2017

Form 990 (2017)

EEA

For Paperwork Reduction Act Notice, see the separate instructions.



Return of Organization Exempt From Income Tax

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

Open to Public Do not enter social security numbers on this form as it may be made public. Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service 2017, and ending 20 For the 2017 calendar year, or tax year beginning C Name of organization QUEENS HATZOLO AID INC D Employer Identification no Check if applicable 13-3275668 Doing business as Address change Room/suite E Telephone number Name change Number and street (or PO box if mail is not delivered to street address) 83-26 BREVOORT STREET Initial return City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Final return/terminated KEW GARDENS, NY 11415 2,056,345 Amended return Yes Name and address of principal officer IAN ROWE H(a) is this a group return for subordinates? Application pending H(b) Are all subordinates included? SAME AS C ABOVE If "No," attach a list (see instructions) 4947(a)(1) or Tax-exempt status X 501(c)(3) 501(c) (Website. H(c) Group exemption number QUEENSHATZOLAH.ORG M State of legal domicile Form of organization Corporation Trust Association 1984 Part I Summarv Briefly describe the organization's mission or most significant activities VOLUNTEER AMBULANCE SERVICE Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 180 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year Current Year 1,484,860 Contributions and grants (Part VIII, line 1h) 1,996,118 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) (1,918)473 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and (1e) 11 (62,985 (103.741)Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,419,957 1,892,850 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0 0 Benefits paid to or for members (Part IX, column (A), line 4) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 116,613 128,801 **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,191,284 1,377,567 17 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,307,897 1,506,368 Revenue less expenses Subtract line 18 from line 12 · · · · · · · 112,060 19 386,482 **Beginning of Current Year** End of Year 1,046,325 1,358,140 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 200,296 125,629 Net assets or fund balances Subtract line 21 from line 20 22 846.029 1,232,511 Part II Signature Block Under penalties of penury, I declare that 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 NOV. 26, 2018 ۵ Sign Signature of officer Here IAN ROWE, PRESIDENT Type or print name and title Date Preparer's signature Print/Type preparer's name Paid self-employed Preparer Firm's EIN Firm's name **Use Only** Phone no Firm's address May the IRS discuss this return with the preparer shown above? (see instructions) Yes

| | rt III Statement of Program Service Accomplishments | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part III | | | | | | | | | |
| | Briefly describe the organization's mission | | | | | | | | | |
| | VOLUNTEER AMBULANCE SERVICE | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| _ | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? | | | | | | | | | |
| | If "Yes," describe these new services on Schedule O | | | | | | | | | |
| | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | | | | | | | | | |
| | If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by | | | | | | | | | |
| | expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported | | | | | | | | | |
| ı | (Code) (Expenses \$1,245,879 including grants of \$) (Revenue \$) VOLUNTEER AMBULANCE SERVICES | | | | | | | | | |
| | YOUR TEMORITOR DERIVIOUS | | | | | | | | | |
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| | (Code) (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | | | |
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| _ | (Code) (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | | | |
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| | · | | | | | | | | | |
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| | | | | | | | | | | |
| _ | Other program services (Describe in Schedule O) | | | | | | | | | |
| | (Expenses \$including grants of \$) (Revenue \$) | | | | | | | | | |

Page 3

Form 990 (2017)

QUEENS HATZOLO AID INC.

Part IV Checklist of Required Schedules

| | | | Yes | No |
|---------|---|-----------------|--|----------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | X | ┿ |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | X | ₩ |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | ĺ | 1 |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | <u>X</u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | ŀ | |
| _ | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | 1 | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | _ ا | | ۱ |
| _ | Part III | 5 | ┼ | X |
| 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 | ┼ | X |
| 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 | ₩- | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | 1 | V |
| 9 | complete Schedule D, Part III | 8 | ├ | X |
| 7 | custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or | | | 1 |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | l | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | ^ |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 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," | ŀ | | |
| | complete Schedule D, Part VI | 11a | Х | |
| 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 | | Х |
| 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 | 11 c | | Χ |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | 1 |
| _ | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 2a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | X |
| 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 | 426 | | v |
| 2 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b 13 | | X |
| 3 4a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | 170 | \dashv | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | ĺ | İ | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 5 | 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 | | Х |
| 6 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | Ì | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 7 | 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 | Х | |
| 8 | 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 | X | |
| 9 | 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 | | X |

Form 990 (2017) QUEENS HATZOLO AID INC. Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|------------|--|-------------|-------------|---------------------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | L | Γ |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | T |
| | domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 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 | X |
| 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 |] | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K If "No," go to line 25a | 24a | | X |
| b | | 24b | | |
| 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 | | ĺ |
| d | | 24d | | |
| 25a | | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| ь | 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 | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | | | |
| | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | j | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| -0 | Part IV instructions for applicable filing thresholds, conditions, and exceptions) | l | } | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | 1 | Х |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | ľ | Х |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| · | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | $\frac{\Lambda}{X}$ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| 00 | - | 30 | l | Х |
| 31 | conservation contributions? If "Yes," complete Schedule M | 30 | | |
| • | Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| J 2 | complete Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | \dashv | |
| •5 | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | - 1 | Х |
| 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 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | $\frac{\hat{X}}{X}$ |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | 33a | - | |
| b | | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 330 | \dashv | |
| 36 | | 36 | | v |
| 37 | related organization? If "Yes," complete Schedule R, Part V, line 2 | 30 | | <u>X</u> |
| J/ | | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | v |
| | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | 31 | -+ | <u>X</u> |
| J 0 | • | 20 | νİ | |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | X | |

