basis and sales expenses .	0					-
	С	Gain or (loss)	0	0				
<u>o</u>	d	Net gain or (loss) .		▶	0	0	0	0
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte	o ed on line 1c).			ļ		
Jer		See Part IV, line 18 .	· · · · a					
₹	1	Less: direct expenses						
	1	Net income or (loss) f Gross income from ga See Part IV, line 19 .	aming activities.		0		0	0
	ь	Less: direct expenses				1		
		Net income or (loss) f			0	0	0	0
		Gross sales of in returns and allowance	ventory, less					-
		Less: cost of goods s						
	С	Net income or (loss) f			0	0	0	0
	<u> </u>	Miscellaneous F	Revenue	Business Code				
	11a	***************************************		ļ				
	b			<u> </u>				
	C	An		ļl				
	d	All other revenue .						
	e	Total. Add lines 11a-		1				
	12	Total revenue. See in	nstructions	<u>.</u> . > !	232,305	95,588	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations m	ust complete all	columns.	All other or	rganızatıons must	complete column	(A).

	Check if Schedule O contains a respons	se or note to any lir	ne in this Part IX .		
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		6Ap611363	general expenses	өхрөнзөз
•	and domestic governments. See Part IV, line 21	o	o		
2	Grants and other assistance to domestic				· · · · · · · · · · · · · · · · · · ·
	ındividuals. See Part IV, line 22	o	o		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	154.500	154,500		
4	Benefits paid to or for members	134,300	134,300	-	
4 5	Compensation of current officers, directors,	-	0		
•	trustees, and key employees	اه	o	0	0
6	Compensation not included above, to disqualified	-			
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o	o	o	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	o	o	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees):				
а	Management	5,021	0	5,021	0
b	Legal	5,200	0	5,200	0
С	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0	-		0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0	0	0	0
12	Advertising and promotion	470	470	0	0
13	Office expenses	511	0	511	0
14	Information technology	45	0	45	0
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17	Travel	5,225	5,225	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		ا		•
40	I	0	0	0	0
19	Conferences, conventions, and meetings .	0	0	0	0
20 21	Interest	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	0	0	0	0
24	Other expenses. Itemize expenses not covered				
24	above (List miscellaneous expenses in line 24e. It				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Bank charges	920	800	120	0
b	Printing	12,344	12,344	0	0
С	Educational Material Sourcing	50,000	50,000	0	0
d	Delivery of Goods	941	941	0	0
е	All other expenses	0	0	0	0
25	All other expenses Total functional expenses. Add lines 1 through 24e	235,177	224,280	10,897	0
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 (A) Beginning of year End of year 11,481 3,759 1 2 0 2 0 0 0 3 3 4 0 0 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0 0 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 0 6 0 Assets 0 0 7 7 4,850 0 8 ٥ 0 9 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0 0 10c 0 Less: accumulated depreciation 10b ō 0 11 11 Investments—publicly traded securities ō 0 12 12 Investments—other securities, See Part IV, line 11 0 0 13 Investments—program-related. See Part IV, line 11 13 0 0 14 14 Other assets. See Part IV, line 11 0 0 15 15 16 11,481 16 8,609 Total assets. Add lines 1 through 15 (must equal line 34) . . . 17 0 17 0 Accounts payable and accrued expenses 0 0 18 18 0 0 19 19 0 0 20 20 ol 0 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and

	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	0
26	Total liabilities. Add lines 17 through 25	0	26	0
	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	

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 11,481 30

disqualified persons. Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties . . .

Other liabilities (including federal income tax, payables to related third

Unsecured notes and loans payable to unrelated third parties . . .

23

24

25

29

31

Net Assets or Fund Balances

3,759 30 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds . 0 32 11,481 33 8.609 33 Total liabilities and net assets/fund balances 11,481 8,609 34

Form **990** (2017)

0

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0 22

0 23

24

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Page	1	Z

						<u> </u>
Part	XI Reconciliation of Net Assets					•
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>			\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1				2,305
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u></u>			5,177
3	Revenue less expenses. Subtract line 2 from line 1	3				2,872
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			1	1,481
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		1			
	33, column (B))	10				8,609
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		_			1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	(plain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or	l		[]
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		. L	2b		>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	а			
	separate basis, consolidated basis, or both:					
	☐ 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					
	of the audit, review, or compilation of its financial statements and selection of an independent acco	untant	? [2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplaın	in [1
	Schedule O. ,		1.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in			
	the Single Audit Act and OMB Circular A-133?		.	3a	!	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such	audits.		3b		
				Forn	990	(2017)
	•					

