,	0	חם	Return of Org	anization	Exe	mpt Fr	om i	Inco	me 1	Гах	1	OMB No 15	45-0047
For	m 🕶	JU	14. 4	40.494-1441 - 4.45 - 1.					201	191	.2 .[201	10
(Re	(101. Outlier) 2020)										19		
	Department of the Treasury Do not enter social security numbers on this form as it may be made public. Open to Public												
Inte		nue Service	► Go to www.irs.g									Inspec	tion
<u>A</u>			dar year, or tax year beginning			, 2019, a		_		embe		,20 19	
В		applicable:	C Name of organization Medhen	Orphan Relief Eff	ort, A	NJ Non-Pro	ofit Co	rporati	on	— ՝		r identificatio	n number
님		change	Doing business as M.O.R.E.						<u></u>			20-8503441	
H	Name d	-	Number and street (or P.O. box if	mail is not delivered	to str	eet accress)		Room	sune 1E	l'	Telephon		
님	Initial re	um/terminated	1249 W. Melrose St City or town, state or province, or	cumbu and 7ID or fo	rolen e	octal codo		L	16	十		12.894.9399	' -
H		orivemmatero ed return	Chicago, IL 60657	outiny, and zir of to	reigni	rostal code				١,	Gross rec	ounte \$	93,853
Н		ion pending	F Name and address of principal of	icer Robert Holla	nd			7	M(a) is the	_			73,653 (es 🗸 No
	, Approach	ion perming	1249 W. Melrose St, 1E, Chica					- 1				ncluded?	
ī	Tax-exe	mpt status	✓ 501(c)(3)) 4 (insert no.)		4947(a)(1) or	527	_	• •			see instruction	_
3	Website	: ► www.m	orechildren.org	· · · · · · · · · · · · · · · · · · ·							mption nur		
K	Form of	organization 🗹	Corporation Trust Associa	tion ☐ Other>		L Ye	ar of for	mation.	2007	7	State of I	egal domicile:	NJ
Ρ	art I	Summa	ry										
	1	Briefly des	cribe the organization's miss	ion or most sigr	nificar	nt activities:	: We p	rovide	financi	al sup	port for	various pro	grams
9	ł	for orphans	& vulnerable children / youth	in Addıs Ababa,	Ethio	pia. These	progra	ms ar	admin	istere	d throug	h and by the	9
퉏			cial Center, an NGO based in A										
Ž	2	Check this	box ► ☐ if the organization	discontinued its	ope	rations or d	lispos	ed of r	nore th	an 25	5% of its	net assets	
ĝ	3		voting members of the gove	• • •						-	3		14
€ 5	4		independent voting member		- -	* ·		lb) .			4		0
Activities & Governance	5		per of individuals employed in	•	2019	(Part V, line	e 2a)			•	5		0
흏	6	Total numb	per of volunteers (estimate if	necessary) .		: DEC	ロハノ	ED.	•	·	6		20
ď	7a	Total unrel	ated business revenue from	Part VIII, column	(C),	line ve C			_ =	(·	7a		0
	Ь	Net unrelat	ted business taxable income	from Form 990-	1, 11	e 39 . .	• •	- -	72	<u> </u> -	7b		0
		O	and amount (Dark VIII) time	465	94	OCT 2	2 2 3	2 020	10			Current Y	
9	8		ons and grants (Part VIII, line	•	ယ			-	18	1 "	0,310		80,208
Revenue	9	•	ervice revenue (Part VIII, line	•	741	000		17	=0	 	0		0
æ	10		t income (Part VIII, column (A	•		:QGD	ĽN,	M	*******	 	4,042		13,645
	12		nue (Part VIII, column (A), line lue—add lines 8 through 11 (n				no 12)	+		12	4,352		93,853
	13		similar amounts paid (Part I				116 (2)	+			5,000		136,140
	14		aid to or for members (Part IX			-0,	• •				0		130,140
rA.	15	•	her compensation, employee		•	nn (A), lines	. 5–10)				0	· · · ·	0
Expenses	16a	•	al fundraising fees (Part IX, c	•							-	· · · · · · · · · · · · · · · · · · ·	<u>0</u>
ē	b		raising expenses (Part IX, col	• • •	•								
ā	17		enses (Part IX, column (A), lin	• • • •)					2,977		2,337
	18	Total expe	nses. Add lines 13-17 (must	equal Part IX, co	olumi	(A), line 25	5) .			8	7,977		138,477
	19	Revenue le	ess expenses. Subtract line 1	8 from line 12		#49	<u></u>			3	6,375		(44,624)
5 8					h A	1 h A		Begi	nning of	Curren	t Year	End of Ye	87
Assets Balan	20	Total asset	ts (Part X, line 16)		.JA	N 0 8 :	17.	<u> </u>		36	5,065		321,341
Net As Fund B	21	Total tiabile	ties (Part X, line 26)		<u> </u>			<u> </u>			0		0
			or fund balances. Subtract li	ine 21 framiline	20\\ <u>[</u>	DEATH	- 17 / 17	- 		36	5,065		321,341
	art II		re Block	}		O LIVIT	<u> </u>	<u>-h</u>				·	
Un	ider pena ie. comec	ities of perjury.	. I declare that I have examined this r e. Declaration of preparer (other than	etum, including acci officed is based on	ompan ali info	ying schedule: mation of whi	s and st ich area	atemen aner has	ts, and to any kno	o the b wledor	est of my k a.	nowledge and	s belief, it is
			11/11/		-	'					~/ /	/ 4:	
Sig	าก	Signati	use of afficer							Date	116/3	CLLO	
'	ere		dan el	Tarker	, , 								
•••	,,,,	Type o	r print name and trile	JAEA SUA	E.7-	<u> </u>							
_		1.7	preparer's name	Preparer's signatur	re			Date		T	heck 🔲	e PTIN	
Pa			• • • • •					1			etf-employ	4	
Preparer Firm's name									F	rm's E	IN ►		
US	e On	Firm's add		····						hone n			
Ma	y the If		this return with the preparer s	shown above? (s	see in	structions)		· .				Yes	□No
_			ion Act Notice, see the separa			· · · · · · · · · · · · · · · · · · ·	Ca	t. No. 1	1282Y				990 (2019)
	•		· · · · · · · · · · · · · · · ·										

