Fon	ຸ	90	Retu	rn of Organizatio	on Exemp	ot From Inco	ome	Tax		<u>}</u>	ONB 10 1045-0047	
	- · · · · · · · · · · · · · · · · · · ·										2018	
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.									
		of the Treasury		► Go to www.irs.gov/Form990 for instructions and the latest information.								
		nue Service	r year, or tax year begi		instructions	, 2018, and					Inspection · `	
					INC	, 2010, 4114	Oliomi	!	_	D Emn	loyer identification no	
E-3											3275668	
$\overline{}$	Name d	Г		ox if mail is not delivered to street	address)		Rop	m/suite	_		phone number	
$\overline{}$	Initial re	,	141-23 72 CRE		,				ŀ			
Ħ		um/terminated		e, country, and ZIP or foreign post	al code					G Gros	s receipts	
	Amende	d return	FLUSHING, NY 1	1367		•	$\overline{}$		j	\$	1,859,076	
	Applicati	on pending F	Name and address of princip	al officer IAN ROWE			/ н	(a) is this a group	return fo	r subordine	ites? Yes X No	
			83-26 BREVOORT	STREET, KEW GAR	DENS, NY	11415	<u> </u>	(b) Are all subo	rdinates	s include	d? Yes No	
<u></u>	ax-exer	mpt status 🗵 5	501(c)(3) 501(c) () ◀ (insert no) 494	7(a)(1) or	527		If "No,"	attach a	list (see	e instructions)	
<u>J \</u>	Vebsite	QUEE	NSHATZOLAH.ORG				H	(c) Group exe	mption i	number	<u> </u>	
			Corporation Trust As	sociation Other		L Year of formation	1984	M State	of lega	l domicile	NY	
Pa	rt []	Summary										
	1	Briefly describe	e the organization's miss	ion or most significantacti	vities <u>VOI</u>	UNTEER AMBUL	ANCE	SERVIC	<u> </u>			
Ş												
nan						 _						
Ver		Charletha base	A Catha assauration	- deserting and the approximation	as as disposed	of more than 25%	-6 -4					
Activities & Governance	3			n discontinued its operation erning body (Part VI, line 1a	•	or more than 25% t	טו ונס וונ	ei asseis	3	ı	3	
•ඊ ග	4			rs of the governing body (F					4		3	
iţi	5		•	n calendar year 2018 (Part	-				5			
Ę.	6		f volunteers (estimate if	•					6		175	
⋖	7a	Total unrelated	business revenue from	Part VIII, column (C), line	12	<i>.</i>			7a		0	
	Ь	Net unrelated b	ousiness taxable income	from Form 990-T, line 38		<u> </u>		<u></u>	7b		0	
				·	KFC	EIVED	7	Prior Year			Current Year	
۵.	8		nd grants (Part VIII, line			· · · · · · · · · ·	↓	1,996	,118		1,776,707	
Revenue	9	•	ogram service revenue (Part VIII, line 2g) · · · · · · · · · · · · · · · · · · ·						0			
eve	10		ome (Part VIII, column (A	A), lines 3, 4, and 7d)		· · · · · · · · · · · · · · · · · · ·	 		473		439	
α;	11			nes 5, 6d, 8c, 9c, 10c, and must equal Part VIII, colum		EN LIT		(103))	(116,364)	
	13			X, column (A), lines 1-3)	m (A), iiile +2).	-10, 01		1,892,	, 830		1,660,782	
	14		or for members (Part IX			· · · · · · · · · · · · · · · · · · ·						
	15	•		e benefits (Part IX, column	(A), lines 5-10	,					58,212	
ses	1		ndraising fees (Part IX, o					128,	801		62,546	
Expenses	b	Total fundraising	g expenses (Part IX, col	umn (D), line 25)		246,834						
Ä	17	Other expenses	s (Part IX, column (A), lir	nes 11a-11d, 11f-24e) ·				1,377,	567		1,581,073	
	18	Total expenses	Add lines 13-17 (must	equal Part IX, column (A),	line 25) · ·	· · · · · · · [1,506,	368		1,701,831	
	19	Revenue less e	xpenses Subtract line	18 from line 12 • • • • •	· · · · · · ·			386,	482		(41,049)	
Net Assets or Fund Balances							Beginni	ng of Current \			End of Year	
Salar	20	Total assets (Pa	•					1,358,			1,268,041	
et A	21	Total liabilities (F						125,			76,579	
Pari	22	Signature		ine 21 from line 20 · · ·				1,232,	211		1,191,462	
				n, including accompanying schedu	les and statements,	and to the best of my kn	owledge	and belief, it is		·		
true, co	orrect, a	nd complete Declara	tion of preparer (other than office	cer) is based on all information of	which preparer has	any knowledge						
	1	Bun	Ken						No	Vemi	ban 13 20	
Sign		Signature of	officer						Date			
Here		BENJAM	IN KESSLER								<u> </u>	
		Type or print	name and title			·	- 1					
Dett		Print/Type prepare	er's name	Preparer's signature		Date		Check	if PT	'IN		
Paid	 -	-				L		self-employed				
Prep Use (Firm's name	·	 			Firm's I					
use (Unity	Firm's address	•				Phone	no				
May th	e IRS	discuss this retu	irn with the preparer sho	own above? (see instruction	ns) · · · ·						Yes No	
			Act Notice, see the sep								Form 990 (2018)	

