Department of the Treasury Internal Revenue Service

Short Form 9 4 9 2 3 2 7 0 0 2 0 2 Return of Organization Exempt From Income Tax

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

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

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

9

OMB No 1545 1150

2018

Open to Public Inspection

Α	Fort	the 2018 calendar year, or tax year beginning $6/08$, 2018, and ending $12/31$,	2018
В	Check		mployer ıd	entification number
	Addre	ss change		2221
Ĺ		The pop 10000	33-083 elephone n	
<u> </u>	Initial	TAC VECAC NV 00122_0600		
Ļ	╡	turn/ terminated		34-6552
<u> </u>	╡		roup Ex umber	emption
G				organization is not
ı		isite: N/A required to		
J				, or 990-PF)
K		of organization X Corporation Trust Association Other		
		lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota		
L		ts (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	`► \$	24,240.
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruct	ions fo	
		Check if the organization used Schedule O to respond to any question in this Part I		Π
	1	Contributions, gifts, grants, and similar amounts received	1	24,240.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5 a	a Gross amount from sale of assets other than inventory		
	b	Less cost or other basis and sales expenses 5b]	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).	5 c	
-	6	Gaming and fundraising events		
že	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
ē	b	or Gross income from fundraising events (not including \$ of contributions		_
Revenue		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		- Acordo
_		: Less direct expenses from gaming and fundraising events 6c	1	
		Net income or (loss) from gaming and fundraising events (add lines 6a and	1	
	'	6b and subtract line 6c)	6 d	
	7 a	Gross sales of inventory, less returns and allowances 7a]	
	b	Less cost of goods sold		
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe in Schedule O) Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	7 c	
	8	Other revenue (describe in Schedule O)	8	
_	9	100000000000000000000000000000000000000	9	24,240.
<i>17</i> =	10	1 1 5 1 1 7 1 7 7 7 7 7 7 7 7 7 7 7 7 7	10	
SS	11	Benefits paid to or for members.	11	
<u>≥</u> `.	12	Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance	12	04.040
Z š	13	Professional fees and other payments to independent contractors	13	24,240.
CADENSES EXPENSES	14	Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping	14 15	
	15	Other expenses (describe in Schedule O)	16	
-	16 17	Total expenses. Add lines 10 through 16	17	24,240.
H_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	24,240.
ist C			\vdash	0.
R T A	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).	19	0.
2 × ×	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
6107.8 Net Ass	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	0.
<u>ت</u> ص		y Panayork Padustion Act Notice see the consents inchwestions	<u> · . L</u>	Form 990 F7 (2018)

	n 990-EZ (2018) MTF LEADERSHIP				83	-08	32301	Page 2
Pa	Tt II Balance Sheets (see the inst Check if the organization used Sche	ructions for Part II)	estion in this Part II					П
	Check if the organization used Sche	sadic o to respond to any qu	estion in this rate in		Beginning of year	ar	(B) End of	year
						2		
_	Land and buildings.					2		
24 25	Other assets (describe in Schedule O) Total assets					2		170
26	Total liabilities (describe in Schedule O))			0	. 2		1 X 0.
	Net assets or fund balances (line 27 of		line 21).		0	. 2		0.
Pai	rt III Statement of Program Service Ad				ושו		Expenses	5
Mark	Check if the organization used Sc		question in this Part	. 111	X		quired for secti	
Desc	is the organization's primary exempt purpose? SEE	CCOMPLISHMENTS for each of	its three largest pro-	gram	services, as		(3) and 501(c)(4 anizations, opti	
mea	cribe the organization's program service a sured by expenses. In a clear and concise efited, and other relevant information for e	e manner, describe the servi	ces provided, the nu	ımbe	r of persons	for	others)	
28	since, and other relevant information for e	program the						
	7		,,, -					
29	(Grants \$) If th	is amount includes foreign g	rants, check here		<u> </u>	28	a	
29								
	(Grants \$) If th	is amount includes foreign g	rants, check here			29	a	
30								
	(Grants \$) If th	is amount includes foreign g	rants check here		╌╌╌╌┎┪	30	a	
31	Other program services (describe in Sch						-	
	(Grants \$) If th	is amount includes foreign g	rants, check here		▶ 🔲	31	а	
32	1 1 1	-			•	32		
Pai	List of Officers, Directors, Check if the organization used Sc				f not compensated — s	ee th	e instructions for Pa	rt IV)
	Check if the organization used be	(b) Average hours per	i	$\overline{}$	(d) Health benefit	S,	(2) Fate-at-d	<u></u> _
	(a) Name and title	week devoted to position	(c) Reportable compensa (Forms W-2/1099 MISO (if not paid, enter -0-)	3	contributions to employene to plans, and def compensation	erred	(e) Estimated other compe	
PAT	TRICK DUMONT							
	RECTOR	1		0.		0		_0.
	TRICK DUMONT							_
	EASURER FRICK DUMONT	1		0.		0	•	0.
	ESIDENT	1		0.		0		0.
	TRICK DUMONT			* 			1	
	CRETARY	1		0.		0		0.
								