	990 (2019)	Page 2
Part		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	Our mission is to provide as much support as our fundraising allows to fund various programs focussed on the health, nutritional, medical, educational, and psycho-social well being of orphaned and vulnerable children, cared for by the Me Center, an Addis Ababa, Ethiopia based NGO. We currently support over 650 children, caregivers, and related beneficiar	ies who were
	significantly impacted by AIDS / HIV, other life threatening diseases, and/or suffering from severe deprivation and abject	poverty.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes 🗹 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes ☑ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 136,140 including grants of \$) (Revenue \$)
	This amount represents the total funding provided by M.O.R E. in 2019 to the Medhen Social Center for the programs spe	onsored
	and/or supported by M.O.R.E. The funding provided is used for medical, educational, nutritional, housing, clothing, cou	
	school (and other) supplies, and other essential services for the beneficiaries based on their individualized needs. Some	
	funding in 2019 was used for specific services critical to the support of children with special needs - physical, emotional	, and
	developmental.	
		-
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	41471,	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	1
70	(code/ (Expenses v including grains of v/ inverses v/	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	4-041444-0	
4d	Other program services (Describe on Schedule O.) (Expenses \$	
4e	Total program service expenses ▶	
		orm 990 (2019)

Part	Checklist of Required Schedules			
_	In the appropriate described in eaction E04(a)(0) or 4047(a)(4) (a)then then a provide foundation 10 (6 (0)(a 2)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	7	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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		1
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		1
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	1	
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	118		1
b	Did the organization report an amount for Investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
đ	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		\
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		\
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(li)? If "Yes," complete Schedule E	13		1
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
	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.	14b		1
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	1	
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		1
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		1
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		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		√
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		1

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		/
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	ļ .		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d		24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
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		1
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		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
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		1
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		1
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.	38		1
Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	· ·		
	En la		Yes	No
1a	· · · · · · · · · · · · · · · · · · ·	1		
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) winnings to prize winners?	10	✓	
			990	(2019)