	art III Statement of Program Service Accomplishments
ننا	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	VOLUNTEER AMBULANCE SERVICE
2	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
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? · · · · · · · · · · · · · · · · · · ·
	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 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
40	(Code) (Expenses \$ 1,443,020 including grants of \$) (Revenue \$)
4a	
	VOLUNTEER AMBULANCE SERVICES
1b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
<u>с</u>	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ► 1,443,020 Form 990 (2018)
Α .	Form 990 (2016

ABD GO 13-3275668

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			T
	complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		1	1
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		ļ	ĺ
	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, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		1	
	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	ļ	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	ļ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	١_]	١
_	complete Schedule D, Part III	8	 	X
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] ,	ļ ,,
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			.,
44	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,	1 50	35	٠,
_	VII, VIII, IX, or X as applicable	ء.		.' .'
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44.	v	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	11a	Х	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		v
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	110		<u>X</u>
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	'	Х
_	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	110		_^_
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	N	Ά
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Χ
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		X
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	<u>x</u>	
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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	T		
	If "Yes," complete Schedule G, Part III	19		X
20 a		20a		<u>X</u>
b		20b		
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		<u>X</u>

			Yes	N
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			T
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			1
	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	1	1	1
	through 24d and complete Schedule K If "No," go to line 25a	24a	<u> </u>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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	ļ	<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	
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	X
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?	1	ĺ	
	If "Yes," complete Schedule L, Part I	25b	ļ	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	ļ	ł	1
	current or former officers, directors, trustees, key employees, highest compensated employees, or		}	
	disqualified persons? If "Yes," complete Schedule L, Part II	_26	ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		ŀ	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	. ,	^	f
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		\``.	ľ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		1	
	Schedule L, Part IV	28b	ļ	X
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	 	X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	••		١,,
-4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			٠,
22	Complete Schedule N, Part II	32		X
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		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
) 4	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	-	\neg	 -
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
18	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			<u> </u>
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	
art				
<u>. </u>	Check if Schedule O contains a response or note to any line in this Part V			П
		J	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		٠.٨	, ,
	Enter the number of Form W-2G included in line 1a Enter -0- if not applicable	.	<u> </u>	, ,
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
		1c	Х	
			000 /0	040

Part V

			Yes	No
28	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	1 `] .	
t	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	.		٠,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X
t	o 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 account)?	4a		Х
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)	1		l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b		5b		X
С	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		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		i
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	,		
_	and services provided to the payor?	7a	x	-
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			
Ŭ	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			_^_
9	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
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	N	'A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		187	
•	sponsoring organization have excess business holdings at any time during the year?	8	İ	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter	U.S.		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1 1		
1	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders		·	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	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	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		$\neg \uparrow$	
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	
-	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			
С	Enter the amount of reserves on hand	.	[,	
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	- 	X
→a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	-+	
5	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		Х
	If "Yes," see instructions and file Form 4720, Schedule N	-:		<u> </u>
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
•	If 'Yes," complete Form 4720, Schedule O			<u> </u>
	ios, complete i dini si so, contocuio c			

Form 990 (2018) OUEENS HATZOLO AID INC. 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 No 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 Enter the number of voting members included in line 1a, above, who are independent 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 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Each committee with authority to act on behalf of the governing body? 86 M /2 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a Did the organization have local chapters, branches, or affiliates? 10a 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? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a 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 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," 12c 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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 16a 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? Section C. Disclosure 17 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply ☐ Other (explain in Schedule O) Another's website

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

State the name, address, and telephone number of the person who possesses the organization's books and records

financial statements available to the public during the tax year

SAM COHEN , 123-16 85 AVENUE, KEW GARDENS, NY 11415

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Page	7
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rom	990	120101

OTTERNO	HATZOLO	ATD	TNC
OULENS	HATZULU	ALU	INC.

r 01111 930 (20		13 32/3000	
Part VII	Compensation of Officers, Directors, Trustees, Key Employe	es, Highest Compensated Employees	, and
	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 l	not ch , unle cer an	Po seck n ss pe d a d	rson i recto	han one s both a r/trustee	n)	(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	20.00									
PRESIDENT				X				0	0	0
(2) BENJAMIN KESSLER SECRETARY	2.00			Х				0	o	0
(3) YISROEL LOWY	20.00			х				0		0
TREASURER (4)				^					0	
<u>(5)</u>										
<u>(6)</u>										
<u>(7)</u>										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										,
(14)										