							1	
	- -							
							 	
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BAA		TEEA0812L 0	<u> </u> 				Form 990-E	Z (2018)
	-							_ _ · - /



Form 990-EZ (2018) MTF LEADERSHIP INSTITUTE Page 3 Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE SCHEDULE the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V Yes Nο Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O 33 Х Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 34 Х 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35 a Х b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O 35 b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III 35.0 Х Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 0 X b Did the organization file Form 1120-POL for this year? 37 b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 a Х b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A 39 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 39 a N/A b Gross receipts, included on line 9, for public use of club facilities 39 b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under 0., section 4912 ► 0 . , section 4955 ► b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been 40 b Х reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T Х 40 e 41 List the states with which a copy of this return is filed 42 a The organization's books are in care of ▶ THE ORGANIZATION Telephone no ► 702-984-6552 Located at ► PO BOX 19698 LAS VEGAS NV 89132-0698 No Yes **b** 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)? 42 h Х If 'Yes,' enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х c At any time during the calendar year, did the organization maintain an office outside the United States? 42 c If 'Yes,' enter the name of the foreign country ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► | 43 | N/A Yes No 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 a b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 b c Did the organization receive any payments for indoor tanning services during the year? 44 c d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O <u>44</u> d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes, Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45 h

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I			age
	Γ	Yes	No
candidates for public office. If Tes, complete schedule G, Falt I	46	-	X
Part VI Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete for lines 50 and 51.	ete the table	es	
Check if the organization used Schedule O to respond to any question in this Part VI			Г
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,'	[47	Yes	No
complete Schedule C, Part II 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	47	 	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49 a		X
b If 'Yes,' was the related organization a section 527 organization?	49b		
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, an employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'			
(a) Name and title of each employee (b) Average hours per week devoted to position (c) Reportable compensation (Forms W 2/1099 MISC) (d) Health benefits, contributions to employee benefit plans, and deferre compensation	e (e) Estimate ed other con	ed amou	nt of
NONE		-	
f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than	n \$100,000 of		
compensation from the organization. If there is none, enter 'None'			
(a) Name and business address of each independent contractor (b) Type of service	(c) Com	pensatio	n
(a) Name and business address of each independent contractor (b) Type of service	(c) Com	pensatio	n
(a) Name and business address of each independent contractor (b) Type of service	(c) Com	pensatio	n
(a) Name and business address of each independent contractor (b) Type of service	(c) Com	pensatio	n
(a) Name and business address of each independent contractor (b) Type of service	(c) Com	pensatio	n
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(a) Name and business address of each independent contractor (b) Type of service	(c) Com	pensatio	n
(a) Name and business address of each independent contractor (b) Type of service	(c) Com	pensatio	n
(a) Name and business address of each independent contractor (b) Type of service	(c) Com	pensatio	n
(a) Name and business address of each independent contractor (b) Type of service			
(a) Name and business address of each independent contractor (b) Type of service NONE d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	► X Yes		n No
(a) Name and business address of each independent contractor (b) Type of service NONE d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and use, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	► X Yes		
(a) Name and business address of each independent contractor (b) Type of service NONE d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A noder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and ue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Nature of officer PATRICK DUMONT TREASURER	► X Yes		
(a) Name and business address of each independent contractor (b) Type of service NONE d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and use, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge PATRICK DUMONT Type or print name and title	► X Yes		
(a) Name and business address of each independent contractor (b) Type of service NONE d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and use, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Patrick DUMONT Type or print name and title Print/Type preparer's name Print/Type preparer's name TREASURER Type or print name and title Print/Type preparer's name Treasure Check If	X Yes	s [
(a) Name and business address of each independent contractor (b) Type of service NONE d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A inder penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and use, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer PATRICK DUMONT Type or print name and title Print/Type preparer's name Prippers's signature Date Check I if	► X Yes	s [
d Total number of other independent contractors each receiving over \$100,000 20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A note; penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and use, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 20 Sign PATRICK DUMONT TREASURER	X Yes X Yes	s [No
(a) Name and business address of each independent contractor (b) Type of service NONE d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and use, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge PATRICK DUMONT TREASURER Patrick DUMONT Treasure Date Date Date	PTIN P0022455	s [68 0600 9660	No