Form 99	Form 990 (2019) Page 5						
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			_ <u></u>			
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3а		1			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b					
4a	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)?	48		1			
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?	<u>5a</u>	<u> </u>	<u> </u>			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b					
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		1			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b					
7	gifts were not tax deductible?	00	-	 			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	İ		l			
_	and services provided to the payor?	7a	ĺ	1			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1			
đ	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		<u> </u>			
9	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		7			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Ť			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8		1			
9	Sponsoring organizations maintaining donor advised funds.	_ [
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-				
10 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		-			
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12						
8	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1					
11	Section 501(c)(12) organizations. Enter:	l					
	Gross income from members or shareholders						
а			l				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which						
	the organization is licensed to issue qualified health plans		i				
c	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_			
	excess parachute payment(s) during the year?	15		✓_			
	If "Yes," see instructions and file Form 4720, Schedule N.	_					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		/			
	If "Yes," complete Form 4720, Schedule O.			*****			

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S						
	Check if Schedule O contains a response or note to any line in this Part VI			. []			
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						
	If there are material differences in voting rights among members of the governing body, or			ĺ			
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain on Schedule O.			ĺ			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b	- 1					
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?	2	1				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?.	3		1			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1			
6	Did the organization have members or stockholders?	6		1			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1			
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		1			
8							
8	The governing body?	8a	1	ĺ			
b	Each committee with authority to act on behalf of the governing body?	8b	✓				
9	9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O						
Section	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	ie Co	de.)	<u> </u>			
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		1			
b	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?						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a					
Ь		12b	▲				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1				
13	Did the organization have a written whistleblower policy?	13		1			
14	Did the organization have a written document retention and destruction policy?	14		1			
15	Did the process for determining compensation of the following persons include a review and approval by Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а		15a					
b	Other officers or key employees of the organization	15b					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	- [)				
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		1			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b					
Section	on C. Disclosure	_					
17	List the states with which a copy of this Form 990 is required to be filed ▶ New Jersey, Illinois						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)	(Sect	tion 5	01(c)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	inter	est p	olicy,			
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords i	>				
	Robert Holland, 1249 W. Melrose St, 1E, Chicago, IL 60657 (312 894.9399)						

Form 990 (2019	9)	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated E	mployees, and

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.

 See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (A) (B) (CO) Œ Æ (do not check more than one Reportable Reportable Estimated amount Name and title Average box, unless person is both an compensation hours compensation of other officer and a director/trustee) compensation from the from related per week employee Key employee from the Highest compensated (list any organization organizations (W-2/1099-MISC) (W-2/1099-MISC) organization and hours for related related organizations ganizatio below dotted line) (1) James Miller, III 10 <u>President</u> (2) Nancy Holland 10 Vice-President (3) Dr. Sam Parsia 5 Secretary (4) Robert Holland 10 Treasurer (5) Dr. Ashley Meredith (6) Leah Abraham 3 (7) Yodit Amaha 3 (8) Jack Baxter 3 (9) Jennifer Baxter 3 (10) Dr. Asqual Getaneh (11) Fr. Daniel Murphy 3 (12) Kimberly Poulo 3 (13) Dr. Leelie Selassie 3 (14) Linda Tobash 3

Form **990** (2019)