Pro-	990 (2018) QUEENS HATZOLO AID 1 VII Section A. Officers, Directors, Trustees,			- L	ICHO	et C	:omno	nea	ted Employees /o	13-327	5668 Page
14. 15.	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n	ot che unless er and	Pos eck m s pers	tion ore the on is ector/	ne an e) Highest compensated employee	-	(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
<u>(15)</u>											
(16)											
<u>(17)</u> _											
<u>(18)</u> _											
<u>(19)</u>											
(20)_											
<u>(21)</u>											
(22)_											
(23)_											
(24)_											
(25)_											
1b	Sub-total				•••	٠.	٠٠,	•			
C	Total from continuation sheets to Part VII, Section							· -	0		ļ
d	Total (add lines 1b and 1c)									0	0
_	reportable compensation from the organization			-,						0	
										<u>-</u>	Yes No
3	Did the organization list any former officer, director, of			oyee	, or I						The same of the same of the
	employee on line 1a? If "Yes," complete Schedule J f			•							3 X
4	For any individual listed on line 1a, is the sum of reportangenization and related organizations greater than \$										
	individual										4 X
5	Did any person listed on line 1a receive or accrue co										TARINE HA
	for services rendered to the organization? If "Yes," co										5 X
Secti	on B. Independent Contractors										
1	Complete this table for your five highest compensate compensation from the organization. Report compensation.										
	year (A)						_		(B)		(C)
	Name and business address								Description of se	ervices	Compensation
									 		
									 		
									 		

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization

Form 9	90 (2	018) QUEENS I	IATZOLO AID	INC.			13-32756	68 Page
Part	VIII	Statement of Reven	ue					
		Check if Schedule O contain	ns a response or no		IS Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amour.ts	1a t c c e f	Related organizations Government grants (contribute All other contributions, gifts, g and similar amounts not include	1b 1c 1c 1d ons) 1e rants, led above 1f		1,776,707	And who will be purely the service of the service o		
Program Service Revenue	1	,		Business Code				
	3 4 5 6a	Investment income (including d and other similar amounts) Income from investment of tax-Royalties Gross rents		eds · · · ▶	461	461		
	c d	Rental income or (loss) Net rental income or (loss) Gross amount from sales of	(i) Secunties	▶ (ii) Other				
	С	Less cost or other basis and sales expenses	5,978 6,000 (22)	(22) (22	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Other Revenue	8a b	Gross income from fundraising events (not including \$	415,486 1c) a	75,930 192,294				(116,364
	b c	Gross income from gaming active See Part IV, line 19	a					
	b	returns and allowances	ь [▶ Business Code				
		All other revenue · · · · ·						The Third Park (1984)
ı	е	Total. Add lines 11a-11d • •			ļ	28年20年18年8月18日18年2月18日	4 [1567] 1945 1972 1974 1974 1974	THE WASHINGTON TO THE

1,660,782

12 Total revenue. See instructions

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 Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 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 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 4 Benefits paid to or for members 5 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) 7 Other salaries and wages 54,075 54,075 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 9 10 4,137 4,137 11 Fees for services (non-employees) Legal b Accounting C Professional fundraising services See Part IV, line 17 62,546 62,546 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 17,368 17,368 13 Office expenses 14 Information technology 15 16 1,800 1,800 17 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 22 Depreciation, depletion, and amortization 529,425 529,080 345 23 Insurance 679 679 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column ` ç (A) amount, list line 24e expenses on Schedule O) 91,947 FUNDRAISING COSTS 91,947 11,200 b SEE ATTACHED 922,084 910,884 C BANK FEES AND MISCELLANEOUS 1,883 1,256 432 195 CREDIT CARD FEES 15,887 15,887 All other expenses Total functional expenses. Add lines 1 through 24e 25 1,701,831 1,443,020 11,977 246,834 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 **▶** | | 1f following SOP 98-2 (ASC 958-720)

