

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2018

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990EZ) for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning

7/1/2018

, and ending

6/30/2019

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

Shoreshim, Inc.

Number and street (or P O box, if mail is not delivered to street address)

P.O. Box 2516

D Employer identification number

54-1059985

City or town

State

ZIP code

Reston

VA

20195

03

Foreign country name

Foreign province/state/county

Foreign postal code

E Telephone number  
(571) 445-0563

G Accounting Method.

 Cash  Accrual

Other (specify) ►

Website: ► [www.restonshoreshim.org](http://www.restonshoreshim.org)H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) ◀ (insert no)  4947(a)(1) or  527K Form of organization  Corporation  Trust  Association  Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$

191,225

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I 

03 15 Revenue	<p>1 Contributions, gifts, grants, and similar amounts received</p> <p>2 Program service revenue including government fees and cc</p> <p>3 Membership dues and assessments</p> <p>4 Investment income</p> <p>5a Gross amount from sale of assets other than inventory</p> <p>b Less: cost or other basis and sales expenses</p> <p>c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</p> <p>6 Gaming and fundraising events</p> <p>a Gross income from gaming (attach Schedule G if greater than \$15,000)</p> <p>b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</p> <p>c Less, direct expenses from gaming and fundraising events</p> <p>d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</p> <p>7a Gross sales of inventory, less returns and allowances</p> <p>b Less cost of goods sold</p> <p>c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</p> <p>8 Other revenue (describe in Schedule O)</p> <p>9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1</td><td>164,755</td></tr> <tr><td>2</td><td>4,450</td></tr> <tr><td>3</td><td>22,000</td></tr> <tr><td>4</td><td>20</td></tr> <tr><td>5a</td><td></td></tr> <tr><td>5b</td><td></td></tr> <tr><td>6a</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>7a</td><td></td></tr> <tr><td>7b</td><td></td></tr> <tr><td>7c</td><td>0</td></tr> <tr><td>8</td><td></td></tr> <tr><td>9</td><td>191,225</td></tr> <tr><td>10</td><td>5,775</td></tr> <tr><td>11</td><td></td></tr> <tr><td>12</td><td>18,649</td></tr> <tr><td>13</td><td>5,000</td></tr> <tr><td>14</td><td>2,602</td></tr> <tr><td>15</td><td>877</td></tr> <tr><td>16</td><td>166,226</td></tr> <tr><td>17</td><td>199,129</td></tr> <tr><td>18</td><td>-7,904</td></tr> <tr><td>19</td><td>81,452</td></tr> <tr><td>20</td><td></td></tr> <tr><td>21</td><td>73,548</td></tr> </table>	1	164,755	2	4,450	3	22,000	4	20	5a		5b		6a		6b		6c		7a		7b		7c	0	8		9	191,225	10	5,775	11		12	18,649	13	5,000	14	2,602	15	877	16	166,226	17	199,129	18	-7,904	19	81,452	20		21	73,548	2 0 RECEIVED DEC 18 2020 OGDEN, UT IRS-OSC 8621 RECEIVED MAY 15 2020 AO60 OGDEN, UT RSO
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Net Assets																																																							

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2018)

9

**Part II Balance Sheets.** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	81,452	22	73,548
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	81,452	25	73,548
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	81,452	27	73,548

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose? Religious Services and Education

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others )

28 Sabbath Services and Holiday Services with attendance per event ranging from 30 to 150 people	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	17,418
29 Religious Education 2 hours per week for 28 weeks	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	21,072
30 Charitable Work - Cash Donations and Semi-monthly collection of non-perishable food from approx 800 homes for delivery to 4 Local Food Pantries 88,960 lbs of food valued at \$153,015 collected and distributed to	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	160,639
31 Other program services (describe in Schedule O)	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	► <input type="checkbox"/>	32	199,129

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Deborah Kamins Co-President	Hr/WK 5 00			
Amy Joyce Co-President	Hr/WK 5 00			
Jenny Garfinkle Co-Treasurer	Hr/WK 5 00			
Barry Bleiweis Co-Treasurer	Hr/WK 5 00			
Eugene Cobble Secretary	Hr/WK 5 00			
Tina Rosenthal At-large	Hr/WK 5 00			
	Hr/WK			

AO

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O Yes  No   
**33**  X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions Yes  No   
**34**  X

35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  
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  
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 Yes  No   
**35a**  X  
**35b**   
**35c**  X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Yes  No   
**36**  X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** Yes  No   
b Did the organization file Form 1120-POL for this year? **37b**