Par	VII Section A. Officers, Directors,	Trustees,	Key	Em			s, an	id F	lighest Compe	nsated	Emplo	yees (conti	nued,
			[•	C)								
	(A)	(B)	Position (do not check more than box, unless person is both officer and a director/trus						(D)	(E)		l	(F)	
	Name and title	Average hours							Reportable compensation	Repor			ated an	
		per week							from the	from re			pensat	
		(list any	Individual I	1	Officer	§	養	Former	organization	organiz			rom the	
		hours for related	ā 8	<u>\$</u>	¥	13	\$ 8	릴	(W-2/1099-MISC)	(W-2/109	9-MISC)	orgar related	nization	
		organizations	₫ =	1 2	1	형	8 8					relateu	organia	ZHINNS
		below	1 8	3	1	8	뒇							
		datted line)	8	Institutional trustee			Highest compensated employee	ļ.		İ				
		i	1	۰	1		l g	ĺ	ł	ĺ				
(15)		†				1	 							
<u> </u>		†	1	ļ	l	1	1		1					
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<u>!!/}</u>		ļ	1	1	1		1							
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(18)	***************************************	1		l	1									
			<u> </u>		<u> </u>			<u> </u>						
(19)														
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(20)														
2	······································		1	1		l								
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(25)						l					1			
		<u> </u>				L.	<u> </u>	_						
1b	Subtotal							>			0			0
C	Total from continuation sheets to Part	VII, Sectio	n A					>	0		0			0
đ	Total (add lines 1b and 1c)							▶	0		0			0
2	Total number of individuals (including but	not limited	to th	ose	list	ted	above	e) w	no received mor	e than \$1	00.000	of		
_	reportable compensation from the organi							,	. None	•	,			
	,,,,,,,					_			None				Yes	No
3	Did the organization list any former of	officer dire		40.	ot o		·~ ~	mnl	lovee or higher	t comp	ancatad			+
3	employee on line 1a? If "Yes," complete s							•	· · · · ·	•		3	ì	1
_													├	₩-
4	For any individual listed on line 1a, is the												l	l
	organization and related organizations	greater th	an s	ιου,	UUU) (I	7 76	5,	complete Scree	sule J TC	or sucn	1	Ī	١,
	individual	• • •	• •	•	•	•	•	٠ .				4	—	!
5	Did any person listed on line 1a receive of									tion or in	dividual		ļ	١.
	for services rendered to the organization	? If "Yes," c	ompl	ete	Scr	16di	ule J f	or s	uch person .	<u></u>	· · ·	5_		<u> </u>
Secti	on B. Independent Contractors													
1	Complete this table for your five high	est comp	ensate	ed	inde	epe	ndent	CO	intractors that r	eceived	more t	han \$	100,0	00 o
	compensation from the organization. Rep	ort compen	sation	n foi	r the	e ca	lenda	r ye	ar ending with or	within th	e organ	ization	's tax	year.
	A							l	(B)		1	(C)		
	Name and business add	ress		_				Ĺ	Description of sen	rices	'	Compens	ation	
										-	1			
								Г	·					
								<u> </u>	······································					
							-	\vdash						
2	Total number of independent contractor	re fineludi	10 h		ot !	limit	ed to	, #h	nee listed above	e) who	 			
-	received more than \$100,000 of compens									-, *****	ļ			
	received more than whoo, bod of company			3 ⁴¹¹ 1									000	(2019)
												For	n syu	(2ט19) נ

Part	VIII	Statement of Rev								_
		Check if Schedule	0 00	ntains a re	spor	se or note to an		irt VIII		<u> L</u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क्र क	1a	Federated campaig	ns .		1a					
E 2	b	Membership dues			1b					
ع ق	C	Fundraising events			1c	11,505				
₹ 1	d	Related organization			1d		!			
도 플	0	Government grants			10					
E S	f	All other contribution								
3 2		and similar amounts no			11	68,703				İ
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contribution								Į
S E		Ines 1a-1f Total. Add lines 1a-			19	<u>, , , , ▶</u>	00.000			1
-		Total. Add lines 1a-	-!! .		·	Business Code	80,208			
œ.	2a					30311033 0000				·
Program Service Revenue	b									
8 2	C									
ΕŞ	ď								··· · · · · · · · · · · · · · · · · · ·	
B 8	e				*****					
<u>ک</u> ا	f	All other program se	ervice	revenue						
_	g	Total. Add lines 2a-	-2f .			•				
	3	Investment income	(incl	luding divi	dend	s, interest, and				
		other similar amoun					13,645			
	4	Income from investr	nent o	of tax-exen	npt bo	and proceeds ►	0		<u> </u>	
	5	Royalties	<u></u>	<u> </u>	<u> </u>	<u> </u>	0			
				(i) Rea		(ii) Personal				{
	6a	Gross rents	6a	ļ	0	 				
	b	Less: rental expenses	6b		0					
	C	Rental income or (loss)		Ļ	0	10			<u> </u>	
	d	Net rental income o	r (los	(i) Securi		(ii) Other				· · · · · · · · · · · · · · · · · · ·
	7a	Gross amount from		(i) Securi	IRES .	(ii) Other				ļ
		sales of assets other than inventory	7a		0					[
•	_	Less: cost or other basis	10		<u>`</u>	1				•
Ž	Ь	and sales expenses .	7b		0					
346	С	Gain or (loss)	7c							l
Ř	d	Net gain or (loss)					0			
Other Revenue	8a	Gross income fro			Г					
δ		events (not including								
		of contributions re	porte	d on line						
		1c). See Part IV, line	e 18		8a	0				
	b	Less: direct expens	es .		8b	0	<u> </u>			
	С	Net income or (loss)) from	ı fundraisin	g eve	nts . 🕨	0			
	9a	Gross income 1		-		ł		}		1
		activities. See Part			9a	0				
		Less: direct expens			<u>9b</u>	0		 		<u></u>
	ľ	Net income or (loss	-		CTIVITA	es ▶				
	10a	Gross sales of it		•	400					
		returns and allowant Less: cost of goods			10a 10b					ŀ
	b	Net income or (loss					0	 		
	_ _	140t moonid or 1000	,	, Janua VI II		Business Code		·····		
Miscellaneous Revenue	11a									<u> </u>
Page 1	Ь				•••					
scellaneo Revenue	c									<u> </u>
2 & S	ď	All other revenue				0				Ī
Σ	e	Total. Add lines 11a					0			
	12	Total revenue, See				>	93.853			I