Page 11

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
		•	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	429,709
	2	Savings and temporary cash investments		2	388
٠	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	THE RESIDENCE OF THE PARTY OF T	27 3	
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L	~55.50k 2656 65~5554575C775A7231	23333 5	PARTON SECTION SECTION SERVICES
	6	Loans and other receivables from other disqualified persons (as defined under section	######################################	78.25	TO CARRY TO CARRY
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L		24962	。 [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
	7	Notes and loans receivable, net		7	
र्	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
⋖		· · · · · · · · · · · · · · · · · · ·	THE WALL TO THE WALL TO	Same of the	Transaction and the
	10a	Land, buildings, and equipment cost or			
	_	other basis Complete Part VI of Schedule D 10a 2,300,502		18 ×	MANAGER COMMEN
		Less accumulated depreciation	1,182,260	10c	835,566
	11	Investments - publicly traded securities	1,043	11	2,028
	12			13	
	13	Investments - program-related See Part IV, line 11			
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	350	15	350
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,358,140	16	1,268,041
	17	Accounts payable and accrued expenses	25,629	17	1,579
	18		<u> </u>	18	
	19				
	20	Tax-exempt bond liabilities		20 21	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	W. ACTO CONTRACTOR SANCTON AND W	21 507 See	THE LOCAL PROPERTY OF MANY ENGINEER ALL THE
ties	22	Loans and other payables to current and former officers, directors,		13.5	
ii q		trustees, key employees, highest compensated employees, and	ation bashing	35	THE REPORT OF THE PARTY OF THE
Liabilities		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	75,000
	25	Other liabilities (including federal income tax, payables to related third			
- 1		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	125,629	26	76,579
s		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
၁ င		complete lines 27 through 29, and lines 33 and 34.		44.33	AND STATE OF THE S
<u>a</u>	27	Unrestricted net assets	· · · · · · · · · · · · · · · · · · ·	27	
<u> </u>	28	Temporarily restricted net assets		28	
Ĕ	29	Permanently restricted net assets	NAMES AND ASSESSED AS A PROPERTY OF A STATE OF THE STATE	29	A Maria Control of the Control of th
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ► 🔯 and			
စ္က	••	complete lines 30 through 34.	Mark Comment		e after the control of the control o
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	1,232,511	32	1,191,462
_	33	Total net assets or fund balances	1,232,511	33	1,191,462
	34	Total liabilities and net assets/fund balances	1,358,140	34	1,268,041
ĒΑ					Form 990 (2018)

For	m 990 (2018) QUEENS HATZOLO AID_INC.	13-3275	668	Page 12
Pa	art XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		· · · · ·	🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	1,6	50,782
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1,70	1,831
3	Revenue less'expenses Subtract line 2 from line 1	. 3	(4	1,049)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	1,23	32,511
5	Net unrèalized 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			
	33, column (B))	. 10	1,19	1,462
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u>.</u> .		🔲
				res No
1	Accounting method used to prepare the Form 990 🐰 Cash 🔲 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		(· · · · · · · · · · · · · · · · · · ·	(1)
	Schedule O			
2a	Were 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			***
	reviewed on a separate basis, consolidated basis, or both		3.03	
	Separate basis Consolidated basis Both consolidated and separate basis			
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		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	71 () 1
	separate basis, consolidated basis, or both		- , ₋ , '	
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			1
	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			- -
	the Single Audit Act and OMB Circular A-133?		. 3a	N/A
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			T
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 36	- 1

Form 990 (2018)

EEA

SCHEDULE A

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2018

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Public nspection .

Internal Revenue Service* Name of the organization

Employer identification number

QUI	CENS	HATZOLO AID INC.					13-3275			
Pa	art I	Reason for Public Char	ity Status (All o	organizations must	complete	this part	:) See instruction	าร		
The	orga	nization is not a private foundation be	cause it is (For lin	es 1 through 12, check o	nly one box	()		-		
1		A church, convention of churches, of	or association of ch	urches described in sect	ion 170(b)(1)(A)(i).				
2		A school described in section 170()	o)(1)(A)(ii). (Attach	Schedule E (Form 990 o	r 990-EZ))			() /		
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	П	A medical research organization ope	erated in conjunction	n with a hospital describe	ed in section	n 170(b)(1)	(A)(iji), Enter the			
	_	hospital's name, city, and state	•	,		- (- / (4		
5	П	An organization operated for the bei	nefit of a college or	university owned or oper	rated by a c	overnment	al unit described in			
_	_	section 170(b)(1)(A)(iv). (Complete		,,,		,				
6	П	A federal, state, or local government	•	ent described in section :	170/b\/1\/ <i>6</i>	1641				
7	X	An organization that normally receive					n the general public			
•	Kħ	-			Vermienta	i dini di noi	ir the general public			
	П	described in section 170(b)(1)(A)(vi	• • •	•						
8 9	H	A community trust described in section An agricultural research organization			ofod in ooni	adiaa wath	a land areas callege			
9	Ц									
		or university or a non-land-grant coll	ege of agriculture (see instructions) Enter t	ne name, c	ity, and stati	e of the college of			
10		university	(1) then 2	2 4 /20/ of do ourself from					-	
10	Ш	An organization that normally receive						5		
		receipts from activities related to its	•	•	-	•				
		support from gross investment incom				•	om pusinesses			
44		acquired by the organization after Ju-								
11 12	=	An organization organized and opera	•	•			acre, and the purpose			
12	_	An organization organized and opera	•	•			•			
		of one or more publicly supported org	•							
		Check the box in lines 12a through 1						129		
	a	Type I. A supporting organization		· ·		•				
		the supported organization(s) the		•	ity of the di	rectors or tr	ustees of the			
	L 1	supporting organization You mu	•			tod o	ntion(a) by bourse			
	b	Type II. A supporting organization	·			-		1		
		control or management of the su			ersons that	CONTROL OF IT	ranage the supported			
	_ 1	organization(s) You must comp	•		4					
	c	Type III functionally integrated.	• • •				• =			
	. 1	its supported organization(s) (see	-	<u>-</u>						
	q [Type III non-functionally integr		· · · · · · · · · · · · · · · · · · ·				•		
		that is not functionally integrated	•	•		-	and an attentiveness	3		
	,	requirement (see instructions) Y	· ·	•						
	e (Check this box if the organization				a Type I, T	ype II, Type III			
		functionally integrated, or Type III	•	itegrated supporting orga	nization					
		Enter the number of supported organ				• • • • •				
		Provide the following information abo		1				 _		
	(i) I	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-10		rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
				above (see instructions))	docun		instructions)	instructions)		
					\					
					Yes	No				
(A)										
			 	 	 					