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.

OMB No 1545 0047

2018

Open to Public Inspection

Name of the organization					Employer identifica	ation number
MTF LEADERSHIP INSTITUT					83-083230	
Part I Reason for Public Cha	arity Status (All o	rganizations must	complet	te this	part.) See instruc	tions.
The organization is not a private found	dation because it is (For lines 1 through 12,	check or	nly one	box)	$\overline{}$
1 A church, convention of church	nes, or association of c	hurches described in sec	tion 170(t)(1)(A)(i).	
2 A school described in section	170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 o	r 990-EZ).	.)	()	· 1
3 A hospital or a cooperative t	nospital service organ	ization described in se	ction 170	(b)(1)(A	N)(iii).	
4 A medical research organiza	ition operated in conj	unction with a hospital	described	in sec	tion 170(b)(1)(A)(iii) E	nter the hospital's
name, city, and state						
5 An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle emplete Part II)	ege or university owned	or opera	ted by	a governmental unit de	escribed in
6 A federal, state, or local gov	ernment or governme	ental unit described in s	section 1	70(b)(1)	(A)(v).	
7 X An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II)	part of its support from a	governme	ental uni	t or from the general pul	olic described
8 A community trust described	I in section 170(b)(1)(A)(vi). (Complete Part	II)			
9 An agricultural research organi				niunctio	on with a land-grant colle	ege
or university or a non-land-gra university						
10 An organization that normally	receives (1) more than				membership fees, and	aross receipts .
from activities related to its investment income and unrelated June 30, 1975 See section	exempt functions—sul lated business taxabl	bject to certain exception e income (less section	ons, and	(2) no r	more than 33-1/3% of i	ts support from gross
11 An organization organized a	nd operated exclusive	ely to test for public saf	ety See	section	509(a)(4).	
An organization organized a or more publicly supported clines 12a through 12d that de	rganizations describe	ed in section 509(a)(1) o	or sectio r	n 509(a)	(2). See section 509(a	
Type I. A supporting organization organization organization (s) the power to recomplete Part IV. Sections A	on operated, supervise	d, or controlled by its sur	oported or	ganızatı	on(s), typically by giving	the supported on. You must
b Type II. A supporting organize management of the supporting must complete Part IV. Sect	zation supervised or o organization vested in	controlled in connection the same persons that c	with its sontrol or i	support manage	ed organization(s), by the supported organizat	having control or ion(s) You
c Type III functionally integrated organization(s) (see instruction		tion operated in connection	n with, an	d functio	onally integrated with, its	supported
d Type III non-functionally integ functionally integrated The instructions) You must com	rated. A supporting org	, janization operated in coi v must satisfy a distribu	nnection v	vith its s	supported organization(s)) that is not
e Check this box if the organiz	ation received a writt	en determination from	the IRS tl	hat it is	a Type I, Type II, Typ	e III functionally
f Enter the number of supported		supporting organization	•			
Provide the following information	-	d organization(s)				L
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is organization in your go docum	on listed erning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
· · · · · · · · · · · · · · · · · · ·			1			
(E)						
Total	I	I	1 1			I