	ctional Expenses

	Statement of Functional Expenses	oloho oli ooli oone All	-4h		
Secuo	n 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	136,140	136,140		
4 5	Benefits paid to or for members				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legai				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			·	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	533		533	
14	Information technology	582		582	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				<u> </u>
22	Depreciation, depletion, and amortization .				·
23	Insurance	632		632	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Bank, Licenses, Document Fees	590		590	
b					
c	***************************************				
d					
6	All other expenses		1		
25	Total functional expenses. Add lines 1 through 24e	138,477	136,140	2,337	
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)				

	100 - F	A 1
Part X	Balance	

_		Check if Schedule O contains a response or note to any line in this Par	tX	<u></u>	<u></u> 🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	50,739	1	57,216
	2	Savings and temporary cash investments	25,451	2	13,030
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	o	8	o
g	7	Notes and loans receivable, net	0		0
Assets	8	Inventories for sale or use	0		0
As	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0			
	ь	Less: accumulated depreciation 10b 0		10c	o
	11	Investments—publicly traded securities	288.875		250,195
	12	Investments—other securities. See Part IV, line 11	288,873		250,195
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0		Ö
	15	Other assets. See Part IV. line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	365,065	16	320,441
_	17	Accounts payable and accrued expenses	000,000	17	<u> </u>
	18	Grants payable	0		0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	0
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
ab		controlled entity or family member of any of these persons	0		0
7	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	0		0
	26	Total liabilities. Add lines 17 through 25	0	26	0
ces		Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.			
ia	27	Net assets without donor restrictions	365,065	27	320,441
8	28	Net assets with donor restrictions	0	28	0
or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
þ	29	Capital stock or trust principal, or current funds	0	29	0
ş	30	Paid-in or capital surplus, or land, building, or equipment fund	o	30	<u>v</u>
28	31	Retained earnings, endowment, accumulated income, or other funds	0	31	0
Net Assets	32	Total net assets or fund balances	365,065	32	320,441
2	33	Total liabilities and net assets/fund balances	365,065	33	320,441
					F 000 (0040)

Form **990** (2019)

	(2010)				_ FC	90 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)					
2	2 Total expenses (must equal Part IX, column (A), line 25)					
3	Revenue less expenses. Subtract line 2 from line 1	3			(4	4,624)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			36	5,065
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 on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))				32	0,441
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	•	• •	
			_		Yes	No
1	Accounting method used to prepare the Form 990:		l			
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xplair	in			
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?					1
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or	ŀ		
	reviewed on a separate basis, consolidated basis, or both:		1			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		- }			
b	Were the organization's financial statements audited by an independent accountant?		. Li	2b		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	na			
	separate basis, consolidated basis, or both:		- 1	1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		[- 1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				1	
	the audit, review, or compilation of its financial statements and selection of an independent accountant? . 2c					
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	cplain	on			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such a required audit or audits, explain why on Schedule Q and describe any steps taken to undergo such a		the [зь		

Form **990** (2019)

·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 chantable trust.