(B)							1			
		· · · · · · · · · · · · · · · · · · ·			 	 				
(C)				1	ł	1	ì			
			 -	 	<u> </u>					
(D)										
					 	 				
(E)										
 Total			1. 3.191 / 21/20	43 x 12 3 12 12 12 12 12 12 12 12 12 12 12 12 12	- Table 1	, '3 , 8				
i Judi			13 42 4 48 7 7 7	1987 200 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7	1 4 4 4 5	1	I.			

D 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.) Section A. Public Support (e) 2018 (f) Total Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") <u>1,133</u>,740 1,391,167 1,484,860 1,996,118 1,776,707 7,782,592 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 1,133,740 1,391,167 1,484,860 1.776.707 7,782,592 1,996,118 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) 653.295 Public support. Subtract line 5 from line 4 7,129,297 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4 1,133,740 1,776,707 7,782,592 1,391,167 1,484,860 1,996,118 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from 727 505 2,270 501 similar sources . . 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 7,787,056 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % 91.55 15 15 90.52 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2018

Open to Public `Inspection `

Nan	e of the organization	Employer Identification number
QU	WEENS HATZOLO AID INC.	13-3275668
P	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	ts.
\ <u></u>	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	
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	
		Tyes N
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?	· · · · · · · · · · · · · · · · · · ·
Pa	art 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 historically is	mnortant land area
	Protection of natural habitat Preservation of a certified hist	
		tone structure
_	Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	and the same
2	•	Held at the End of the Tax Year
	easement on the last day of the tax year	2a
a	Total acreage restricted by conservation easements	2b
b	Total doreage restricted by series retrieved	
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 organiza	tion during the
	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	П., П.,
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation e	asements during the year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easen	nents during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statemer	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de	escribes the
	organization's accounting for conservation easements	a Cimilar Access
Pai	organizations Maintaining Collections of Art, Historical Treasures, or Othe	er 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 b	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	erance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balan	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	erance 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, pro-	vide 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	- -
b	Assets included in Form 990, Part X	· · · · ▶ \$

	edule D (Form 990) 2018 QUEENS HATZOLO							275668		Page
°P;	art III Organizations Maintaining C							ssets (Co	<u>ontinu</u>	ed)
3	Using the organization's acquisition, accession, a	ind other records, o	check any	of the follow	wing that are	e a signific	ant use of its			
	collection items (check all that apply)									
а	Public exhibition	d 📗 Lo	an or exch	ange progr	ams					
b	Scholarly research	e 🗌 Oti	her							
С	Preservation for future generations		<u>, </u>							
4	Providè a description of the organization's collect	ions and explain ho	w they fur	ther the org	ganization's	exempt pu	irpose in Part			
	XIII									
5	During the year, did the organization solicit or rec	eive donations of a	rt. historica	al treasures	s, or other si	ımılar				
	assets to be sold to raise funds rather than to be						. <i></i>	Г	Yes	Пи
:Pa	ert IV Escrow and Custodial Arrang						 			
3.5	Complete if the organization and		n Form	990, Par	t IV, line	9, or rep	orted an am	ount on	Form	
	990, Part X, line 21.			•	•	•				
1a	Is the organization an agent, trustee, custodian or	other intermedian	for contri	butions or o	ther assets	not				
									Yes	Пи
h	If "Yes," explain the arrangement in Part XIII and of								, 103	U "
b	in res, explain the all angement in Fait All and t	complete the follow	ing table					Amount		
_	Passana halana					10		Amount		
C										
đ	, realitions carried the John					<u> </u>	 			
0	- ionio and ionio grand grand	• • • • • • • • •								
f	Ending balance						<u> </u>			т
2a	Did the organization include an amount on Form 9									∐ N₁
	If "Yes," explain the arrangement in Part XIII Che	ck here if the expla	nation has	been prov	ided on Pari	XIII	• • • • • • •	• • • • •	· · · · ·	Щ_
Pa	rt V Endowment Funds.			000 0	4 IV / Itm = 4					
	Complete if the organization ans	swered "Yes" o	n Form	990, Par	t IV, line	10				
	<u> </u>	(a) Current year	(b) Pr	or year	(c) Two yea	ars back	(d) Three years be	ack (e) F	our years	back
1a	Beginning of year balance									
þ	Contributions									
C	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
e	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current year	ear end balance (lir	ne 1g, colu	mn (a)) hel	d as					
а	Board designated or quasi-endowment	%								
b	Permanent endowment ▶ %	···								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c should ed	ual 100%								
За	Are there endowment funds not in the possession		that are h	eld and adr	ministered fo	or the				
	organization by	-							Yes	No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations · · · · · · · · ·							3a(ii	+	
ь	If "Yes" on line 3a(ii), are the related organizations	listed as required o	n Schedu	le R? · ·				3b	`	
4	Describe in Part XIII the intended uses of the organ							<u> </u>		
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization ans		Form 9	990. Part	IV. line 1	1a. See	Form 990. I	Part X. Iır	e 10	
	Description of property	(a) Cost or other		T	other basis		ccumulated	I	ok value	
	Description of property	(investme		1 ' '	ther)		preciation	(4, 50	ok value	
1a	Land		.			23.33	The second second			
		·			-	10.75.11.8	NG 77 8" MOSE (" 44")	 		
b	Buildings	· 				 				
C C	Leasehold improvements			2 2	67 206	 	449 036		010 1	
d	Equipment	<u> </u>			33 206	 _	,448,936 16,000	 	818,2	
<u>e</u>	Other STMD1E		olumn (P)		33,296	<u> </u>	16,000		17,2	
ıotal	Add lines 1a through 1e (Column (d) must equal i	Julii 990, Fall X, C	olullili (D)	mie ruc)	• • •	· · · · ·		·	<u>835,5</u>	700