| _ | m 990 (2017) QUEENS HATZOLO AID INC. 13-3275 | 668 | | Page |
|---------|--|--|--------------|---|
| Pa | art V Statements Regarding Other IRS Filings and Tax Compliance | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part V | • • • • | | <u>· , </u> |
| | En alle de la Diocetta de la Diocett | | Yes | No. |
| 1a | | 5 | | |
| b | <u> </u> | 의 | · . | 1 |
| С | | | | |
| 2- | reportable gaming (gambling) winnings to prize winners? | 1c | X | + |
| 2a | | | | |
| L | | 9 2 | | 1 |
| Ь | | 2b | - | +- |
| 2- | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 1 | 1 | , |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b_ | | + |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | } |] |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | 4- | | ,, |
| _ | account)? | 4a | ļ | X |
| D | 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 | | | |
| | | | | |
| e - | (FBAR) | | f | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a 5b | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5c | | X |
| c 6a | The feet will be determined by the figure of the feet | 30 | | |
| va | 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 | | v |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | - Oa | | X |
| b | gifts were not tax deductible? | 6b | | ĺ |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 65 | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | ĺ |
| • | and services provided to the payor? | 7a | Х | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | - 11 |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | И | $\frac{\Lambda}{A}$ |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | X |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | İ | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | 1 | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 1 | Section 501(c)(12) organizations. Enter | | - | |
| а | Gross income from members or shareholders | | Ī | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | - 1 | |
| | against amounts due or received from them) | | | |
| 2a | 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 | | | |
| 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 | | T | , |
| 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 | | | |
| | Enter the amount of reserves on hand | | | |
| I4a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Χ_ |
| _ | If INVest II has it filed a Form 720 to report these poursonts? If INIo II provide an explanation in Schodule O | 446 | - 1 | |

Form 990 (2017) QUEENS HATZOLO AID INC. 13-3275668 Part VI . Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Х X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a **b** Each committee with authority to act on behalf of the governing body? N/A Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Nο 10a Did the organization have local chapters, branches, or affiliates? Χ 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 Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 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 Х 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 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 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply ☐ Upon request ☐ Other (explain in Schedule O) Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records

IAN ROWE , 83-26 BREVOORT STREET, KEW GARDENS, NY 11415

| orm 990 (2017 | , | | 13-327 | |
|---------------|--|------------------|-----------------------|--------------|
| Part VII | Compensation of Officers, Directors, Trustees, K | (ey Employees, F | lighest Compensated E | mployees, an |
| , | Independent Contractors | | | |

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - · List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (do r | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Highest compensated employee Key employee Institutional trustee or director | | | in) | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations | |
|-----------------------------------|--|-------|---|---|--|---------|--|---|--|---|
| (1) IAN ROWE PRESIDENT | 20.00_ | | | Х | | | | 0 | 0 | 0 |
| (2) BENJAMIN KESSLER SECRETARY | 2.00 | | | х | | | | 0 | | 0 |
| (3) YISROEL LOWY TREASURER | 20.00 | | | Х | | | | 0 | 0 | 0 |
| <u>(4)</u> | | | | | | | | | | |
| <u>(5)</u> | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| <u>(8)</u> | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| (A) Name and title | (B) Average hours per week (list any | (C) Position (do not check more than one box, unless person is both an officer and a director/frustee) | | | | | | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other | | ed of |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|-------------------------------|--|---------------------|
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | | ompense from tr organiza and rela rganizat | ne ition ited |
| (15) | | | | | | _ | | | | - | · | |
| (16) | | | | | | | | | | | | |
| (17) | | | | | | | | | - | | | |
| <u>(18)</u> | | | | | | | | | | | | |
| (19) | | | | | | | Ì | | | | | |
| (20) | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | |
| (24) | | | | | | | _ | | | | | |
| (25) | | | | | | | | | | | | |
| to Total from continuation sheets to Part VII, Section | on A | | | ٠. | | ; | | | | | | _ |
| d Total (add lines 1b and 1c) | | | | | | | - 1 | 0 000 of | 0 | | | 0 |
| 2 Total number of individuals (including but not limited reportable compensation from the organization | to those listed | above | e) Wi | io re | ceiv | eu mo | ne tr | ian \$ 100,000 or | 0 | | | |
| 3 Did the organization list any former officer, director, | | | oyee | or l | high | est co | mpe | nsated | | , , | Yes | No |
| employee on line 1a? If "Yes," complete Schedule JFor any individual listed on line 1a, is the sum of rep | | | | | | | | on from the | | 3 | • | X |
| organization and related organizations greater than | | | | | | | | | | | • | |
| Individual · · · · · · · · · · · · · · · · · · · | | | | | | | | | | 4 | | Х |
| 5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If "Yes," or | | | | | | | | | | 5 | | X |
| Section B. Independent Contractors | | | | | | | | | | | | |
| Complete this table for your five highest compensation from the organization. Report compensation. | | | | | | | | | | | | |
| year (A) | | | | | | | | (B) | | | C) | |
| Name and business address | | | | | | | | Description of se | rvices | Comp | ensation | 1 |
| | | | | _ | | - | | | | | | _ |
| | | | _ | _ | | | | | | | | |
| Total number of independent contractors (including to received more than \$100,000 of compensation from | | | e list | ed a | bove | e) who |) | L., | | ` , | , | • , |