38 a 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?  
b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes  No   
**38a**  X  
**38b**   
**39** Section 501(c)(7) organizations Enter Yes  No   
a Initiation fees and capital contributions included on line 9  
b Gross receipts, included on line 9, for public use of club facilities **39a**   
**39b**

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_, section 4912 ► \_\_\_\_\_, section 4955 ► \_\_\_\_\_ Yes  No   
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 reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Yes  No   
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 **40b**  X  
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization Yes  No   
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 **40e**  X

41 List the states with which a copy of this return is filed ► \_\_\_\_\_ Yes  No

42 a The organization's books are in care of ► Jenny Garfinkle Telephone no ► (703) 501-9400  
Located at ► 42503 Lovettsville Road City Lovettsville ST VA ZIP + 4 ► 20180 Yes  No   
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)? 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) Yes  No   
**42b**  X  
Yes  No   
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ► \_\_\_\_\_ Yes  No   
**42c**  X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. ► **43** 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 Yes  No   
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 Yes  No   
c Did the organization receive any payments for indoor tanning services during the year? Yes  No   
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 Yes  No   
**44a**  X  
**44b**  X  
**44c**  X  
**44d**  X  
**45a**  X  
Yes  No   
**45b**  X

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes  No   
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 Yes  No

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.

	Yes	No
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 the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	Yes	No
47		X
48		X
49a		X
49b		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key 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 deferred compensation	(e) Estimated amount of other compensation
Name <b>NONE</b>				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
f Total number of other employees paid over \$100,000				

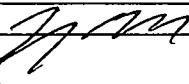
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name <b>NONE</b>	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
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

Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

<b>Sign Here</b>			Date <b>5/11/20</b>
	Signature of officer	Jenny Garfinkle	Co-Treasurer
Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	Firm's name	Check <input type="checkbox"/> if self-employed	
	Firm's address	Firm's EIN	
	Phone no		

May the IRS discuss this return with the preparer shown above? See instructions

Yes  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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

Shoreshim, Inc

Employer identification number

54-1059985

**Part I 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)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**. 07  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state  
 5  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)  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  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)  
 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)  
 9  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  
 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% 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)  
 11  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  
 a  **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**.  
 b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.  
 c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.  
 d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.  
 e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization  
 f Enter the number of supported organizations 0  
 g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					0	0

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

HTA

Schedule A (Form 990 or 990-EZ) 2018

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 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")	44,275	53,669	73,131	180,966	191,205	543,246
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	44,275	53,669	73,131	180,966	191,205	543,246
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						543,246

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	44,275	53,669	73,131	180,966	191,205	543,246
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	16	21	23	19	20	99
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						543,345
12 Gross receipts from related activities, etc (see instructions)					12	
13 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						<input checked="" type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.98%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.98%
16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	X
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

Shoreshim, Inc

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

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

► Attach to Form 990 or 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

Open to Public  
Inspection

Employer identification number

54-1059985

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 2,471

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 5,075

Form 990-EZ, Part I, Line 16, Other Expenses Insurance 1,969

Form 990-EZ, Part I, Line 16, Other Expenses Advertising and Marketing 1,539

Form 990-EZ, Part I, Line 16, Other Expenses Web Site 119

Form 990-EZ, Part I, Line 16, Other Expenses Contributed Food to Cornerstones @ \$1.72/lb

69,281

Form 990-EZ, Part I, Line 16, Other Expenses Contributed Food to South Lakes Food Bank @

\$1.72/lb 25,130

Form 990-EZ, Part I, Line 16, Other Expenses Contributed Food to LINK Food Bank @ \$1.72/lb.

46,431

Form 990-EZ, Part I, Line 16, Other Expenses Contributed Food to St. Anne's Food Bank @ \$1.72

/lb 12,172

Form 990-EZ, Part I, Line 16, Other Expenses Bags and Expenses for Simple Gesture Food

Collection 2,039

Name of the organization

Shoreshim, Inc

Employer identification number

54-1059985

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In Reference to IRS Letter - 0422862358 / LTR 2695C Tax Period 201906

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Letter states that a Schedule B, Schedule of Contributors was not provided

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Box H on page 1 of 990 EZ was inadvertently left unchecked by software package . It has now been resubmitted with a check in the Box H

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indicating that a Schedule B is not required as the organization did not have any single contributor give more than

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the \$5,000 threshold that is needed to require a Schedule B for the 2018 fiscal year reported on this return.