(a) Description of security or cirrigary (b) Book value Cool or end of year market value Cool or end of year cool (b) long 12 Potat (Cool or end of year x cool (b) long 12 Potat (Cool or end of year market value Cool or end of year		ivestments - Other Securities. omplete if the organization answer	ed "Yes" on Form 990.	Part IV. line 11b. See Form 99	0. Part X. line 12
(1) Financial derivatives (2) Closely-held equity interests (3) Closely-held equity interests (3) Closely-held equity interests (4) (5) Closely (4) (5) (5) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		Description of security or category		(c) Method of valu	ation
(2) Closely-held equity interests (A) (B) (B) (B) (B) (C)			<u> </u>	Cost or end-of-year mark	ret value
(3) Other (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	* *				
(A) (B) (C) (C) (D) (E) (F) (G) (G) (H) Total Column (b) must equal Form 990. Part X, col (B) Ine 15) (Part VIII)		quity interests			
(B) (C) (C) (C) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
C C C C C C C C					
C C C C C C C C		· · · · · · · · · · · · · · · · · · ·			
E (F) (G) (H) (F) (G) (H) (F) (G) (H) (F)			- "		
F			 		
G (H)		•			·····
(b) Book value (Column (b) must equal Form 990, Part X, col (B) line 12) Part XII (column (b) must equal Form 990, Part X, col (B) line 15) Part XI (b) Book value (c) Water Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line (c) Book value (c) Water Assets (c) Part X, col (B) line 12) Part XI (c) Part XI (,	
Total Column (s) must equal Form 990, Part X col (B) ine 12) Total Column (b) must equal Form 990, Part X col (B) ine 13) Total Column (b) must equal Form 990, Part X col (B) ine 13) Total Column (b) must equal Form 990, Part X col (B) ine 13) Total Column (b) must equal Form 990, Part X col (B) ine 15) Total Column (b) must equal Form 990, Part X col (B) ine 15) Total Column (b) must equal Form 990, Part X col (B) ine 15) Total Column (b) must equal Form 990, Part X col (B) ine 15) Total Column (b) must equal Form 990, Part X col (B) ine 15) Total Column (b) must equal Form 990, Part X col (B) ine 15) Total Column (b) must equal Form 990, Part X col (B) ine 15) Total Column (b) must equal Form 990, Part X col (B) ine 15) Total Column (b) must equal Form 990, Part X col (B) ine 15) Total Column (b) must equal Form 990, Part X col (B) ine 15) Total Column (b) must equal Form 990, Part X col (B) ine 15) Total Column (b) must equal Form 990, Part X col (B) ine 15) Total Column (b) must equal Form 990, Part X col (B) ine 15) Total Column (b) must equal Form 990, Part X col (B) ine 15) Total Column (b) must equal Form 990, Part X col (B) ine 15) Total Column (b) must equal Form 990, Part X col (B) ine 15) Total Column (b) must equal Form 990, Part X col (B) ine 15) Total Column (b) must equal Form 990, Part X col (B) ine 15) Total Column (b) must equal Form 990, Part X col (B) ine 15) Total Column (b) must equal Form 990, Part X col (B) ine 15) Total Column (b) must equal Form 990, Part X col (B) ine 15) Total Column (b) must equal Form 990, Part X col (B) ine 15) Total Column (b) must equal Form 990, Part X col (B) ine 15) Total Column (b) must equal Form 990, Part X col (B) ine 15) Total Column (b) must equal Form 990, Part X col (B) ine 15) Total Column (b) must equal Form 990, Part X col (B) ine 15) Total Column (b) must equal Form 990, Part X col (B) ine 15) Total Column (b) must equal		,			·
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line		equal Form 990, Part X, col (B) line 12)			PONTREE SANDERS
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) Cost or end-of-year market value (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Part VIII In	vestments - Program Related.			
Cost or end-of-year market value	Co	omplete if the organization answere	ed "Yes" on Form 990,	Part IV, line 11c See Form 990	0, Part X, line 13
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11) (12) (22) (24) (25) (36) (40) (41) (55) (56) (60) (77) (80) (80) (90) (90) (90) (90) (90) (90) (90) (9	`(a)	Description of investment	(b) Book value	• •	
(2) (3) (4) (5) (6) (7) (8) (9) Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line (1) SECURITY DEPOSIT (2) (3) (4) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line (9) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line (1) SECURITY DEPOSIT (2) (3) (4) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X line 25 (a) Description of liability (b) Book value (7) Federal income taxes (2) (3) (4) (4) (5) (6)				Cost or end-of-year mark	et value
(3) (4) (4) (5) (6) (7) (8) (9) Part IX: Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line (a) Description (b) Book val (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) Part XI Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X in the par				<u> </u>	
(4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X col (B) line 13) (a) Description (b) Book val (f) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X (B) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X (Ine 25) (1) Federal income taxes (2) (3) (4) (5) (6)					··
(5) (6) (7) (8) (9) Fotal (Column (b) must equal Form 990, Part X, cot (B) line 13) Part IX: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line (a) Description (b) Book val (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, cot (B) line 15) Part X: Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)				•	
(6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line (a) Description (b) Book val (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X line 25 (a) Description of liability (b) Book value (c) Description of liability (d) Description of liability (e) Description of liability (f) Federal income taxes (g)		,			
(7) (8) (9) Total (Column (b) must equal Form 990, Part X col (B) line 13) Part IX: Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line (a) Description (b) Book val (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6)				·	
(8) (9) Fotal (Column (b) must equal Form 990, Part X, col (B) line 13) (a) Description (b) Book val (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X line 11e or 11f See Form 990, Part X line 25 (a) Description (b) Book val (c) Description (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6)					
(9) Total (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line (a) Description (b) Book val (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part V line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)					
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Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line		gual Form 990 Part X. col. (B) line 13.)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line (a) Description (b) Book val (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) Intal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part V line 25 (1) Federal income taxes (2) (3) (4) (5) (6)			L		
(a) Description (b) Book value (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part I line 25 I. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)	Co	mplete if the organization answere	ed "Yes" on Form 990,	Part IV, line 11d See Form 990), Part X, line 15
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)					(b) Book value
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Forn 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part > line 25 L. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)	(1) SECURITY	DEPOSIT			35
(4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X. Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part IV line 25 I. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)	(2)				
(5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X. Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part \(\) line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)	(3)				ļ
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(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part > line 25 I. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)	(5)				<u> </u>
(8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part > line 25 I. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)	(6)	•	·	•	ļ
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X. Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part > line 25 I. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X. Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part V line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)		<u> </u>			
Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part IV, line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)					·
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part V line 25 I. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) . (4) (5) (6)			.,		35
(a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (6) (7) (d "Yes" on Form 990 I	Part IV line 11e or 11f See For	m 990 Part X
(a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (6) (7) (-	u 103 011 01111 000, 1	artiv, mie tre or tri oce i or	111 000, 1 41174,
(1) Federal income taxes (2) (3) (4) (5) (6)			(h) Rook value	在多名的人的专门的	
(2) (3) . (4) (5) (6)			(b) Book value		
(3) . (4) . (5) . (6) .		taxes			
(4) (5) (6)					
(5) (6)					
(6)					
[1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
TO SACRETURE AND A SACRETURE A					
(8)			· <u>· · · · · · · · · · · · · · · · · · </u>		
(9)		,			
otal (Column (b) must equal Form 990, Part X, col (B) line 25)		ual Form 990, Part X, col (B) line 25) ▶		李建立了李建立的李建立	为是他们的
Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		ain tax positions. In Part XIII, provide the text			