| Form 9 | 90 (20 | 17) QUEENS | HATZOLO AID | INC. | | | 13-3275 | 668 Page |
|---|--------|---|---------------------------------------|-----------------------|-----------------|--|----------------------------------|---|
| Part | VIII | Statement of Reven | | | <u> </u> | | · | |
| • | | Check if Schedule O contai | ns a response or n | ote to any line in tl | his Part VIII . | <u></u> | | [|
| | | | · · · · · · · · · · · · · · · · · · · | • | (A) | (B) | (C) | (D) |
| Ŷ | | | , , , , | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512-514 |
| - v v | 1a | Federated campaigns · · · | 1a | | | | | |
| rant | ь | Membership dues | | | 7 , | | | |
| 2 6 | С | Fundraising events | | 384,371 | ٦٠ . | | , , | |
| ar A | d | Related organizations · · · | 1d | | 7 | ` , ` , ` ` | 1 | |
| i.E | e | Government grants (contributi | ions) · le | 1 | 7 | 1 | | ı |
| tion er S | f | All other contributions, gifts, g | rants, | | 7 | . 1 | | |
| di di | | and similar amounts not include | ded above 1f | 1,611,747 | t. | ` ` ` | , , | , ' |
| Contributions, Gifts, Grants and Other Similar Amounts | g | Noncash contributions include | ed in lines 1a-1f \$ | 6,947 |] | | · . | , |
| | h | Total. Add lines 1a-1f | | | 1,996,118 | | | |
| 60 | | | | Business Code |] , | | 1 | |
| in a | 2a | | | | | | | |
| Program Service Revenue | Ь | | | | ļ | | | |
| | C | | | | | | <u> </u> | |
| | d | | | | | ļ | | <u> </u> |
| Ē | e | | | | | | | |
| δ | 1 | All other program service reven | | L | | - | - | |
| | | Total. Add lines 2a-2f · · · | | • • • • • • • | . | | · | |
| | | Investment income (including d and other similar amounts) • | | | 50: | , | | 505 |
| | 1 | Income from investment of tax- | | | 50. | | | 501 |
| | 1 | Royalties | • | | ļ | | | |
| | | Noyanics 17771111111 | (i) Real | (ii) Personal | ļ | | | |
| | 6a | Gross rents | (i) itesi | (ii) i ciocinai | - | | | |
| | l | Less rental expenses · · · · | | | 1 | | , , | |
| | í | Rental income or (loss) · · · | <u> </u> | | 1 | | | |
| | 1 | • | | | , | , | | , |
| | 7a | Gross amount from sales of | (i) Secunties | (II) Other | | , | | |
| | | assets other than inventory | 5,876 | |] . | | , | |
| | ь | Less cost or other basis | | | 1 | , | | , |
| | ł | and sales expenses · · · · | 5,904 | | | 1 , , | | |
| | | Gain or (loss) | (28 | | | | , , | ` , |
| a) | | Net gain or (loss) | | · · · · · · • • | (28 | 3) | | (28) |
| Ž | l | Gross income from fundraising | | | | | , ·, | , |
| e Ve | ľ | events (not including \$ | 384,371 | | | , | | |
| <u> </u> | | of contributions reported on line | | E2 0E0 | | | , , , | , . |
| Other Revenue | | See Part IV, line 18 · · · · · · · · Less direct expenses · · · · · | | 53,850 157,591 | 1 | 1. A. J. 1. 100 11 12 12 12 12 12 12 12 12 12 12 12 12 | | 22.20 |
| 9 | | Net income or (loss) from fundra | _ | 157,591 | (103,741 | | ^ | (103,741) |
| | | Gross income from gaming activ | | | (103,741 | | | (103,741) |
| | | See Part IV, line 19 · · · · · | | | | , - | | |
| | | Less direct expenses · · · · | <u>-</u> | | , , | . ` ` | , | • |
| | | Net income or (loss) from gamin | | | | , | · | ' * ' |
| | 10a (| Gross sales of inventory, less | | | | , ; | | |
| | г | eturns and allowances · · · · | - | | | 1 5 5 mg | • • • | |
| | | ess cost of goods sold · · · | - | | | | ` | 4 |
| | c t | Net income or (loss) from sales | of inventory · · · | | | | | |
| | | Miscellaneous Revenue | | Business Code | | · | ' & | |
| | 11a _ | | | | | | | |
| | b _ | | }- | | | | | |
| | c _ | All other revenue · · · · · · | | | | | | |
| | | | | | | | | |
| | | Total revenue. See instructions | | | 1,892,850 | | 0 | (103,268) |
| | | | | | | | | 1200,200/ |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (C) (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b, 7b, Management and 8b. 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) q 10 11 Fees for services (non-employees) а Lobbying Professional fundraising services See Part IV, line 17 128,801 128,801 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 25,130 25,130 13 14 15 1,800 1,800 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 360,359 359,976 Depreciation, depletion, and amortization 383 23 24 Other expenses litemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 88,535 FUNDRAISING COSTS 88,535 884,103 884,103 SEE ATTACHED BANK FEES 120 120 CREDIT CARD FEES 17,520 17,520 All other expenses 25 Total functional expenses. Add lines 1 through 24e 1,506,368 1,245,879 503 259,986 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

Form 990 (2017) QU Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
|-----------------------------|-----|---|-----------------------|----------------|--------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 48,992 | 1 | 164,196 |
| | 2 | Savings and temporary cash investments | 2,171 | 2 | 5,291 |
| | 3 | Pledges and grants receivable, net | | 3 | 5,000 |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, | | 1 | , |
| | 1 | trustees, key employees, and highest compensated employees | | | , , |
| | | Complete Part II of Schedule L | • • | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section | , | <u> </u> | |
| | " | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and | | | ` |
| | 1 | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary | , , | | ~ |
| | | organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| | 7 | Notes and loans receivable, net | <u> </u> | 7 | |
| र्देश | 8 | Inventories for sale or use | | 8 | |
| Assets | 9 | Prepaid expenses and deferred charges | 11 544 | 9 | |
| ⋖ | I | 1 1 | 11,544 | - | |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 2 .117 .771 | • | | |
| | ١. | | 000 000 | 40- | |
| | 1 | Less accumulated depreciation | 983,268 | 10c | 1,182,260 |
| | 11 | Investments - publicly traded securities | | 12 | 1,043 |
| | 12 | Investments - other securities See Part IV, line 11 | | / / | |
| | 13 | Investments - program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | 350 | 15 | 350 |
| <u> </u> | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 1,046,325 | 16 | 1,358,140 |
| | 17 | Accounts payable and accrued expenses | 100,296 | 17 | 25,629 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former officers, directors, | | | |
| Ξ | | trustees, key employees, highest compensated employees, and | • | | |
| <u>=</u> | | disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties · · · · · · · · | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 100,000 | 24 | 100,000 |
| | 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 | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 200,296 | 26 | 125,629 |
| _{so} | | Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and | \$ | | • |
|)Ce | | complete lines 27 through 29, and lines 33 and 34. | | | • |
| iar | 27 | Unrestricted net assets | | 27 | |
| <u>m</u> | 28 | Temporarily restricted net assets | | 28 | |
| Pun | 29 | Permanently restricted net assets | | 29 | |
| 딘 | | Organizations that do not follow SFAS 117 (ASC 958), check here | | | |
| S | | complete lines 30 through 34. | ` | | |
| set | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Net Assets or Fund Balances | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| e l | 32 | Retained earnings, endowment, accumulated income, or other funds | 846,029 | 32 | 1,232,511 |
| - | 33 | Total net assets or fund balances | 846,029 | 33 | 1,232,511 |
| | 34 | Total liabilities and net assets/fund balances | 1,046,325 | 34 | 1,358,140 |

| For | m 990 (2017) QUEENS HATZOLO AID INC. 1 | <u>.3-327:</u> | <u> 5668</u> | | Page 1 |
|------------|---|----------------|--------------|-------|-----------------------|
| Pa | art XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | $\cdot \cdot \square$ |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1 | ,892 | ,850 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | ,506 | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 386 | ,482 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 846 | ,029 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7_ | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | | <u> </u> | - | |
| | 33, column (B)) | 10 | 1 | ,232, | 511 |
| Pa | art 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 🛛 Cash 🔲 Accrual 🔲 Other | _ | ` | 4 | 1 |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | , | 1. | ' |
| | Schedule O | | | , , | 1 3 |
| 2 a | We're the organization's financial statements compiled or reviewed by an independent accountant? | • • • • • | · · 2a | ↓ | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | İ | |
| | reviewed on a separate basis, consolidated basis, or both | |) ' | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | 1 | \$ 7. |
| b | Were the organization's financial statements audited by an independent accountant? | | · · 2b | ↓ | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | - | | 1 |
| | separate basis, consolidated basis, or both | | - | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | ŀ | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | | | |
| | of 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, explain in | | | | |
| | Schedule O | | | - | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | NT. | 12 |
| | the Single Audit Act and OMB Circular A-133? | | • <u>3a</u> | IN | /A |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | · 3b | | l |