Attach to Form 990 or Form 990-EZ.

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

20**19**

Open to Public Inspection

Name of the organization **Employer Identification number** Medhen Orphan Relief Effort, A NI Non-Profit Corporation 20-8503441 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). 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.) ☐ 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.) ☐ 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: 10 An organization that normally receives: (1) more than 33½% 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 33½% 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 control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization (i) Name of supported organization (v) Amount of monetary (in EIN (iii) Type of organization (described on lines 1-10 isted in your gove support (see other support (see above (see instructions)) instructions) instructions) No Yes (A) (B) (C) (D) (E) Total

instructions

Part	Support Schedule for Organiza	ations Descr	bed in Secti	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi	j)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support						
	idar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	105,480	91,941	90,511	60,310	80,208	42B 4E0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	105,460	31,341	30,311	80,310	80,208	428,450
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	105,480	91,941	90,511	60,310	80,208	428,450
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)						188,000
6	Public support. Subtract line 5 from line 4						240,450
	on B. Total Support					· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	105,480	91,941	90,511	60,310	80,208	428,450
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(7,715)	30,620	21,009	14,042	13,645	71,601
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.)						500,051
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	_			•		
Soci	on C. Computation of Public Suppor			· · · · ·		• • • • •	
14	Public support percentage for 2019 (line 6			1 column (fl)		14	48.9 %
15	Public support percentage from 2018 Sch		-			15	59.8 %
16a	331/s% support test—2019. If the organi box and stop here. The organization qua	zation did not	check the box	on line 13, an	id line 14 is 33	1/a% or more,	check this
b	331/a% support test—2018. If the organithis box and stop here. The organization	zation did not o qualifies as a p	check a box o publicly suppo	n line 13 or 16 rted organizati	a, and line 15 on	is 33½% or m	ore, check ▶ □
	10%-facts-and-circumstances test—2t 10% or more, and if the organization metal the "organization meets the "organization	ets the "facts- facts-and-circu	and-circumsta umstances" te	ances" test, ch st. The organia	eck this box a zation qualifies	and stop here. as a publicly	Explain in supported
b	10%-facts-and-circumstances test—21 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ition meets the	e "facts-and-c s-and-circums	circumstances" stances" test.	' test, check t The organization	his box and son qualifies as	a publicly
18	Private foundation. If the organization du						

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

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Department of the Treasury Internal Revenue Service

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

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Name o	the organization		Employer identification number		
Medhe	n Orphan Relief Effort, a NJ Non-Profit Corporation		20-8503441		
Par	Organizations Maintaining Donor Adv	ised Funds or Other Similar Fund	s or Accounts.		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year	0	0		
2	Aggregate value of contributions to (during year) .	10,000	0		
3	Aggregate value of grants from (during year)	10,000	0		
4	Aggregate value at end of year	0	0		
5	Did the organization inform all donors and donor				
	funds are the organization's property, subject to the				
6	Did the organization inform all grantees, donors, a				
	only for charitable purposes and not for the benefit				
Daw	conferring impermissible private benefit?		· · · · · · · · · Yes No		
Par	Conservation Easements.	Voe" on Form 900 Port IV line 7			
	Complete if the organization answered "				
1	Purpose(s) of conservation easements held by the one of the preservation of land for public use (for example, recreation).	•	a historically important land area		
	Protection of natural habitat		a certified historic structure		
	Preservation of open space		a certified historic structure		
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution	in the form of a conservation		
-	easement on the last day of the tax year.	a quamica conscivation contribution	Held at the End of the Tax Year		
а			. 2a		
b	Total acreage restricted by conservation easements		<u> </u>		
c	Number of conservation easements on a certified h				
ď	Number of conservation easements included in (
_			. 2d		
3	Number of conservation easements modified, trans	sferred, released, extinguished, or term	inated by the organization during the		
	tax year ▶				
4	Number of states where property subject to conser	vation easement is located ▶			
5	Does the organization have a written policy reg violations, and enforcement of the conservation eas				
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year		
7	Amount of expenses incurred in monitoring, inspectin	a handling of violations, and enforcing c	onservation easements during the year		
•	►\$	g, natumg or violations, and amoreing o	oncorvation outsomerate during the year		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of s	ection 170/b)(4)(B)(i)		
•	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports of				
	balance sheet, and include, if applicable, the text of	f the footnote to the organization's finar	ncial statements that describes the		
	organization's accounting for conservation easeme				
Part			Other Similar Assets.		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	······································		
1a	If the organization elected, as permitted under FAS				
	of art, historical treasures, or other similar assets				
•	service, provide in Part XIII the text of the footnote				
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item	for public exhibition, education, or rese			
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$		
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art,				
-	following amounts required to be reported under FA		socia ioi illianolai gani, provide tie		
a	Revenue included on Form 990, Part VIII, line 1 .	-	> \$		
b	Assets included in Form 990, Part X		> \$		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