Pai	lie D (Form 990) 2018 QUEENS HATZOLO AID INC.		13-3275668	Page
	Reconciliation of Revenue per Audited Financial Stateme		r Return.	
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a		
1	Total Total Carlo, Gallo, Gall	• • • • • • • • • • • • • • •	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	ı		
а	Net unrealized gains (losses) on investments			
þ	Donated services and use of facilities	2b	-\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	Recoveries of prior year grants	2c	1.5%,	
	Other (Describe in Part XIII)	2d	1.4%	
	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		2e	
	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	* ' ' '	
	Other (Describe in Part XIII)	4b	233	
;	Add lines 4a and 4b		4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
arl	XII Reconciliation of Expenses per Audited Financial Statem		per Return.	
	Complete if the organization answered "Yes" on Form 990, P.	art IV, line 12a		
	Total expenses and losses per audited financial statements		1	
,	Amounts included on line 1 but not on Form 990, Part IX, line 25		1 / 2 3	
	Donated services and use of facilities	2a	_] ^{ }	
)	Prior year adjustments	2b		
. (Other losses	2c	_ \$\frac{1}{2}\frac{1}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}	
	Other (Describe in Part XIII)	2d		
	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		2e	
;	Subtract line 2e from line 1		3	
	Annual to the district of the Factor COO. Dead IV. Inc. OF host and the district of the distri	ľ	1, < 4	
,	Amounts included on Form 990, Part IX, line 25, but not on line 1:		11 1	
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a	(
ا . (nvestment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · · Dther (Describe in Part XIII)	4b		
 	nvestment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII)	4b	(
	Other (Describe in Part XIII) Add lines 4a and 4b Other expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	4b		
irt /ide	Other (Describe in Part XIII)	1b and 2b, Part V, line 4, Part	4c 5	
rt	Other (Describe in Part XIII)	1b and 2b, Part V, line 4, Part	4c 5	
rt	Other (Describe in Part XIII)	1b and 2b, Part V, line 4, Part	4c 5	
rt ide	Other (Describe in Part XIII)	1b and 2b, Part V, line 4, Part	4c 5	
rt ide	Other (Describe in Part XIII)	1b and 2b, Part V, line 4, Part	4c 5	
i I	Other (Describe in Part XIII)	1b and 2b, Part V, line 4, Part	4c 5	
I A T	Other (Describe in Part XIII)	1b and 2b, Part V, line 4, Part	4c 5	
irt /ide	Other (Describe in Part XIII)	1b and 2b, Part V, line 4, Part	4c 5	
I A T	Other (Describe in Part XIII)	1b and 2b, Part V, line 4, Part	4c 5	

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.

OMB No 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

P-Open to Public -Inspection

Name of the organization					Employer id	entification number
QUEENS HATZÒLO AID INC.					13-32	275668
Part I Fundraising Activities.	. Complete if	the organ	zation an	swered "Yes" on I	Form 990, Part IV	, line 17.
` Form 990-EZ filers are not		_				
1 Indicate whether the organization raise				rities Check all that an	vla	
a X Mail solicitations				of non-government gra	• •	
b X Internet and email solicitations		ř		of government grants	arns	
		' <u> </u>				
c 🔀 Phone solicitations		9 🔼	Special fun	draising events		
d 🔀 In-person solicitations						
2a Did the organization have a written or					_	
or key employees listed in Form 990, F	art VII) or entity	in connectio	n with profes	ssional fundraising serv	nces? 🗓 Y	′es ∐ No
b If "Yes," list the 10 highest paid individual	uals or entities (fu	undraisers) p	oursuant to a	greements under whic	h the fundraiser is to be	е
compensated at least \$5,000 by the or	ganization					
		(III) Did fun	draiser have	4.0	(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		r control of	(Iv) Gross receipts from activity	(or retained by)	(or retained by)
or entity (lundraiser)	(,, ,==,,	contrib	outions?	HOTH activity	fundraiser listed in col (i)	organization
		Yes	No			
1 EUGENE M NAKDIMEN		-:50	 			
		1	x		54 000	
100 EAST 9 STREET, NJ 08701		 	 ^		54,075	<u> </u>
2 SEE ATTACHED			,,			
		 	X		62,546	<u> </u>
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10						
Total			▶		116,621	
3 List all states in which the organization is	registered or lice	ensed to soli	cit contributi	ons or has been notifie	ed it is exempt from	
registration or licensing						
New York						
					·	
						
						
			. ———			
						

13-3275668

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through DINNER DINNER NONE col (c)) (event type) (event type) (total number) Revenue Gross receipts . . 98,000 393,416 491,416 Less Contributions 332,116 415,486 83,370 Gross income (line 1 minus line 2) 14,630 61,300 75,930 Cash prizes Noncash prizes 10,839 Rent/facility costs . . 29,296 29,296 Direct Expenses Food and beverages 25,868 42,238 68,106 Entertainment 30,265 35,565 5,300 Other direct expenses 7,900 40,588 48,488 Direct expense summary Add lines 4 through 9 in column (d) 192,294 Net income summary Subtract line 10 from line 3, column (d) (116, 364) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue col (a) through col (c)) bingo/progressive bingo Gross revenue Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) · · · · · · · · · · · · · · · ▶ Enter the state(s) in which the organization conducts gaming activities Is the organization licensed to conduct gaming activities in each of these states? If "No," explain 10a 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

Internal Revenue Service Name of the organization

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.

2018

Open to Public Inspection

Employer identification number

QUEENS HATZOLO AID INC 13-3275668 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 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.