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support							
	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants')					24,2	40.	24,240.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0.
<u> 4 </u>	-TotalAdd lines-1-through 3	0.	0.	0.	0.	24,24	40.	24,240.
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).	,						0.
6	Public support. Subtract line 5 from line 4	'						24,240.
Sec	tion B. Total Support							•
	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018		(f) Total
7	Amounts from line 4	0.	0.	0.	0.	24,24	10.	24,240.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI).							0.
11	Total support. Add lines 7 through 10	,						24,240.
12	Gross receipts from related activ	ities, etc (see ins	tructions)	<u> </u>	<u></u>		12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	's first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)		► X
Sec	tion C. Computation of Pul	blic Support P	ercentage			•		
14	Public support percentage for 20	18 (line 6, column	(f) divided by line	e 11, column (f))			14	%
15	Public support percentage from 2	2017 Schedule A,	Part II, line 14				15	%_
16a	33-1/3% support test-2018. If the and stop here. The organization				line 14 is 33-1/3	% or more, o	heck	this box
b	33-1/3% support test—2017. If th and stop here. The organization				and line 15 is 33	1-1/3% or mo	ore, c	heck this box ►
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	nd-circumstances	' test, check this I	box and stop here	e. Explain in	Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	nd-circumstances est The organizat	' test, check this t tion qualifies as a	box and stop her publicly supporte	e. Explain in ed organizati	Part on	VI how the ►
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	s box and se	e ins	tructions

Schedule A (Form 990 or 990-EZ) 2018

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) Section A. Public Support (c) 2016 (e) 2018 Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (d) 2017 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants') 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 Gross receipts from activities that are not an unrelated trade or business under section 513 ---- 4 -- Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b **Public support.** (Subtract line 7c from line 6) Section B. Total Support (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 16 Public support percentage from 2017 Schedule A, Part III, line 15 16 Section D. Compútation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 18 Investment income percentage from 2017 Schedule A, Part III, line 17 18 19a 33-1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

TEEA0403L 06/07/18

Part IV Supporting Organizations

Section A. All 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.)

			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.	-		
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)			
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		·	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	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		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by			
h	amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	5a		
	organization's organizing document?	5b		
	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 Part VI .			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
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		لـــــــــــــــــــــــــــــــــــــ
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10a 10b		

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
		he organization accepted a gift or contribution from any of the following persons?			
i	A pers gover	son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the ning body of a supported organization?	11a		
	b A fan	nily member of a person described in (a) above?	11b		
	C A 35%	6 controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	_11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	or elect North Nor	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in It how the supported organization(s) effectively operated, supervised, or controlled the organization's activities organization had more than one supported organization, describe how the powers to appoint and/or remove ors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year	<u> </u>		
			<u> </u>		
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) perated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such it carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization		. 	
Sec	tion (C. Type II Supporting Organizations			
		21 11 9 9		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
	of eac	th of the organization's supported organization(s)? If No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion [D. All Type III Supporting Organizations			•
				Yes	No
1	organ	e organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization'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			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how ganization maintained a close and continuous working relationship with the supported organization(s)	2		
3	voice all tim	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at less during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard	3		
Sec	tion 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 instructions).			
á	ı 🗌 TI	ne organization satisfied the Activities Test Complete line 2 below			
ŧ) [] Th	ne organization is the parent of each of its supported organizations. Complete line 3 below			
(: TI	ne organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struc	tions)	
2	Activit	nes Test Answer (a) and (b) below.		Yes	No
ć	suppoi organ respon	ibstantially all of the organization's activities during the tax year directly further the exempt purposes of the ted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported izations and explain how these activities directly furthered their exempt purposes, how the organization was notice to those supported organizations, and how the organization determined that these activities constituted antially all of its activities			
ł	the or	e activities described in (a) constitute activities that, but for the organization's involvement, one or more of ganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for ganization's position that its supported organization(s) would have engaged in these activities but for the ization's involvement	2b		
3	Paren	t of Supported Organizations Answer (a) and (b) below.		'	
ā	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i> .	3a	—	
t	Did the	e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its red organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		لــــا