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public, Inspection

| Nam | Name of the organization | | | | | | | | | |
|-----|--------------------------|--|-----------------------|---|----------------------|-----------------------|-------------------------------|----------------------------------|--|--|
| QUI | EEN. | S HATZOLO AID INC. | | | | | 13-3275 | | | |
| Pá | art I | Reason for Public Chari | ty Status (All o | organizations must | complet | e this pa | irt) See instructi | ons. | | |
| The | orga | anization is not a private foundation be | cause it is (For line | es 1 through 12, check or | nly one box | () | | | | |
| 1 | Ц | A church, convention of churches, or | | | • • | | | K / | | |
| 2 | Ц | A school described in section 170(b |)(1)(A)(ii). (Attach | Schedule E (Form 990 o | r 990-EZ)) |) | | | | |
| 3 | Ц | A hospital or a cooperative hospital s | service organization | n described in section 17 | 70(b)(1)(A) | (iii). | | \smile \prime | | |
| 4 | Ш | A medical research organization ope | erated in conjunction | n with a hospital describe | ed in secti o | on 170(b)(ʻ | 1)(A)(iii). Enter the | | | |
| | _ | hospital's name, city, and state | | | | | | <u></u> | | |
| 5 | | An organization operated for the ben | efit of a college or | university owned or opera | ated by a g | overnment | tal unit described in | | | |
| | _ | section 170(b)(1)(A)(iv). (Complete | Part II) | | | | | | | |
| 6 | Ш | A federal, state, or local government | or governmental u | nit described in section ' | 170(b)(1)(/ | 4)(v). | | | | |
| 7 | X | An organization that normally receive | es a substantial par | t of its support from a go | vernmenta | I unit or fro | m the general public | | | |
| | _ | described in section 170(b)(1)(A)(vi |). (Complete Part II | 1) | | | | | | |
| 8 | Ц | A community trust described in secti | on 170(b)(1)(A)(vi |). (Complete Part II) | | | | | | |
| 9 | Ш | An agricultural research organization | described in secti | on 170(b)(1)(A)(ix) opera | ated in cor | junction wi | th a land-grant colleg | je | | |
| | | or university or a non-land-grant colle | ege of agriculture (s | see instructions) Enter th | e name, c | ity, and stat | te of the college or | | | |
| | _ | university | | | | | | | | |
| 10 | Ш | An organization that normally receive | • • | | | | | SS | | |
| | | receipts from activities related to its e | • | • | • | • | | | | |
| | | support from gross investment incom | | , | | • | rom businesses | | | |
| | | acquired by the organization after Jui | | • • • • • | | • | | | | |
| 11 | 님 | An organization organized and opera | • _ | | | | | | | |
| 12 | Ш | An organization organized and opera | • | | | | | | | |
| | | of one or more publicly supported org | | | | | , ,, | • | | |
| | _ | Check the box in lines 12a through 12 | | | | | | - | | |
| | а | Type I. A supporting organization | • • • | • | • • | - | | g | | |
| | | the supported organization(s) the supporting organization You mu | | • | ty or the di | rectors or t | rustees of the | | | |
| | b | Type II. A supporting organization | • | | n ite eunno | ded organi | zation(e) by baying | | | |
| | | control or management of the su | • | | | _ | | d | | |
| | | organization(s) You must comp | | • | isons that | CONTROL OF T | manage the supporte | u | | |
| | С | Type III functionally integrated. | | | ection with | and funct | tionally integrated wit | h | | |
| | • | its supported organization(s) (see | | • | | | | ••, | | |
| | ď | Type III non-functionally integra | • | · | | | | n(s) | | |
| | | that is not functionally integrated | • | • | | | • • | • • | | |
| | | requirement (see instructions) Ye | | · · · · · · · · · · · · · · · · · · · | | • | | | | |
| | 8 | Check this box if the organization | received a written | determination from the IF | RS that it is | a Type I, 1 | Type II, Type III | | | |
| | | functionally integrated, or Type III | non-functionally inf | tegrated supporting orgai | nization | | | | | |
| | f | Enter the number of supported organi | zations | | | | | | | |
| | g _ | Provide the following information about | it the supported or | ganization(s) | | | | | | |
| | (1) | Name of supported organization | (ii) EIN | (iii) Type of organization | 1 ' ' | organization | (v) Amount of monetary | (vi) Amount of | | |
| | | | | (described on lines 1-10 above (see instructions)) | docun | ur governing nent? | support (see Instructions) | other support (see instructions) | | |
| | | ı | | , " | | | , | | | |
| | | | | | Yes | No | | | | |
| (A) | | | | | | ļ | | | | |
| | | | | | | | | | | |
| (B) | | | | | |] | | | | |
| | | | <u> </u> | | | | - | | | |
| (C) | | | | | | | | | | |
| | | | | | | | | | | |
| (D) | | | | | | | | | | |
| | | | | | | | | | | |
| (E) | | | | | | | | | | |

Total

13-3275668

990 or 990-EZ) 2017 QUEENS HATZOLO AID INC. 13-3275668
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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)

| UC | chon A. Fublic Support | | | | | | |
|------------|--|------------------|---------------------------------------|-----------|---------------|---------------------------------------|-----------|
| Cale | endar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 1,360,314 | 1,133,740 | 1,391,167 | 1,484,860 | 1,996,118 | 7,366,199 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 · · · · · · | 1,360,314 | 1,133,740 | 1,391,167 | 1,484,860 | 1,996,118 | 7,366,199 |
| 5 | The portion of total contributions by | | • | | | | |
| | each person (other than a | | | ł | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included on | | | | | | |
| | line 1 that exceeds 2% of the amount | , | | | | | |
| | shown on line 11, column (f) | | | | | ļ | 694,372 |
| 6 | Public support Subtract line 5 from line 4 · · | | | | | <u> </u> | 6,671,827 |
| | tion B. Total Support | | | | 4 11 2242 | | |
| | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 7 8 | Amounts from line 4 | 1,360,314 | 1,133,740 | 1,391,167 | 1,484,860 | 1,996,118 | 7,366,199 |
| • | payments received on securities loans, rents, royalties and income from | 1.45 | 707 | 505 | 2,270 | 501 | 4 140 |
| | similar sources | 145 | 727 | 505 | 2,210 | 501 | 4,148 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | ···- |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 7,370,347 |
| 2 | Gross receipts from related activities, etc. (se | ee instructions) | | | | 12 | <u> </u> |
| 13 | First five years. If the Form 990 is for the or organization, check this box and stop here | | · · · · · · · · · · · · · · · · · · · | | | | ▶ 🗆 |
| <u>Sec</u> | tion C. Computation of Public Su | | | | | | |
| 4 | Public support percentage for 2017 (line 6, c | | | | · · · · · · · | | 0.52 % |
| 5 | Public support percentage from 2016 Schedu | | | | [| | 2.83 % |
| 6a | 33 1/3% support test - 2017. If the organiza | | | | | | . 🙃 |
| | box and stop here. The organization qualifie | | | | | | ▶ 🏻 |
| b | | | | | | | |
| | this box and stop here. The organization qua | | | | | · · · · · · · · · · · · · · · · · · · | ▶ ∐ |
| 7a | | _ | | | | | |
| | 10% or more, and if the organization meets t | | | | | | |
| | Part VI how the organization meets the "facts organization | | | | | | ▶ □ |
| _ | - | | | | | | |
| Þ | 10%-facts-and-circumstances test - 2016.15 is 10% or more, and if the organization me | | | | | | |
| | Explain in Part VI how the organization meets | | | | | | |
| | supported organization | | | | | | ▶ □ |
| 8 | Private foundation. If the organization did no | | | | | • | · · · · · |
| - | Instructions | | | | | | ▶ □ |
| | | | | | | | |