Open to Public Inspection

Name of the organization Employer identification number Medhen Orphan Relief Effort, A NJ Non-Profit Corporation 20-8503441 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to ☐ Yes ☐ No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of employees, agents, and independent contractors in the region (b) Number of offices in (e) If activity listed in (d) is (f) Total (a) Region (d) Activities conducted in the region (by type) (such as, a program service, describe specific type of service(s) in the region fundraising, program services, investments, grants to recipients located in the region) the region and investments in the region (1) (2) (3) (4) (5) (6) <u>(7)</u> (8) (9) (10) (11) (12)(13)(14) (15) (16) (17)3a Subtotal **b** Total from continuation sheets to Part I

c Totals (add lines 3a and 3b)

1 (x) h orga	tame of (b) IRS coordinated (c) IRS coordinate	en i	(d) Purpose of grant	(a) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(ht) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Addıs Ababa, Ethioi	Financial support for	1 136,140	wire transfers			
(2)								
(3)								
(4)								
(5)								
(6)								
<u>m</u>								
(B)								
(9)								
10)								
11)								
12)								
13)								
14)								
15)								
16)								

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Part	t IV Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the the organization may be required to file Form 926, Return by a U.S. Transferor of Proporation (see Instructions for Form 926)		☐ Yes	⊘ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," to be required to separately file Form 3520, Annual Return To Report Transactions With Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of I U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Foreign Trusts and	☐ Yes	☑ No
3	the organization may be required to file Form 5471, Information Return of U.S. Perso		☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investing qualified electing fund during the tax year? If "Yes," the organization may be required Information Return by a Shareholder of a Passive Foreign Investment Company of Fund (see Instructions for Form 8621)	d to file Form 8621, or Qualified Electing	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the the organization may be required to file Form 8865, Return of U.S. Persons With Foreign Partnerships (see Instructions for Form 8865)	Respect to Certain	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries du "Yes," the organization may be required to separately file Form 5713, International Electronic for Form 5713; don't file with Form 990)	Boycott Report (see	☐ Yes	☑ No

Schedule F (Form 990) 2019

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 Name of the organization

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

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2019

Open to Public Inspection

Employer Identification number

median Orphan Relief Enort, A NJ Non-Profit Corporation 20-8503441
Part VI - Sec A: Questions #2 - Board members Bob & Nancy Holland are married, as are Jack & Jen Baxter. Dr. Ashley Meredith Is the
daughter of Bob & Nancy Holland. We ensure there are no conflicts of interest and maintain a segregation of duties through distribution of
responsibilities. Also, general Board oversight, ongoing / open communication, documentation / publication of Board meeting minutes, and
timely financial reporting assure accuracy and transparency in Board actions.
Part VI - Section B: Question #12c - We enforce our conflict of interest policy with questions, review of our by-laws, and through open
discussion at Board Meetings to ensure all actions taken (by individual board members, as well as the collective Board) are free of any
questionable practices and are absent of conflict of interest issues.
Part VI - Section C: Question 19 - All governing documents, as listed in question 19 are available upon request. In addition, Form 990s for
the current and past years can be viewed / downloaded from M.O.R.E.'s website; with copies of other governing documents available upon
request.