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov 20, 1970 (explain i t complete Sections A	n Part VI) See A through E
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2	· · · · · · · · · · · · · · · · · · ·	
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
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		1
Sec	tion 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)			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	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		
Sec	tion 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-functionally inte (see instructions)	grated	Type III supporting or	ganızatıon
RΔΔ			Schedule A (F	orm 990 or 990-F7) 2011

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
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 purposes of supported organizations	
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 which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

To Elife o difficult divided by file 5 difficult	-		
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			·
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018.			
			

BAA

| Schedule A (Form 990 or 990-EZ) 2018

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

OMB No 1545 0047

Name of the organization

MTF LEADERSHIP INSTITUTE

Employer identification number 83-0832301

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE PURPOSE OF THE MTF LEADERSHIP INSTITUTE IS TO CONDUCT EDUCATIONAL AND CHARITABLE ACTIVITIES ON AMERICA'S COLLEGE CAMPUSES (PUBLIC AND PRIVATE) THAT ARE DESIGNED (A) TO COMBAT GROWING ANTI-SEMITISM (INCLUDING THE BOYCOTT, DIVEST AND SANCTION (BDS) MOVEMENT AND OTHER EFFORTS TO DEMONIZE ISRAEL AND ITS SUPPORTERS); AND (B) TO PROMOTE PRO-ISRAEL EDUCATIONAL PROGRAMS AND CAMPUS ACTIVITIES.

THE MTF LEADERSHIP INSTITUTE WILL FOCUS ON RECRUITING, TRAINING AND INSPIRING PRO-ISRAEL STUDENTS TO BECOME LEADERS ON THEIR CAMPUSES AND IN THEIR COMMUNITIES BY:

- •• IDENTIFYING PRO-ISRAEL STUDENTS WITH LEADERSHIP POTENTIAL ON CAMPUSES.
- •• ENCOURAGING THESE STUDENTS TO SEEK APPOINTED AND ELECTED LEADERSHIP

 POSITIONS IN STUDENT GOVERNMENT, AND OTHER INFLUENTIAL CAMPUS EXECUTIVE AND

 ADMINISTRATIVE BODIES, SOCIAL AND OTHER CAMPUS ORGANIZATIONS.
- •• PROVIDING THESE STUDENTS WITH THE EDUCATION, TRAINING AND SUPPORT THEY

 NEED TO SUCCESSFULLY PURSUE THESE LEADERSHIP POSITIONS AND EFFECTIVELY EXECUTE THE

 RESPONSIBILITIES OF ANY CAMPUS OFFICES AND POSITIONS THEY OBŢAIN (INCLUDING TO

 COMBAT ANTI-SEMITISM BY DEFEATING BDS CAMPUS RESOLUTIONS AND OTHER ANTI-ISRAEL

 EFFORTS).
- •• ARRANGING OPPORTUNITIES FOR THESE STUDENTS FROM ACROSS THE COUNTRY TO NETWORK WITH ONE ANOTHER AND SHARE BEST PRACTICES.

ALL SUCH ACTIVITIES WILL BE CONDUCTED IN A NON-PARTISAN MANNER.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS (CONTINUE

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR

INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO