Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

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

A	F	or the	2019 calendar year, or tax year beginning and ending	g				
В	Ch ap	neck if plicable	C Name of organization	ı	D Employer identification number			
_		Address change Name	Momentum Unlimited, inc.		20 2052000			
L	X	change	Doing business as		38-385291			
		return Final	Number and street (or P.O. box if mail is not delivered to street address) Room/s 6101 Executive Boulevard 240	suite   E	E Telephone number (240) 74	7 – 7080		
		return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	٦,	G Gross receipts \$	14,048,932.		
		Amende		_ <b> </b>	H(a) Is this a group re			
		Applica tion			for subordinates			
		pending	same as C above	5 <b>3</b> 1	H(b) Are all subordinates in	cluded? Yes No		
Ī	Ta	ax-exe	npt status X 501(c)(3) 501(c)( )	527	If "No," attach a	list. (see instructions)		
			:▶ www.momentumunlimited.org		H(c) Group exemption			
				Year of	formation, 2011 N	A State of legal domicile: MD		
<u>[[F</u>	<u>a</u>		Summary					
	اہ		riefly describe the organization's mission or most significant activities To empow			nange the		
	Governance	<u>v</u>	orld through Jewish values that transform co					
4	<u>اځ</u>		theck this box if the organization discontinued its operations or disposed of r	more th	l 1	sets.		
77. 78. 78. 78.	١٥		lumber of voting members of the governing body (Part VI, line 1a)	ر 1	3	9		
<b>x</b>	×۵	4 1	lumber of voting members of the governing body (Part VI, line 1a) lumber of independent voting members of the governing body (Ramavilline 1b) ຕິວະທານັ້ນ ເພື່ອນ ເຂົ້າ ເ	- USF	3 4	33		
2	<u>s</u>	5 1	lumber of independent voting members of the governing body (ਸੈਂਡੀਜੈਵੈਪੀ) ਹੈ		5	33		
MAR 28	Activities	0 1	otal number of volunteers (estimate in necessary)		7a	0.		
Ž∙	위		otal unrelated business revenue from Part VIII, column (C), line 12 NOV 30 LV2	LU	7a 7b	0.		
ے د	+	<u> </u>	let difference business taxable income from 10111 0111 050 1, fine 05	1	Prior Year	Current Year		
		8 (	Contributions and grants (Part VIII, line 1h) Ogden, U	[	8,537,262.	11,061,777.		
2	割		rogram service revenue (Part VIII, line 2g)		33093,739.	2,972,661.		
ζ	Kevenue		envestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,018.	766.		
ر ر	ř		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,517.	13,728.		
<u> </u>			otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	1,634,536.	14,048,932.		
7	T	13 (	Frants and similar amounts paid (Part IX, column (A), lines 1-3)		5,129,219.	5,751,974.		
2		14 E	lenefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
4	္အ	15 5	alanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,882,661.	3,453,276.		
7 2 4	Expenses	16a F	rofessional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.		
Ī	Š		otal fundraising expenses (Part IX, column (D), line 25)   1,765,732.		0.500.541	0 160 030		
_	"		other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,598,741.	2,168,030.		
ອ ~	İ		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>-</b>	0,610,621.	11,373,280.		
<u>`</u> -		19 F	levenue less expenses. Subtract line 18 from line 12	<del> </del>	1,023,915.	2,675,652.		
2 4 6 4 0	g	00 3	otal consts (Bost V. line 16)	Redi	nning of Current Year 4,616,770.	End of Year 7,459,899.		
يُّوْ م	蘆		otal assets (Part X, line 16) otal liabilities (Part X, line 26)	-	3,105,209.	3,272,686.		
7 5	冒		let assets or fund balances. Subtract line 21 from line 20	$\vdash$	1,511,561.	4,187,213.		
4	a	rtill	Signature Block					
			ies of perjury, I declare that I have examined this return, including accompanying schedules and st	atement	ts, and to the best of my	knowledge and belief, it is		
			and complete. Declaration of pregator (other than officer) is based on all information of which pre			·		
			My Chie		11/9/2	.0		
Si	gn	.	Signature of officer		Date			
	ere		Amy Cantor, Dir. of Finance and Operation	<u>s</u>				
<b>\o_</b>			Type or print name and title		<del></del>			
•			Print/Type preparer's name Preparer's signature	, Da	1.4	PTIN		
_	lid	-	Chomas J. Raffa		11/3/2020 "self-employ			
_	-		Firm's name Marcum LLP		Fırm's EIN ▶	11-1986323		
Us \	se (	Only	Firm's address   1899 L Street, NW, Suite 850			001 007 4000		
1 –	_		Washington, DC 20036		Phone no. ( 2			
			S discuss this return with the preparer shown above? (see instructions)			X Yes No		
93	200	1 01-20	20 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2019)		
					(	のてっ		

Form	990 (2019) Momentum Unlimited, Inc.	_38-3852989 Pag	qe <b>2</b>
	rt III   Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	[	
1	Briefly describe the organization's mission:		
	We provide educational and transformative experiences wi		
	opportunities for Jews of all backgrounds, to learn more	about their	
	heritage and how it impacts their lives.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes X	No
	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?	Yes X	No
	If "Yes," describe these changes on Schedule O	•	
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, and	
	revenue, if any, for each program service reported	0 000 000	
4a	(Code ) (Expenses \$ 8,491,034. including grants of \$ 5,751,974.) (Rever	ue\$ 2,986,389	<u>•</u> )
	Momentum offers a year-long educational experience for w		
	which includes a special gift: a highly subsidized 8-day		
	trip to Israel. Women from all parts of the world trave		
	grow as a group, and continue their journey back to their		
	as sisters, having shared an incredible experience toget		
	share a common vision of self-growth and personal develo		
	· · · · · · · · · · · · · · · · · · ·	en, many of	
	them husbands of the women who have already experienced		
	month journey, also travel as a group to Israel and part educational classes and learning opportunities. Additi		
	Momentum offers both virtual and in-person learning even		
	globe that are available to the Momentum constituency.	CS across the	
4b	(Code) (Expenses \$ including grants of \$) (Rever	¢	
7.0	(Code ) (Expenses 4 Including grains of 4		′
		·	
		<del></del>	
		·····	
4c	(Code) (Expenses \$) (Rever	nue \$	)
4d	Other program services (Describe on Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
4e	Total program service expenses ► 8,491,034.		
		Form <b>990</b> (2	2019)

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Form 990 (2019) Momentum Unlimited, Inc.