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. OMB No 1545-0047 2017

Open to Public Inspection

Name of the organization

Employer identification number

| \rightarrow 1.1 | EENS HATZOLO AID INC. | 13-3275668 |
|-----------------|--|--|
| _ | Art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acco | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 6 | vulls. |
| | | (h) F - 4 4 - 11 4 |
| 4 | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate value of contributions to (during year) | |
| 3 | Aggregate value of grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised | · · · · · · · · · · · · · · · · · · · |
| | | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose | |
| | conferring impermissible private benefit? | · · · · · · · · · · · · · · · · Yes · · No |
| Pa | rt II Conservation Easements. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 7 | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply) | |
| • | Preservation of land for public use (e.g., recreation or education) Preservation of a historical | iv important land area |
| | Protection of natural habitat Preservation of a certified I | • |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co | nservation |
| _ | easement on the last day of the tax year | Held at the End of the Tax Year |
| a | Total number of conservation easements | |
| b | Total acreage restricted by conservation easements | |
| С | Number of conservation easements on a certified historic structure included in (a) | · 2c |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a | |
| | historic structure listed in the National Register | . 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ | |
| | tax year 🕨 | |
| 4 | Number of states where property subject to conservation easement is located | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it holds? | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation | n easements during the year |
| | <u> </u> | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easi | sements during the year |
| _ | \$ | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E | |
| _ | and section 170(h)(4)(B)(ii)? | |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that | |
| | organization's accounting for conservation easements | t describes the |
| Par | t III Organizations Maintaining Collections of Art, Historical Treasures, or Ot | her Similar Assets. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8 | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and | d balance sheet |
| | works of art, historical treasures, or other similar assets held for public exhibition, education, or research in ful | |
| | public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these item | |
| ь | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ba | lance sheet |
| | works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fur | therance of |
| | public service, provide the following amounts relating to these items | |
| | (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, historical treasures, or other similar assets for financial gain, | provide the |
| | following amounts required to be reported under SFAS 116 (ASC 958) relating to these items | |
| а | Revenue included on Form 990, Part VIII, line 1 | |
| ь | Assets included in Form 990, Part X | · · · · · · ▶ \$ |

| | art III Organizations Maintaining C | | f Art Hist | orical Tu | reacures | or Oth | ner Similar Acc | |
|-------|--|------------------------|----------------|---------------|---------------|--|---------------------------------------|--|
| _ | 'Using the organization's acquisition, accession, | | | | | | | ets (continued) |
| 3 | | and other records | s, check any | of the follow | ving that are | a signino | ant use of its | |
| _ | collection items (check all that apply) | ⊿ □ | | | | | | |
| a | | | Loan or exch | ange progra | ams | | | |
| Ь | <u> </u> | e 📙 ' | Other | | | | | |
| C | Preservation for future generations | | | | | | _ . | |
| 4 | Provide a description of the organization's collection | tions and explain | how they fur | ther the org | anization's | exempt pu | irpose in Part | |
| | XIII | | | | | | | |
| 5 | During the year, did the organization solicit or rec | | | | | | | |
| _ | assets to be sold to raise funds rather than to be | | art of the org | anization's o | collection? | <u> </u> | · · · · · · · · · · · · · · · · · · · | Yes No |
| Ра | rt IV Escrow and Custodial Arrang | | | 000 D | . 15 | • | | |
| | Complete if the organization ar | iswered "Yes | on Form | 990, Par | t IV, line s | e, or rep | oned an amou | nt on Form |
| | 990, Part X, line 21. | | | | | | | |
| 1a | Is the organization an agent, trustee, custodian of | | | | | | | |
| | | | | • • • • • | | | | · Yes No |
| b | If "Yes," explain the arrangement in Part XIII and | complete the following | owing table | | | | · -y | |
| | | | | | | ļ | Amo | ount |
| C | Beginning balance | | | | | | ; | |
| d | Additions during the year | | | | | | 1 | |
| 0 | | | | | | | <u> </u> | · |
| f | Ending balance | <i></i> | | • • • • • | • • • • • • | 1f | | |
| 2a | Did the organization include an amount on Form | 990, Part X, line 2 | 21, for escrov | v or custodi | ial account l | liability? | | · · 🗌 Yes 🔛 No |
| b | If "Yes," explain the arrangement in Part XIII Che | eck here if the exp | planation has | been provi | ded on Part | XIII | <u> </u> | <u></u> |
| Pa | rt V Endowment Funds. | | _ | | | | | |
| | Complete if the organization an | swered "Yes" | on Form | 990, Part | IV, line 1 | 10 | | |
| | | (a) Current year | (b) Pr | ior year | (c) Two yea | rs back | (d) Three years back | (e) Four years back |
| 1a | Beginning of year balance | | | | | | | ļ. <u>. </u> |
| b | Contributions | | | | | | | |
| C | Net investment earnings, gains, and | | | | | | | |
| | losses | | | | | | | |
| ď | Grants or scholarships | | | | | | | |
| е | Other expenditures for facilities and | | | | | | | |
| | programs | | | | | | | |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | | | | | 1 | | |
| 2 | Provide the estimated percentage of the current y | ear end balance | (line 1g, colu | mn (a)) hek | d as | | | |
| а | Board designated or quasi-endowment | % | | | | | | |
| b | Permanent endowment ▶ % | | | | | | | |
| С | Temporarily restricted endowment | % | | | | | | |
| | The percentages on lines 2a, 2b, and 2c should e | equal 100% | | | | | | |
| 3a | Are there endowment funds not in the possession | n of the organizati | on that are h | eld and adn | ninistered fo | or the | | |
| | organization by | | | | | | | Yes No |
| | (i) unrelated organizations · · · · · · · · · | • • • • • • • • | • • • • • • | • • • • • • | | | • • • • • • • • • | 3a(i) |
| | (ii) related organizations · · · · · · · · · | • • • • • • • • | | | | • • • • • | • • • • • • • • • | 3a(ii) |
| b | If "Yes" on 3a(ii), are the related organizations list | ed as required on | Schedule R | ? | | • • • • • | • • • • • • • • • | 3b |
| 4 | Describe in Part XIII the intended uses of the orga | | ment funds | | | | | |
| Par | t VI Land, Buildings, and Equipme | | | | | | | |
| | Complete if the organization and | swered "Yes" | on Form S | 90, Part | IV, line 1 | 1a. See | Form 990, Par | X, line 10 |
| | Description of property | (a) Cost or o | | (b) Cost or | | | ccumulated | (d) Book value |
| | <u></u> | (inves | tment) | (ot | lher) | | preciation | |
| 1a | Land | • • | | | | , ; | | |
| b | Buildings | • • | | | | ļ | | |
| C | Leasehold improvements | • • | | | | ļ.—— | | · |
| d | Equipment | • • | | | 84,475 | ļ | 920,409 | 1,164,066 |
| е | Other · · · · · · · STMD1E | | | | 33,296_ | | 15,102 | 18,194 |
| Total | . Add lines 1a through 1e (Column (d) must equal | l Form 990, Part) | K, column (B) | , line 10c) | _ · · · | | <u></u> ▶ | 1,182,260 |

| Schedule D (For | | AID INC. | 13-32 | 75668 Pag |
|-----------------|---|---------------------------------------|---|-----------------|
| Part VII | Investments - Other Securities. | ad "Vas" on Form 000 I | Bart IV line 11h See Form 000 | Dort V line 10 |
| | Complete if the organization answere | | | |
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuating Cost or end-of-year market | |
| (1) Financia | | | | |
| (2) Closely-h | neld equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| <u>(E)</u> | | | | |
| (F) | | <u> </u> | | |
| (G) | | | | |
| (H) | | | | |
| | b) must equal Form 990, Part X, col (B) line 12) | | <u>.4</u> | |
| Part VIII | Investments - Program Related. Complete if the organization answere | d "Voo" on Form 000 F | Part IV line 11a See Form 000 | Dort V line 12 |
| | Complete if the organization answere | la les on Form 990, F | Tart IV, line 11c. See Form 990, | Part A, line 13 |
| | (a) Description of Investment | (b) Book value | (c) Method of valuation Cost or end-of-year market | |
| (1) | | | Cost of end-or-year market | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| |) must equal Form 990, Part X, col (B) line 13) | · · · · · · · · · · · · · · · · · · · | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answere | d "Yes" on Form 990, P | art IV, line 11d See Form 990, | Part X, line 15 |
| | (a) D | escription | | (b) Book value |
| | ITY DEPOSIT | | | 35 |
| (2) | | · | | |
| (3) | | | | _ |
| (4) | | | · | |
| (6) | | · | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | n (b) must equal Form 990, Part X, col (B) line 15) | | | 35 |
| Part X | Other Liabilities. | | | |
| | Complete if the organization answered | d "Yes" on Form 990, P | art IV, line 11e or 11f See Form | 1 990, Part X, |
| | line 25. | | | |
| ١. | (a) Description of liability | (b) Book value | | , |
| (1) Federal ı | ncome taxes | | | |
| (2) | | | _ | |
| (2) | | | | |

| 1. | (a) Description of liability | | (b) Book value |
|-----------------|--|----------|----------------|
| (1) Federa | I income taxes | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total (Column (| b) must equal Form 990, Part X, col. (B) line 25.) | • | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

QUEENS HATZOLO AID INC 13-3275668 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants N Phone solicitations g X Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, X Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) custody or control of (or retained by) (ii) Activity from activity or entity (fundraiser) fundraiser listed in contributions? organization col (i) Yes No 1 SEE ATTACHED Х 2 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing New York