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

HALACHIC EDUCATION CENTER CORP 45-5237529 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/2% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions), You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) THE REPORT OF THE PROPERTY OF Total

Part	Support Schedule for Organiza						
	(Complete only if you checked th						alify under
Saction	Part III. If the organization fails to on A. Public Support	quality unde	er trie tests lis	sted below, p	lease comple	ete Part III.)	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(u) LOTO	(5) 2011	(9, 20.10)	(4) 20 10	(0) 20 17	(1)
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 furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			/			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		L_/	<u></u>			<u> </u>
	on B. Total Support	(1) 0010	1 (0) 0044	(-) 0045	(-I) 0040	(-) 0017	49 Tatal
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2013	/ (b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the organization, check this box and stop he	ne organization			o, or fifth tax y	12 ear as a section	on 501(c)(3)
Secti	on C. Computation of Public/Suppor	rt Percentag	je				
14 15 16a	Public support percentage for 2017 (line Public support percentage from 2016 Scl 331/3% support test—2017. If the organibox and stop here. The organization qua	nedule A, Part ization did not	II, line 14 .: check the box			14 15 3 ¹ / ₃ % or more,	% % check this
b	331/3% support test — 2016. If the organithis box and stop here. The organization					is 33 ¹ / ₃ % or m	nore, check ▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization /	ets the "facts	-and-circumst	ances" test, cl	neck this box	and stop here	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization	ation meets th	ne "facts-and-	circumstances	" test, check	this box and	stop here.
18	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	ck 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.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Co esti	n the organization rails to quality	under the tex	sts listed beit	w, please co	mpiete Part i	1.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	31,420	18,347	114,610	51,510	136,717	352,604
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	8,000	0	53,452	44,483	95,588	201,523
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	o	0	0	0	. ol	
4	Tax revenues levied for the			-			
	organization's benefit and either paid to						
	or expended on its behalf	ol	o	. 0	o	. 0	
5	The value of services or facilities					·	
•	furnished by a governmental unit to the					}	
	organization without charge	اه	0	اه	0		
6	Total. Add lines 1 through 5	39,420	18,347	168,062	95,993	232,305	554,127
	Amounts included on lines 1, 2, and 3	03,420	10,047	100,002	30,000	202,000	001,127
, -	received from disqualified persons .	اه	o	اه	اه	٥	0
	· · · · · · · · ·						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000				i		
	or 1% of the amount on line 13 for the year			26.204	56.407	74 000	456 000
	· · · · · · · · · · · · · · · · · · ·			26,391	56,187	74,222	156,800
	Add lines 7a and 7b			26,391	56,187	74,222	156,800
8	Public support. (Subtract line 7c from						227.22
	line 6.)						397,327
	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	39,420	18,347	168,062	95,993	232,305	554,127
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources.	0	0	0	0	0	0
b	Unrelated business taxable income (less	' I					
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether			ļ			
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets			ļ			
	(Explain in Part VI.)	o	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	39,420	18,347	168,062	95,993	232,305	554,127
14	First five years. If the Form 990 is for the		's first, secon	d, third, fourth	or fifth tax ye	ear as a section	
	organization, check this box and stop he	•			_		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8	_		3, column (fl)		15	71 7 %
16	Public support percentage from 2016 Sch		-			16	76 5 %
	on D. Computation of Investment Inc					<u> </u>	
17	Investment income percentage for 2017 (I			v line 13 colum	nn (fl)	17	0 %
18	Investment income percentage from 2016		• • •			18	0 %
19a	33 ¹ /3% support tests—2017. If the organi						
ıya	17 is not more than 331/3%, check this box						
L	33 ¹ /3% support tests—2016. If the organiz	•	-			-	
b	line 18 is not more than 331/3%, check this b						
00		-	_	-	-	-	=
20	Private foundation. If the organization die	u not cneck a l	oox on line 14,	, isa, or isb, c	HECK THIS DOX	and see instru	ctions 🕨 🗌

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.)

o cu	on A. An 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 Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		<u> </u>
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	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 Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	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		ļ,
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	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 Part VI, including (i) the names and EIN	ı		
	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).	5a		
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	<u>-</u>	
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		L
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or	:		
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	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).	7		ļ
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			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		آـــــــــــــــــــــــــــــــــــــ
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	30	 	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		J
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding costs). Type III supporting organizations, and all Type III non-functionally integrated			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		-
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	IVa	\vdash	,
D	determine whether the organization had excess business holdings.)	10b		

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)			
	below, the governing body of a supported organization?	11a		L
	· · · · · · · · · · · · · · · · · · ·	11b		<u> </u>
	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.	11c		L
Secu	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		163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in 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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
]	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		į l	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	l		
	or management of the supporting organization was vested in the same persons that controlled or managed			لــــا
	the supported organization(s).	1		L
Section	on D. All Type III Supporting Organizations		V	
	Did the appropriation was identicated as each of the appropriate descriptions, but the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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		1	
	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 in	nstru:	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			-
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in:	struct	ions).
_	Ashidisa Task Assaura (a) and (b) below		Yes	Ala.
2	Activities Test. Answer (a) and (b) below.		165	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		[
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	 	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			-
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	· -	1	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	_ _	 	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	j]]
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6	_	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (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 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	- Publish was a gradie	
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-functionall instructions).	y int	tegrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	S) Supporting Organi	zations (continued)	······································		
Secti	on D - Distributions	<u>,</u>		Current Year		
1	Amounts paid to supported organizations to accomplish					
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations			
4	Amounts paid to acquire exempt-use assets			<u> </u>		
5_	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2017 from Section C, line 6					
10	Line 8 amount divided by line 9 amount		63			
Se	ection E - Distribution Allocations (see instructions)	(i) 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 Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2017					
<u>a</u>						
b	From 2013					
<u>c</u>	From 2014					
<u>d</u> _						
e	From 2016			<u> </u>		
<u>f</u> _	Total of lines 3a through e					
	Applied to underdistributions of prior years Applied to 2017 distributable amount					
- <u>''</u>	Carryover from 2012 not applied (see instructions)			 		
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2017 from					
7	Section D, line 7: \$					
						
b	Applied to 2017 distributable amount					
	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					
b						
	Excess from 2015			, , , , . <u></u>		
	Excess from 2016					
e	Excess from 2017					

Page	8

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

HALA	CHIC EDUCATION CENTER CO	₹P			ŀ	` 45	5-5237529
Par	General Information Form 990, Part IV, line		ies Outside 1	the United States. Comp	lete if the organi	zation ans	wered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	gibility for the					
	granto or abbiotarioo						Lites Lino
2	For grantmakers. Describe assistance outside the Unite		the organization	on's procedures for monit	oring the use of	f its grant	ts 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.)	<u> </u>
	(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 lister a program ser describe specific service(s) in the	rvice, type of	(f) Total expenditures for and investments in the region
(1)				-			
(2)		. 1					
(3)							
(4)							
(5) .							
(6)							
(7)							
(8)	, I			1 1			
(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)						

Page 2

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 II

. برد درز

		5	or in allocation in			n ii banaandaa aa .			
-	(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)
<u>(1</u>			Middle East	Research/sourging	154,500	154,500 wire transfer	0		!
(2)									
(3)									
(4)									
(2)									
(9)									
(2)		~ ~							
(8)									
(6)									
(10)									
(11)									
(12)									
(13)									:
(14)		•							
(15)		ــد سو							
(16)									i

Enter total number of recipient organizations listed above that are recognized as charties 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 8

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2017

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. Schedule F (Form 990) 2017

Part III Grants and

	2	7	, , , , , , , , , , , , , , , , , , ,				2 1 1 1 1 1 1 1 1 1 1
(a) Type of grant of assistance	roger (a)	recipients	cash grant	(e) Manner or cash disbursement	(I) Amodalicol noncash assistance	(g) Description of noncash assistance	(ii) Method of valuation (book, FMV, appraisal, other)
(1)			•				
(2)							
(3)							
(4)			-				
(5)							
(6)							
(1)							
(8)							
(6)							
(10)							
(11)			•				
(12)							
(13)							
(14)							
(15)	•						
(16)							
(17)			-				
(18)							
						Sch	Schedule F (Form 990) 2017

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Scheduk	θF	(Form	990)	2017

Page 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

Schedule F (Form 990) 2017

Part V	om 990) 2017 Page 5
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.
-	mornation. See instructions.
Part II Line	1, The accounting method for the grants is "cash"
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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

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

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

Open to Public Inspection

Employer identification number

HALACHIC EDUCATION CENTER CORP 45-5237529 Form 990, Part VI, Line 11b, The governing board of directors was presented with the organization's accounts, grant procedures, resolutions and the filled 990 form for review and approval before filing Form 990, Part VI, Line 12c, The organization ensures that all voting members disclose possible conflicts of interest contemporaneously to any financial decision making and transaction, the conflicting event is deliberated by the other voting members and if deemed conflicting those with an interest would be excluded from the financial decision making. The organization presents its written Conflict of Interest Policy to all officers for signing on a yearly basis to ensure compliance Form 990, Part VI, Line 19, The organization did not post or make available to the public other governing or financial documents

Schedule O (Form 990 or 990-EZ) (2017)		Page ∠
	Employer identification number	
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