[Partily] Checklist of Required Schedules

			163	110
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	<u> X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			.,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	٠,		Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	-		
a		11a	х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	, , , ,		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	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 reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	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	12b	X	
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	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	İ		
	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	X	
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	X	
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	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? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>

Form	990 (2019) Momentum Unlimited, Inc.  Checklist of Required Schedules (continued)	38-3852989	P	age 4
UAC.	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1	1.55
	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 of		1 -	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete		1	
	Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 a	is of the		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and comple			
	Schedule K If "No," go to line 25a	24 <u>a</u>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to def	ease		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
	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		X
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," com			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key emp	lovee.		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35%			1
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,	•		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	unt m		
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	100		<u> </u>
·	•	28c		X
29	"Yes," complete Schedule L, Part IV  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 conserval		†	
30		30		Х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		1	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1	_	<del>                                     </del>
JZ	· · · · · · · · · · · · · · · · · · ·	32		X
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>	1	<del>                                     </del>
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ĺ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,			<del> </del>
<b>5</b> 4		34	Х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled		1	<del> </del>
U	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 related organization.		<del>                                     </del>	$\vdash$
30		36		X
07	If "Yes," complete Schedule R, Part V, line 2	30_	<del>                                     </del>	<del>                                     </del>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		X
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	╁──	<del>  ^</del>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		X	
<u>[Par</u>	Note: All Form 990 filers are required to complete Schedule O  tV Statements Regarding Other IRS Filings and Tax Compliance	38	A	Ц.
L'AGI				
	Check if Schedule O contains a response or note to any line in this Part V			1
_	Established and Park Control of C	30	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  [Tall the number of Forms WCC and wide in the first and applicable and a second and	38		
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	U		11

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

1c X

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X

15

16

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

excess parachute payment(s) during the year?

If "Yes," complete Form 4720, Schedule O.

If "Yes," see instructions and file Form 4720, Schedule N.

Momentum Unlimited, Inc.

Rai	Governance, Management, and Disclosure For each "Yes" response to lines 2 th	-		"No" re	spons	e
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	See II	nstructions			
	Check if Schedule O contains a response or note to any line in this Part VI				-	X
Sec	tion A. Governing Body and Management					
		1 . 1		-15€ (g/s) ±2°	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a			4 (A)	
	If there are material differences in voting rights among members of the governing body, or if the governing				たこう! (株子社)	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		,		<b>MAR</b>	
b	Enter the number of voting members included on line 1a, above, who are independent	<u>1b_</u> _	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other	CEFE		T.
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			v
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
,4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or	_		х
	more members of the governing body?			7a_		Λ.
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	OCKNO	ders, or			Х
_	persons other than the governing body?	u bu iba	followers	7b	\$ 1. N	28 1 36 1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ıı by tile	Hollowing	00		X
	The governing body?			8a 8b		X
	Each committee with authority to act on behalf of the governing body?	ahad a	t the	OD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	cried a		9		Х
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Re		Code I	1 3		
	(This Section B reduests information about policies not required by the internal ne	VEHILLE	Code		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	·	•	10b	i	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a	Х	
	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	res," de	escлbe			
	ın Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	10.12
15	Did the process for determining compensation of the following persons include a review and approva	d by inc	dependent			物的
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1		
а	The organization's CEO, Executive Director, or top management official			15a	Х	L
b	Other officers or key employees of the organization			15b	b). / i	X
	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 arrangements	nent w	ith a	200	******	15,00
	taxable entity during the year?			16a	mstås ril	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	's	ir.	\$ F. "	CALL STATES
<u> </u>	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶CA, CO, CT, DC, F	יד. די	ד. אור אז.ד אדע	ОH	Dλ	<b>77</b> Δ
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar					
18		11U 33U	- 1 (06011011 001(0)(3	jo utily)	avalld	DIG
	for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website X Upon request Other (explain.)		shadula (1)			
10	Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		•	d finan	rial	
19		n milet C	n interest policy, an	u man	Jial	
00	statements available to the public during the tax year	nke and	d records			
20	State the name, address, and telephone number of the person who possesses the organization's book Amy Cantor - (240)-747-7084	ono all				
		2085	2			<del></del>

Form **990** (2019)

932006 01-20-20

Form 990 (2019)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, 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.

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

(A) Name and title	(B) Average		(C) Position					(D) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated	
, <del></del>	hours per	(do not check more than one box unless person is both an officer and a director/trustee)				s both	an	compensation	compensation	amount of	
	week (list any hours for related organizations below	stee or director	e e e e e e e e e e e e e e e e e e e			Highest compensated	·	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
	line)	Indiv	Instit	Officer	Key e	Highe	Former				
(1) Andrea Mail	20.00										
President		X		X				0.	0.	0	
(2) Jeanie Milbauer	10.00	]									
Vice-President		X		Х				0.	0.	0	
(3) Cindy Zitelman	10.00							_	_	_	
Treasurer		X	_	Х		Щ		0.	0.	0	
(4) Helen Zalik	10.00				1					•	
Director		X			_	_		0.	0.	0	
(5) Michelle Leader	10.00				İ				•		
Director	10.00	X			_	<u> </u>		0.	0.	0	
(6) Manette Mayberg	10.00								0	•	
Director	10.00	X			_	H		0.	0.	0	
(7) Dana Sicherman Director	10.00	x						0.	0.	0	
(8) Ellen Waghelstein	10.00	<u> </u>			-	H		0.		U	
Director	10.00	x						0.	0.	0	
(9) Betty Grinstein	10.00	^	-						0.	- 0	
Director	10.00	X						0.	0.	0	
(10) Mahra Pailet	10.00							· · ·	•		
Director	20100	$\mathbf{x}$						0.	0.	0	
(11) Ben Pery	40.00		<b>-</b>			Н					
Executive Director		1		х				233,928.	0.	27,837	
(12) Amy Cantor	40.00	ऻ								•	
Director of Finance & Operations		1		X				174,000.	0.	29,262	
(13) Lori Palatnik	40.00										
Founding Director		1			х			233,928.	0.	37,089	
(14) Orlee Turitz	40.00										
Chief of Staff						X		166,001.	0.	6,866	
(15) Robyn Hartman	40.00										
Director of Development		L			L_	Х		153,750.	0.	20,661	
(16) Susan Kramer	40.00	_									
Director of External Relations						Х		152,350.	0.	11,582	
(17) Halel Horowitz	40.00										
Director of Marketing		L				X		128,000.	0.	19,399	

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Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	1 Hi	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)		(F	=)	
Name and title	Average	/do			ition	) than c		Reportable	Reportable	1	Estim	nated	d
	hours per	box	, unle:	ss pe	rson I	s both	an	compensation	compensatio	n	amou	ınt o	of
	week	_	cer an	id a d	irecto	r/trust	(ee)	from	from related	;	oth	ner	
	(list any	ector						the	organization		compe		
	hours for	or dir	يو ا	ŀ		Eg.		organization	(W-2/1099-MIS	;C)	from		
	related	stee	ruste		۵,	bens		(W-2/1099-MISC)			organı		
	organizations below	al tru	ona I		loye	ဗြတ္ထ					and re		
	line)	ndividual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				organiz	zatio	ns
/10\ Paris Gir Varian		Ē	Ë	ō	ਣ	호호	æ			-+			
(18) Ronit Ziv Kreger	40.00		:	ŀ		x		127 600		_	6	62	0
Director of Education				┢	┢	^		127,600.		0.	0,	0 2	29.
· · · · · · · · · · · · · · · · · · ·				<u> </u>			_			$\longrightarrow$	<del></del>		—
		_								$\dashv$			
										$\longrightarrow$			
				-		-				<del></del>			—
										j			
		_								$\neg$			
										$\rightarrow$			
1b Subtotal	l.,			<u> </u>		I	<u> </u>	1,369,557.		0.	159,	32	25.
c Total from continuation sheets to Part VI	I. Section A						•	0.		0.			0.
d Total (add lines 1b and 1c)	.,						<b>•</b>	1,369,557.		0.	159,	32	25.
Total number of individuals (including but n	ot limited to the	ose	liste	d at	oove	) wh	o re		000 of reportable	<del>,</del>			
compensation from the organization						•			•				10
											Y	es	No
3 Did the organization list any former officer,	director, truste	e, k	ey e	empl	loye	e, or	higi	hest compensated emp	loyee on	ſ			
line 1a? If "Yes," complete Schedule J for s	•			·	•		Ū	·		ĺ	3		X
4 For any individual listed on line 1a, is the su		e co	mpe	ensa	tion	and	oth	er compensation from t	he organization				
and related organizations greater than \$150									•	ľ	4 3	ζ	
5 Did any person listed on line 1a receive or a									dual for services				
rendered to the organization? If "Yes." com	•				•			· ·			5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated ind	epe	nde	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion from		
the organization. Report compensation for	the calendar ye	ar e	ndır	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(C)		

(A) Name and business address	(B) Description of services	(C) Compensation
GoInspire		<u> </u>
28 Park Avenue, Airmont, NY 10952	Tour Operators	3,287,728.
Authentic Israel, 5185 MacArthur Blvd. NW,		
#640, Washington, DC 20016	Tour Operators	503,505.
Israel Experts		-
7 Haplada Street, OR Yehuda, ISRAEL 6021807	Tour Operators	222,811.
Ira Ginzberg, 5 HaRav Avida St.,		
Jerusalem, ISRAEL 9426801	Graphic Design	133,431.
IntoGreat Management	HR Cons. &	
179 S Lafayette Street, Denver, CO 80208	Leadership Develop.	109,175.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	1
\$100,000 of compensation from the organization		<u></u>
		Farm 990 (2010)

Form **990** (2019)

ON PANIE	all Es Apre	Check if Schedule O	conta	aıns a ı	response	or note to any lir	ne in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
								lanction revenue	business revenue	sections 512 - 514
इ द	1 a	Federated campaigns			1a					
E an		Membership dues			1b					
ق ق	(	: Fundraising events			1c					
ifts ar A		Related organizations			1d					
Contributions, Gifts, Grants and Other Similar Amounts	•	e Government grants (contributions)				1,757,791.				
<u> </u>	f	All other contributions, gifts,	grant	ts, and						
at at		similar amounts not included	abov	ve	1f	9,303,986.				
들임	ç	Noncash contributions included in	lines 1	1a-1f	1g \$					
<u> 유</u>	ŀ	Total. Add lines 1a-1f				-	11,061,777.		TERRESEASE TO	
						Business Code	的。在加州的特殊的			
မွ	2 a					900099-	2,889,114.	2,889,114.		<u> </u>
Program Service Revenue	k	Speaker fees				900099	68,747.	68,747.	,	
S E	C	Event fees				900099	14,800.	14,800.		
lev	c	l								
6	•	·								
ا ته	f	All other program service	reve	nue				DE AMARIAS DE LA CARRES DE PERCANDA DE LA CARRESTA	Aldiniada e more serenta	Sub-transportation ( and ) the Market of
		Total. Add lines 2a-2f					, 2,972,661.			TO TRANSPORT
İ	3	Investment income (include	ling i	dıvıder	nds, inter	est, and				B.c.c
ľ		other similar amounts)					766.			766.
`	4	Income from investment of	nent of tax-exempt bon		pt bond p	proceeds				ļ
	5	Royalties		1			STEINER LINE CPLEICHER STEINE VYNE 100	PRESIDENCE OF STREET	PERSONAL EMPERATURANS AND PROPERTY	
					Real	(II) Personal				
	6 a		<u>6a</u>	<del></del>	-					
	t	Less rental expenses	6b		•					
I	. 0	, ,	<u>6c</u>	J			火"。北京城市大學學工作的	PART BECOME AND REAL	ी दिनिकंदिन है जिस्ती है जिस्ती है जिस्ती है	in de la la la la la la la la la la la la la
ŀ		Net rental income or (loss)	<b>)</b>	Ι // ο.		(v) Other	only spream reset forces	Light some type been to the same were the	TOPPETATION AND PERFECT PRICATE THE PARTY OF THE	24.75.2
İ	7 a	Gross amount from sales of	<u> </u>		ecurities	(II) Other				
	_	assets other than inventory	7a	<u> </u>		<u> </u>				
اہ	t	Less cost or other basis								<b>多數為數</b>
ž		and sales expenses	7b	1		<del></del>				2014
Revenue		Gain or (loss)	7c	<u> </u>		<u> </u>	SAN TORSE HERE GRANDE TO		E ANTOCKES VIEW AND	7.421764.01467-Wester (1
		Net gain or (loss)				· ·	PERSONAL PERSONAL	Pirateral de la company de la company de la company de la company de la company de la company de la company de		Character and the
the	8 8	Gross income from fundraisii	ng ev	rents (n						
ŏ		including \$		10) 00	, of					
1		contributions reported on Part IV, line 18	iine	10). 56						
_ [					8a 8b	T				
	t t	: Net income or (loss) from	fund	Iraicina	_		(大学記録が付款書 新山) 出版 かいがこうままい		STANCESCHENDON STUDIES	ASSTRUMENTAL SAMPLES OF THE ASSTRUMENT
ŀ	ء ہ	Gross income from gamin							APSTERZOZIO	
	5 6	Part IV, line 19	g ao		9a					
1	t				95	7				
	,	: Net income or (loss) from	aam	una act		<u> </u>	In the case of the same and apply to a page	SACRETAL ENGINEER SPACE SPACES	1 2 miles - 2 180 /4 : \$41 miles - 2 44 2	Search and less remains in helipper helipher and and
	10 =	Gross sales of inventory, I				T	72786732 BANGO		23/44/24/44	
		and allowances			10					
]	Ł	Less cost of goods sold			10	•				
1		: Net income or (loss) from	sales	s of inv		<b>&gt;</b>				
$\neg$						Business Code	STATE OF THE STATE	DEPOSIT DE LA COMPONIO		TO SEE STATE OF THE SECOND
S	11 a	Miscellaneous				900099	13,728.	13,728.		
Miscellaneous Revenue	t									
	•									
Sig	(	All other revenue								
2		Total. Add lines 11a-11d				<b>&gt;</b>	13,728.		的表示。這些性性。這	<b>计时间设置</b>
_	12	Total revenue. See instruction	ons				14,048,932.	2,986,389.	0.	766.
									=	F 000 (0040)

Section 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	her organizations must con	plete column (A)

	Check if Schedule O contains a respon	-		<u> </u>	
Do i	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
-	8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,000.	2,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	3,623,624.	3,623,624.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	2,126,350.	2,126,350.		
4	Benefits paid to or for members				<b>然是那么能是是他们的</b>
5 `	Compensation of current officers, directors,	-			
	trustees, and key employees	788,044.	270,246.	189,994.	327,804.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	•		ĺ	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,116,867.	1,201,396.	134,185.	781,286.
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	68,117.	39,168.	3,915.	25,034.
9	Other employee benefits	290,578.	160,448.	21,951.	108,179.
10	Pavroll taxes	189,670.	97,128.	20,344.	72,198.
11	Fees for services (nonemployees)				
	Management				
b	Legal	104,861.		104,861.	
	Accounting	82,960.		82,960.	
	Lobbying	•			
e	Professional fundraising services. See Part IV, line 17		心面积了的大学的大学	·建设设施的。 1000年的中国	
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch 0.)	610,933.	283,526.	183,607.	143,800.
12	Advertising and promotion	303,452.	284,011.		19,441.
13	Office expenses	233,854.	67,270.	123,871.	42,713.
14	Information technology	96,161.	62,948.	7,456.	25,757.
15	Royalties				
16	Occupancy	182,873.	93,995.	19,157.	69,721.
17	Travel	216,033.	124,288.	33,038.	58,707.
18	Payments of travel or entertainment expenses	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	163,677.	18,388.	81,502.	63,787.
20	Interest	31,380.	<u> </u>	31,380.	
21	Payments to affiliates	1. 2. 2. 2. 2.			
22	Depreciation, depletion, and amortization	46,804.	23,870.	5,148.	17,786.
23	Insurance		,		
24	Other expenses. Itemize expenses not covered		POR PROPERTY.		
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		ELECTRICAL PROPERTY.		<b>深等的的影响</b>
а	Dues & subscriptions	95,042.	12,378.	73,145.	9,519.
b			,		
c					
d		<del></del>			
	All other expenses				· · · · · · · · · · · · · · · · · · ·
25	Total functional expenses. Add lines 1 through 24e	11,373,280.	8,491,034.	1,116,514.	1,765,732.
26	Joint costs. Complete this line only if the organization	, ,		, , , , , , , , ,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
93201	0 01-20-20		·	·	Form <b>990</b> (2019)

Part W Balance Sheet

Pa	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	306,345.	1	20,997.
	2	Savings and temporary cash investments	326,905.	2	541,337.
	3	Pledges and grants receivable, net	3,673,699.	3	6,655,135.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	the state of the s
	6	Loans and other receivables from other disqualified persons (as defined		625	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7,	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	0.7.04.6
¥	9	Prepaid expenses and deferred charges	66,419.	9	27,816.
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 368, 98	7.	bring Till	201 725
	b	Less accumulated depreciation 10b 167, 25	194,663.	10c	201,735.
	11	Investments - publicly traded securities		11	5,000.
	12	Investments - other securities. See Part IV, line 11		12	<u>.                                    </u>
	13	Investments - program-related. See Part IV, line 11		13	,
	14	Intangible assets	48,739.	14	7 979
	15	Other assets. See Part IV, line 11	4,616,770.	15	7,879. 7,459,899.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,003,727.	16 17	1,845,809.
	17	Accounts payable and accrued expenses	1,003,727	18	1,043,003.
	18	Grants payable	457,192.	19	885,942.
	19 20	Deferred revenue Tax-exempt bond liabilities	237,1321	20	000,3120
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,		1.44	是不是"是"的"是",这个看着
ties		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	Million Color Colo	22	355151751751751751
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	1,215,000.	24	495,000.
	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	429,290.	25	45,935.
	26	Total liabilities. Add lines 17 through 25	3,105,209.	26	3,272,686.
		Organizations that follow FASB ASC 958, check here X	<b>学是整理工艺学</b>		
ses		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	-500,278.	27	756,675.
Ва	28	Net assets with donor restrictions	2,011,839.	28	3,430,538.
pur		Organizations that do not follow FASB ASC 958, check here			
Ę		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds	1 511 561	31	4 107 013
Š	32	Total net assets or fund balances	1,511,561.	32	4,187,213.
	33	Total liabilities and net assets/fund balances	4,616,770.	33	7,459,899. Form 990 (2019)

Form **990** (2019)

orm	990 (2019) Momentum Unlimited, Inc.	38-3	852989	Page	<sub>e</sub> 12
	t'XII 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.	14,048	,93	2.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,373	, 28	0.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,675	, 65	2.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,511	, 56	1.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior penod adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,187	, 21	3.
Pai	tiXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·		
			'	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		, 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			e, i
	separate basis, consolidated basis, or both				
	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 separate	basis,	4 1		e vi
	consolidated basis, or both		2 de 2.		\$ m
	Separate basis X Consolidated basis Both consolidated and separate basis			إانسا	
C	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		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch			<i></i>	H
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt			••
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	<del>9</del> 90 (2	2019)