| | | G (Form 990 or 990-EZ) 2017 QUE | ENS HATZOLO AID | INC. | | -3275668 Page |
|-----------------|--|---|---|---|--|---|
| Pa | ırt l | than \$15,000 of fundraising | event contributions a | | | |
| | | gross receipts greater than | \$5,000. (a) Event #1 DINNER | (b) Event #2 DINNER | (c) Other events | (d) Total events (add col (a) through |
| đ) | | | (event type) | (event type) | (total number) | col (c)) |
| Revenue | 1 | Gross receipts | 125,515 | 312,706 | | 438,221 |
| _ | 2 | Less Contributions Gross income (line 1 minus | 106,265 | 278,106 | | 384,371 |
| | | line 2) | 19,250 | 34,600 | | 53,850 |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | 9,508 | 1,042 | | 10,550 |
| nses | 6 | Rent/facility costs | | 19,104 | | 19,104 |
| Direct Expenses | 7 | Food and beverages · · · · · · | 29,455 | 38,533 | | 67,988 |
| 5 | 8 | Entertainment | 4,450 | 17,500 | | 21,950 |
| إ¤ | _ | Ţ | | j j | |) |
| ﻕ | 9 | Other direct expenses | 7,737 | 30,262 | | 37,999 |
| <u> </u> | | Direct expense summary Add lines | through 9 in column (d) | | | 37,999 157,591 |
| | 9 | Direct expense summary Add lines 4 Net income summary Subtract line 1 Gaming. Complete if the o | t through 9 in column (d) 0 from line 3, column (d) rganization answered | | | 157,591 (103,741) |
| Pa | 9 10 11 | Direct expense summary Add lines 4 Net income summary Subtract line 1 | t through 9 in column (d) 0 from line 3, column (d) rganization answered | | | 157,591 (103,741) |
| °a | 9 10 11 | Direct expense summary Add lines 4 Net income summary Subtract line 1 Gaming. Complete if the o | through 9 in column (d) 0 from line 3, column (d) rganization answered EZ, line 6a | "Yes" on Form 990, Part | IV, line 19, or reported | 157,591 (103,741) more (d) Total gaming (add |
| anue | 9 10 11 rt II | Direct expense summary Add lines 4 Net income summary Subtract line 1 Gaming. Complete if the o than \$15,000 on Form 990 | through 9 in column (d) 0 from line 3, column (d) rganization answered EZ, line 6a | "Yes" on Form 990, Part | IV, line 19, or reported | 157,591 (103,741) more (d) Total gaming (add |
| Kevenue | 9 10 11 rt II | Direct expense summary Add lines 4 Net income summary Subtract line 1 Gaming. Complete if the o than \$15,000 on Form 990 | through 9 in column (d) 0 from line 3, column (d) rganization answered EZ, line 6a | "Yes" on Form 990, Part | IV, line 19, or reported | 157,591 (103,741) more (d) Total gaming (add |
| Kevenue | 9 10 11 rt II | Direct expense summary Add lines of Net income summary Subtract line 1 Gaming. Complete if the outhan \$15,000 on Form 990. Gross revenue | through 9 in column (d) 0 from line 3, column (d) rganization answered EZ, line 6a | "Yes" on Form 990, Part | IV, line 19, or reported | 157,591 (103,741) more (d) Total gaming (add |
| Kevenue | 9 10 11 Tt II | Direct expense summary Add lines 4 Net income summary Subtract line 1 Gaming. Complete if the o than \$15,000 on Form 990 Gross revenue | t through 9 in column (d) 0 from line 3, column (d) rganization answered EZ, line 6a (a) Bingo | "Yes" on Form 990, Part (b) Pull tabs/instant bingo/progressive bingo | IV, line 19, or reported (c) Other gaming | 157,591 (103,741) more (d) Total gaming (add |
| Kevenue | 9 10 11 rt II 2 3 | Direct expense summary Add lines A Net income summary Subtract line 1 Gaming. Complete if the o than \$15,000 on Form 990 Gross revenue | through 9 in column (d) 0 from line 3, column (d) rganization answered EZ, line 6a | "Yes" on Form 990, Part | IV, line 19, or reported | 157,591 (103,741) more (d) Total gaming (add |
| Kevenue | 9 10 11 rt II 2 3 4 5 | Direct expense summary Add lines A Net income summary Subtract line 1 Gaming. Complete if the o than \$15,000 on Form 990 Gross revenue | through 9 in column (d) 0 from line 3, column (d) rganization answered EZ, line 6a (a) Bingo | "Yes" on Form 990, Part (b) Pull tabs/instant bingo/progressive bingo | IV, line 19, or reported (c) Other gaming | 157,591 (103,741) more (d) Total gaming (add |
| | 9 10 11 1 1 2 3 4 5 | Direct expense summary Add lines A Net income summary Subtract line 1 Gaming. Complete if the o than \$15,000 on Form 990 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor | through 9 in column (d) 0 from line 3, column (d) rganization answered EZ, line 6a (a) Bingo Yes % No through 5 in column (d) | "Yes" on Form 990, Part (b) Pull tabs/instant bingo/progressive bingo Yes % No | IV, line 19, or reported (c) Other gaming Yes% No | 157,591 (103,741) more (d) Total gaming (add |

Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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 for the latest information.

OMB No 1545-0047

Open to Public

Inspection Internal Revenue Service Employer Identification number Name of the organization 13-3275668 QUEENS HATZOLO AID INC 01. Form 990 governing body review (Part VI, line 11) THE RETURN IS PREPARED INTERNALLY AND EXAMINED BY MEMBERS OF THE GOVERNING BODY. 02. Conflict of interest policy compliance (Part VI, line 12c) ALL PAYMENTS MADE BY THE ORGANIZATION ARE REVIEWED BY AT LEAST ONE MEMBER OF THE GOVERNING BODY. IN THE EVENT A MEMBER OF THE GOVERNING BODY OR A RELATIVE OF A MEMBER OF THE GOVERNING BODY IS REIMBURSED FOR AN EXPENSE, APPROVAL IS OBTAINED FROM AN INDEPENDENT MEMBER OF THE GOVERNING BODY. 03. CEO, executive director, top management comp (Part VI, line 15a) THE ORGANIZATION DOES NOT COMPENSATE ANY MEMBERS OF THE GOVERNING BODY. 04. Other officer or key employee compensation (Part VI, line 15b THE ORGANIZATION DOES NOT COMPENSATE ANY OFFICERS 05. Governing documents, etc, available to public (Part VI, line 19) UPON REQUEST, THE ORGANIZATION WILL MAKE THE DOCUMENTS AVAILABLE.