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

2019

Open to Public Inspection

Varr	e of t	the organization							identification number
		Momen	ntum Unlim	ited, Inc.					<u>8-3852989</u>
Pa	rt I	Reason for Public C	Charity Status (A	All organizations must co	mplete the	s part.) Se	e instructions	i.	
The	organ	ization is not a private found	ation because it is (F	For lines 1 through 12, cl	neck only	one box.)			
1		A church, convention of chu	urches, or association	n of churches described	ın sectio	n 170(b)(1	)(A)(ı).	~_	1
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	1 990 or 99	90-EZ).)		$\mathcal{O}$	1
3		A hospital or a cooperative	hospital service orga	inization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	ın sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
		city, and state.							
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ui	nit describe	ed in
		section 170(b)(1)(A)(ıv). (C	Complete Part II )						
6		A federal, state, or local gov	vernment or governm	ental unit described in	section 17	70(b)(1)(A)(	(v).		
7	X	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental (	unit or from th	e general p	oublic described in
		section 170(b)(1)(A)(vi). (Co							
8		A community trust describe	d in section 170(b)(	1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	nction with a	land-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the r	name, city,	and state of	the college	or
		university	· · · · · · · · · · · · · · · · · · ·						
10		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from o	ontribution	ns, memberst	np fees, an	d gross receipts from
		activities related to its exem	npt functions - subjec	t to certain exceptions,	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	ed by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform ti	he function	ns of, or to ca	rry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section (	509(a)(3). C	Check the box in
		lines 12a through 12d that of	describes the type of	supporting organization	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted orga	anızatıon(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	ipporting
		organization. You must c	omplete Part IV, Se	ctions A and B.					
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ring
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manag	ge the supp	orted
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally integ	grated. A supporting	g organization operated	ın connect	tion with, a	ind functional	ly integrate	d with,
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in coi	nnection w	rith its suppor	ted organiz	zation(s)
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	bution red	uirement and	an attentiv	eness eness
		requirement (see instructi	ons) You must con	nplete Part IV, Sections	A and D,	and Part	V.		
e		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
, f		er the number of supported o	•						
g		vide the following information		d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monotony	(vi) Amount of other
	,	(i) Name of supported organization	(ii) EIN	(described on lines 1-10		anization listed ing document?	support (see in	•	support (see instructions)
		Organization		above (see instructions))	Yes	No			
					l				
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		-	-			<b></b>			
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					1				
Tota					<del>                                     </del>				

Schedule A (Form 990 or 990 EZ) 2019 Momentum Unlimited, Inc. 38-3852989

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

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

Se	ction A. Public Support	· · · · · · · · · · · · · · · · · · ·	<u> </u>	·	*	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and			_			
•	membership fees received. (Do not	,	•	-			
	include any "unusual grants.")	4029764.	10270869.	4631602.	8537262.	11102637.	38572134.
2	Tax revenues levied for the organ-					1	
	ization's benefit and either paid to			,			'
	or expended on its behalf			•			
3	The value of services or facilities		• •		•	,	2
	furnished by a governmental unit to				•		
	the organization without charge		`		·	, ,	133
4	Total. Add lines 1 through 3	4029764.	10270869.	4631602.	8537262.	11102637.	38572134.
5	The portion of total contributions		THE REPORT				a _
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
٠.	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	<b>学校217</b> 476665					11812828.
	Public support. Subtract line 5 from line 4		是是不是	HARAH YOLU		<b>在新疆的</b>	26759306.
Se	ction B. Total Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	4029764.	10270869.	4631602.	8537262.	11102637.	38572134:
8	Gross income from interest,				,	, ,	
•	dividends, payments received on					. **	,
	securities loans, rents, royalties,		,		/		
	and income from similar sources	19,237.	4,800.	1,046.	3,535.	766.	29,384.
9	Net income from unrelated business			٠	, ,		•
٠	activities, whether or not the		,	• ,	· '	`	
•	business is regularly carried on			•			•-
10	Other income. Do not include gain	l .	,				
	or loss from the sale of capital			40 504		1	
٠,	assets (Explain in Part VI.)	42,552.	3,279.	13,594.	N. behavioled flammelikelikelikerarchi	13,728.	73,153.
11	Total support. Add lines 7 through 10			医抗性 经证据的 化二甲基	<b>不然也是在某个数据的</b>		38674671.
	Gross receipts from related activities,			•	•		,820,485.
13	First five years. If the Form 990 is for	-	s first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	٠,
20	organization, check this box and store		roontage	·· ·- ·-	·		
	ction C. Computation of Publi				•	[44]	69.19 %
	Public support percentage for 2019 (I		•	olumn (f))	•	.14	
	Public support percentage from 2018				4.4 00.4/00/	15	<del></del>
168	33 1/3% support test - 2019. If the			n line 13, and line	14 IS 33 1/3% or m	ore, cneck this bo	x and
	stop here. The organization qualifies				L 45 - 00 4 /00/		
ľ	33 1/3% support test - 2018. If the	_			ine 15 is 33 1/3%	or more, check th	is dux
4-	and stop here. The organization qual		• •		10 160 165 -	and line 14 is 100/	or more
1/8	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac			=		it viriow the orgal	mzation +
٠.	meets the "facts-and-circumstances"					170, and has 15 :-	100/ 01
, t	10% -facts-and-circumstances test						
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						. <b>.</b> .
18	Private foundation. If the organization	in did not check a	oox on line 13, 16	a, 100, 17a, 01 170	, check this box a	na see matraction:	<u> </u>

Schedule A (Form 990 or 990-EZ) 2019

# Schedule A (Form 990 or 990-EZ) 2019 Momentum Unlimited, Inc. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	ction A. Public Support	now, please comp	Diete Fart II.j					· · · · · · · · · · · · · · · · · · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and				4			<del></del>
t	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b					·		
	Public support. (Subtract line 7c from line 6)							
	·	(-) 001F	(b) 2016	(-) 0017	(4) 2019	(-) 2	010	
	ndar year (or fiscal year beginning in)	(a) 2015	(6) 2016	(c) 2017	(d) 2018	(e) 2	<del>519</del> -	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12)		1	1.6 11 .601 .	<u> </u>	504(-)(0)		
14	First five years. If the Form 990 is for	the organization's	s tirst, secona, thi	ra, τουπη, or τιπη τ	ax year as a sectio	n 501(c)(3)	organizatio	л, ▶□
Sec	check this box and stop/here ction C. Computațion of Public	c Support Per	rcentage	· · · · · ·				
	Public support percentage for 2019 (li			column (fl)		15		%
16	Public support percentage from 2018		•	COMMITTE (1))		16		
	ction D. Computation of Inves					1 10 1		
17				line 13. column (f))		17		%
18	Investment income percentage from 2					18		%
_	33 1/3% support tests - 2019. If the			on line 14, and line	e 15 is more than 3		nd line 17 is	s not
	more than 33 1/3%, check this box and 33 1/3% support tests - 2018. If the	d stop here. The	organization qua	lifies as a publicly s	supported organiza	ation		
~	line 18 is not more than 33 1/3%, check	_						
20	Private foundation. If the organization		-					▶□
	23 09-25-19			, = , = ,			orm 990 o	r 990-EZ) 2019

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
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L	3c		
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	5b		
	5c		
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•	•			
Sched	dule A (Form 990 or 990-EZ) 2019 Momentum Unlimited, Inc.	38-3852989	Pa	ige 5
Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		L
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	,	,	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	<b>SEC. 2019</b>		188
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			ALC:
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities of the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	3.546.0000	
2	Did the organization operate for the benefit of any supported organization other than the supported		K.H	测计器
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	144		
	•	Project Control of the Control of th		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2	W-257.7.	SENDER
Saat	supervised, or controlled the supporting organization.			
Seci	tion C. Type II Supporting Organizations		V	No
		(M. 2014年5)	Yes Till of	No Market
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		學是	建物
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	能持行動物		
	or management of the supporting organization was vested in the same persons that controlled or managed	35.224	E.	LESS IN
	the supported organization(s).			<u> </u>
Sect	tion D. All Type III Supporting Organizations			r
		Holman & roots a	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		GI.	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			ST II
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structions).		
· a	The organization satisfied the Activities Test. Complete line 2 below	•		
b	The organization is the parent of each of its supported organizations    Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	ity (see instructions)		
2	Activities Test. Answer (a) and (b) below.	· .	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	MARKET 18 8		
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			27.54
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2583.72"331 5	2866	AND G
	that these activities constituted substantially all of its activities	2a	2001	(MENTED
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		755	
	activities but for the organization's involvement	2b	pp_20013	\$ . or re
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		rie.	E. C.
	trustees of each of the supported organizations? Provide details in Part VI.	3a		ļ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			M.
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
932025		A (Form 990 or 990	)-EZ)	2019

# Schedule A (Form 990 or 990-EZ) 2019 Momentum Unlimited, Inc. Part Vi Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	let short-term capital gain	1_		
2 R	ecoveries of prior-year distributions	2		
3 C	other gross income (see instructions)	3		
4 A	dd lines 1 through 3	4		
<b>5</b> D	epreciation and depletion	5		
6 P	ortion of operating expenses paid or incurred for production or			
С	ollection of gross income or for management, conservation, or	- 1		
m	naintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	-7		
8 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount	,	(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see	<b>经</b>		
ır	nstructions for short tax year or assets held for part of year).			
a A	verage monthly value of securities	1a		
<u>ь</u> А	verage monthly cash balances	1b		
c F	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	光纸		PARTY TO THE PARTY
fa	actors (explain in detail in Part VI)	ting.		
	cquisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> S	Subtract line 2 from line 1d.	3		
	ash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	ee instructions).	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
	fultiply line 5 by 035.	6		
7 F	lecoveries of prior-year distributions	7		
	finimum Asset Amount (add line 7 to line 6)	8		
	n C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, Column A)	1	Extendition in the control of the c	
	inter 85% of line 1.	2	en entraktakiaki	
	finimum asset amount for prior year (from Section B, line 8, Column A)	3	<b>经验的证据</b>	
	inter greater of line 2 or line 3.	4	<b>多数的数据的数据</b>	
	ncome tax imposed in prior year	5	<b>高达民族等级企业工工工</b>	
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ated Type III supporting organ	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Schedule A (Form 990 or 990-EZ) 2019

b Excess from 2016

c Excess from 2017

d Excess from 2018

e Excess from 2019

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Part VI- Supplemental Information. Provide the explanations required by Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this (See instructions.)	IV, Section B, lines 1 and 2, Part IV, Section C, Part V, line 1, Part V, Section B, line 1e; Part V,
Schedule A, Part II, Line 10, Explanation for Other	r Income:
Vendor commission	
2015 Amount: \$ 41,952.	
2017 Amount: \$ 6,000.	
Other products	
2015 Amount: \$ 600.	
2016 Amount: \$ 298.	
2017 Amount: \$ 400.	
Other income	
2016 Amount: \$ 2,981.	
2017 Amount: \$ 7,194.	
2019 Amount: \$ 13,728.	

# **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 Open to Public Inspection

Name of the organization **Employer identification number** 38-3852989 Momentum Unlimited, Inc.

Pai			imilar Funds o	r ACCOU	nts. Complete if t	he
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advise	d funds	(b) Fu	nds and other accor	unts
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 w	riting that the assets he	d in donor advised	funds		
	are the organization's property, subject to the organization's e				Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac		nt funds can be us	ed only		
•	for charitable purposes and not for the benefit of the donor or			-		
	impermissible private benefit?		,	<b>3</b>	Yes	☐ No
Pai		anization answered "Yes	" on Form 990, Pa	rt IV, line 7		
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recreat		Preservation of a	historically	mportant land are	a
	Protection of natural habitat	, <u> </u>	Preservation of a	certified h	istoric structure	
	Preservation of open space		-			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	ition in the form of	a conserva	ation easement on t	he last
	day of the tax year.				Held at the End of t	
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on	a historic structure			
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or te	erminated by the o	rganization	during the tax	
	year▶					
4	Number of states where property subject to conservation ease	ement is located 🕨 🔃				
5	Does the organization have a written policy regarding the peri		on, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, an	d enforcing conser	vation eas	ements during the y	ear
	<b>&gt;</b>					
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and ent	orcing conservatio	n easemer	nts during the year	
	<b>▶</b> \$					
8	Does each conservation easement reported on line 2(d) above	satisfy the requirement	s of section 170(h)(	(4)(B)(ı)		
	and section 170(h)(4)(B)(ii)?				Yes	☐ No
9	In Part XIII, describe how the organization reports conservation	n easements in its reven	ue and expense st	atement ar	nd	
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's	financial statemen	ts that des	cribes the	
	organization's accounting for conservation easements.		-			
Pai	t III Organizations Maintaining Collections of		asures, or Oth	er Simila	ar Assets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its reve	nue statement and	i balance s	sheet works	
	of art, historical treasures, or other similar assets held for public	lic exhibition, education,	or research in furtl	nerance of	public	
	service, provide in Part XIII the text of the footnote to its financial	cial statements that desc	cribes these items.			
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and ba	lance shee	t works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in further	rance of pu	ıblıc 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			<b>&gt;</b>	\$	
2	If the organization received or held works of art, historical trea	sures, or other similar as	sets for financial g	aın, provid	le	
	the following amounts required to be reported under FASB AS	SC 958 relating to these	items			
а	Revenue included on Form 990, Part VIII, line 1				\$	
b	Assets included in Form 990, Part X		<del></del>			
114	For Denominals Deduction Act Notice and the Instructions	4 F 000			Schodula D /Forn	- 000\ 2010

Schedule D (Form 990) 2019

932051 10-02-19

Sche	dule D (Form 990) 2019 Momentu	m Unlimite	d, Ir	nc.				38-38	<u>52989</u>	Page 2
Par	till Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other	Simila	r Assets	(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	ollowing that	make sig	gnificant i	use of its		
	collection items (check all that apply)									
а	Public exhibition	C	ı 🔲 t	Loan or excl	hange progra	m				
b	Scholarly research	6	• 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	e organizatio	n's exem	pt purpo	se in Part I	XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, his	storical treas	sures, or othe	r sımılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's col	llection?				Yes	No_
Par	tilvi Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered "	Yes" on	Form 990	), Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for c	contributions	s or other ass	ets not II	ncluded		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able.						
									Amount	
c	Beginning balance						1c			
d	Additions during the year						1d_	_		
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	istodial accou	unt liabili	ty?		Yes	No
	If "Yes," explain the arrangement in Part XIII.									
<u>[Par</u>	tiV Endowment Funds. Complete	if the organization ar	nswered	"Yes" on Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
¢	Net investment earnings, gains, and losses			·						
d	Grants or scholarships		ļ							
е	Other expenditures for facilities			•		1				
	and programs									
f	Administrative expenses									
g	End of year balance		<u> </u>							
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g	j, column (a)	) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
c	Term endowment >	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held an	nd administer	ed for the	e organiza	ation		
	by								\Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on So	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment fo	unds.				_		
[Par	tiVIE Land, Buildings, and Equipm	ient.								
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	, line 11a. S	ee Form 990,	Part X,	line 10.			
	Description of property	(a) Cost or o		· · ·	or other		ccumulate		(d) Book	value
		basis (investi	ment)	basis	(other)	dep	preciation			
1a	Land									
b	Buildings									
С	Leasehold improvements				6,282.		14,7			,557.
d	Equipment				5,716.		25,7			,011.
<u>e</u>	Other			24	6,989.	1	126,8	22.		<u>,167.</u>
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X. colum	n (B). line 10	0c.)				201	,735.

Schedule D (Form 990) 2019

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Schedule D (Form 990) 2019 Momentum Unlimited, Inc.	38-3852989 Page 5
Part XIII Supplemental Information (continued)	
Part XII, Line 2d - Other Adjustments:	
Expenses of affiliate included in the consolidated audited	financial
statements, net of elimination entries	19,130.

### SCHEDULE F (Form, 990)

# **Statement of Activities Outside the United States**

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

➤ Attach to Form 990.

2019
Opensto Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

্ল Inspection প্রত্যাপ্ত Employer identification number

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20 2052000

Mor	mentum Unlimited, Inc.	38-38	02989	
<b>Pa</b>	General Information on Activities Outside the United States. Co	mplete if the organization answ	ered "Yes" on	
	Form 990, Part IV, line 14b.			
1	For grantmakers. Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection criteria used to award		X Yes	No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

(a) Region	(b) Number of	(c) Number of	n be duplicated if additional space is not be duplicated if additional space is not be region.	(e) If activity listed in (d)	(f) Total
., 3	offices in the region		(by type) (such as, fundraising, program services, investments, grants to	is a program service, describe specific type	expenditures for and investments
		contractors in the region	recipients located in the region)	of service(s) in the region	in the region
	}				
Middle East and	]				252 452
North Africa	1	10	Grantmaking		958,479
Russia and					
Neighboring States	0	0	Grantmaking		379,737
North America	0	0	Grantmaking		360,034
South America	0	0	Grantmaking		130,759
Europe (Including					
Iceland & Greenland)	0	0	Grantmaking		102,099
					00 517
South Asia	0	0	Grantmaking		98,517
					06 705
Sub-Saharan Africa	0	0	Grantmaking		96,725
3 a Subtotal	1	10			2,126,350
<b>b</b> Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	10			2,126,350

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2019

38-3852989

Schedule F (Form 990) 2019 Momentum Unlimited, Inc.

Partill Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

d of ok, FMV, other)	-							'
(i) Method of valuation (book, FMV, appraisal, other)							,	
(h) Description of noncash assistance								
(g) Amount of noncash assistance	0		-					mpt
(f) Manner of cash disbursement								recognized as tax-exe
(e) Amount of cash grant	655,764.							oreign country, I
(d) Purpose of grant	Support of programs and operations							Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt
(c) Region	Middle East and North Africa - Algeria, Bahrain, Djibouti, Egypt,	,						s listed above that are r
(b) IRS code section and EIN (if applicable)								ecipient organization
t (a) Name of organization			114 4 34 116 1 15 4 To Ja 175 "	温速 探告事情		等 整色 建设置		2 Enter total number of re

Enter total number of other organizations or entities 6 38-3852989

Momentum Unlimited, Inc.

Schedule F (Form 990) 2019

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Subsidized trip costs	Russia and Neighboring States	212	.737.	Paid trip costs (cash payment via wire to trip coordinator)	•0		
Subsidized trip costs	North America	201	360,034.	Paid trip costs (cash payment via wire to trip 360,034.coordinator)	.0		
Subsidized trip costs	Middle East and North Africa	169	302,715.	Paid trip costs (cash payment via wire to trip coordinator)	.0		
Subsidized trip costs	South America	73	.130,759	Paid trip costs (cash payment via wire to trip coordinator)	. 0		
Subsidized trip costs	Europe (Including Iceland & Greenland)	57	102,099.	Paid trip costs (cash payment via wire to trip coordinator)	0.		
Subsidized trip costs	South Asia	55	98,517.	Paid trip costs (cash payment via wire to trip 98,517.coordinator)	0.		
Subsidized trip costs	Sub-Saharan Africa	54	96,725.	Paid trip costs (cash payment via wire to trip coordinator)	0.		

Schedule F (Form 990) 2019

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713, don't file with Form 990)

Schedule F (Form 990) 2019

X No

Schedule F (Form 990) 2019 Momentum Unlimited, Inc.	38-3852989	Page 5
Part V Supplemental Information	counting method, amounts of	
Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (acconnting investments vs. expenditures per region); Part II, line 1 (accounting method), Part III (accounting in		
(estimated number of recipients), as applicable. Also complete this part to provide any additional	nformation. See instructions.	<del></del>
Part I, Line 2:		
Women interested in participating in Momentum's program	to participate	in
a trip to Israel apply through Momentum's website. Mome	entum and its	
affiliated partners review the applications and interview	ew applicants.	
After the interviews, applicants complete a questionnain	re which is also	
used in the selection process.		
Momentum pays the cost of the trip directly to the trip	coordinators.	
The selected trip participants do not directly receive t	the funds.	
Part I, line 3:		
Accrual basis.		
		<del> </del>
	<del></del>	
	· · · · · · · · · · · · · · · · · · ·	
	-	

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

Schedule I (Form 990) (2019) ² [] **Employer identification number** 38-3852989 (h) Purpose of grant or assistance X Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Inc. Enter total number of other organizations listed in the line 1 table Momentum Unlimited General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Part Pari

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38-3852989 Momentum Unlimited, Inc.

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2019)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Subsidized trip costs	2023	3,623,624,	o		
Part IV Supplemental Information. Provide the information required in		e 2; Part III, column	Part I, line 2; Part III, column (b), and any other additional information.	ditional information.	
Part I, Line 2:					
Women interested in participating in Momentum's	in Moment	um's progr	program to participate in	icipate in a	
trip to Israel apply through Momentum's website.	tum's web		Momentum and its	its	
	lications		and interview applicants.	cants.	
After the interviews, applicants co	complete a		questionnaire which is	is also	
used in the selection process.					
Momentum pays the cost of the trip directly to the trip coordinators.	directly	to the tr	ip coording	ators. The	
selected trip participants do not d	directly receive	receive the	e funds.		

### SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545-0047
2019
Open to Public

Name of the organization

Department of the Treasury

Internal Revenue Service

Momentum Unlimited, Inc.

Employer identification number 38-3852989

Part I **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or 1b reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 10.2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, X trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III X Compensation committee Written employment contract Compensation survey or study independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? X Any related organization? If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? X Any related organization? If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Párt VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Momentum Unlimited, Inc. Schedule J (Form 990) 2019

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	l	(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	otner deterred compensation	Deneints	(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) Ben Pery	Ξ	233,928.	0.	0.	9,357.	18,480.	261,765.	0
Executive Director	(ii)	• 0	0.	.0	0	0	• 0	• 0
(2) Amy Cantor	Θ	168,000.	6,000.	0.	.096,9	22,302.	203,262.	0
Director of Finance & Operations	(ii)	0	0.	.0	• 0			0.
(3) Lori Palatnik	Θ	233,928.	• 0	0	9,021.	28,068.	271,017.	0
Founding Director	€	0	0	• 0	• 0	.0	• 0	• 0
(4) Orlee Turitz	Θ	160,001.	6,000.	0.	6,640.	226.	172,867.	0.
Chief of Staff	€	0.	0	0	0	0	• 0	• 0
(5) Robyn Hartman	ε	151,250.	2,500.	0	4,950.	15,711.	174,411.	0
Director of Development	€	0.	0.	0	0	0	• 0	• 0
(6) Susan Kramer	Ξ	111,333.	3,000.	38,017.	4,766.	6,816.	163,932.	• 0
Director of External Relations	€	0	0	0	0	0.	•0	• 0
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at to At 621,000							Sched	Schedule J (Form 990) 2019

### **SCHEDULE O**

. . .

(Form.990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### 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

Name of the organization Employer identification number Momentum Unlimited, Inc. 38-3852989 Form 990, Part VI, Section A, line 8a: While contemporaneous approval of all minutes in accordance with the definition prescribed by the IRS for this question are not always present, written minutes are maintained for all board meetings documenting key discussions and decisions. Form 990, Part VI, Section A, line 8b: Written minutes are maintained for the Finance Committee of the Board only. Contemporaneous approval is not documented for these committee meeting minutes. Form 990, Part VI, Section B, line 11b: The Federal Form 990 is provided to the full Board of Directors prior to filing with the Internal Revenue Service. Form 990, Part VI, Section B, Line 12c: On an annual basis, all Board members, officers, and key employees are provided with the conflict of interest policy and required to complete and sign this form. Disinterested members of the Executive Committee make a determination as to whether a prohibited conflict exists and what subsequent action is appropriate (if any). The Executive Committee informs the Board of Directors of such determination and action. The Board of

Form 990, Part VI, Section B, Line 15a:

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

interpretation and application of this policy.

Schedule O (Form 990 or 990-EZ) (2019)

Directors retains the ultimate enforcement authority with respect to the

932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization  Momentum Unlimited, Inc.	Employer (dentification number 38-3852989
The Board of Directors uses comparative market value compe	nsation to
determine the Executive Director and Founding Director's c	ompensation and
the decision is contemporaneously documented.	
Form 990, Part VI, Section C, Line 19:	
Momentum makes its governing documents and financial state	ments available
to the public upon request.	

. . .

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2019

OMB No 1545-0047

Open to Public Inspection

Employer identification number 38-3852989 Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. ε End-of-year assets (e) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Total income ਉ Go to www.irs.gov/Form990 for instructions and the latest information. Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) ► Attach to Form 990. Pnmary activity Inc Momentum Unlimited, Name, address, and EIN (if applicable) of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part Part II

(g) Section 512(b)(13) Ŷ controlled entity? Yes × Direct controlling Inc. entity Unlimited, fomentum status (if section Public chanty 501(c)(3)) oreign charity Exempt Code section 501(c)(3) Legal domicile (state or foreign country) srael he world through Jewish Empower women to change Primary activity 9 values Momentum Experience Israel - 51-5418374 Name, address, and EIN of related organization Aluf Kalman Magen 3 Tel Aviv, ISRAEL

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

Schedule R (Form 990) 2019

38-3852989

Inc. Momentum Unlimited, Schedule R (Form 990) 2019

Page 2 General or Percentage managing ownership Yes No (i) Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. € Percentage ownership Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Yes No Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets 6 Disproportionate Yes No allocations? Ξ Share of total income ε Share of end-of-year assets 6 Type of entity (C corp, S corp, or trust) Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) e Legal domicile (state or foreign country) (d)
Direct controlling
entity Primary activity <u>e</u> (c)
Legal
domicile
(state or
foreign Primary activity <u>@</u> Name, address, and EIN of related organization Name, address, and EIN of related organization æ Part III Part IV

932162 09-10-19

Schedule R (Form 990) 2019

Inc Schedule R (Form 990) 2019 Momentum Unlimited, Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

PartiV

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Yes

Schedule R (Form 990) 2019 ₽ 19 Ē 두 19 æ ပ္ 4 <u>و</u> 10 유 1s ÷ (d)
Method of determining amount involved # ÷ ¥ = ÷ 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 655,764. Fair Value During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Amount involved (b)
Transaction type (a-s) 46 Щ Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses **b** Gift, grant, or capital contribution to related organization(s) r Other transfer of cash or property to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of related organization e Loans or loan guarantees by related organization(s) (1) Momentum Experience Israel i Exchange of assets with related organization(s) Purchase of assets from related organization(s) Sale of assets to related organization(s) f Dividends from related organization(s) 932163 09-10-19

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Partivit Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

trat was not a letated organization. See instructions regarding excusion for certain investment partities in ps.	dactions regarding excita	SIGH TOL COLUMN HIVE	stillette partitel simps.							
(a)	<b>(</b> q)	(2)	(Đ)	(e) (e) (e) (e) (e) (e) (e) (e) (e) (e)	ε	(6)	ε	3	9	3
Name, address, and EIN of entity	Pnmary activity	Legal domicile (state or foreign	(related, unrelated,	501(c)(3)	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Obstropor- Code V-UBI General or Percentage Information and In Dox 20 managing ownership	General o managing partner?	Percentage ownership
		country)	sections 512-514)	Yes No	ıncome	assets	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2019

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