### BRUCE H. SOBEL, CPA P.C. CERTIFIED PUBLIC ACCOUNTANTS 270 MADISON AVENUE, SUITE 1500 NEW YORK, NY 10016 Fax: 212 370-4024

November 13, 2019

E.L.E.M.YOUTH IN DISTRESS, INC 224 WEST 35TH STREET, 11TH FLOOR NEW YORK, NY 10001

DEAR LENORE:,

Enclosed are the following income tax returns prepared on behalf of E.L.E.M.YOUTH IN DISTRESS, INC for the year ended December 31, 2018.

2018 990 - Return of Organization Exempt from Income Tax
2018 8879-EO - IRS E-file Signature Authorization Form
2018 Schedule A - Public Charity Status and Public Support
2018 Schedule B - Schedule of Contributors
2018 Schedule D - Supplemental Financial Statements
2018 Schedule F - Statement of Activities Outside the United States
2018 Schedule G - Supplemental Info. Regarding Fundraising/Gaming
2018 Schedule O - Supplemental Information to Form 990 or 990EZ

The original of each of the above mentioned returns should be dated and signed in accordance with the following instructions included with the copy of the return. This copy is for your use and should be retained for your files.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

BRUCE H. SOBEL BRUCE H. SOBEL, CPA P.C. CERTIFIED PUBLIC ACCOUNTANTS

Enclosures

### BRUCE H. SOBEL, CPA P.C. CERTIFIED PUBLIC ACCOUNTANTS 270 MADISON AVENUE, SUITE 1500 NEW YORK, NY 10016 Fax: 212 370-4024

### E.L.E.M.YOUTH IN DISTRESS, INC Instructions for Filing Form 8879-EO IRS e-file Signature Authorization for Form 990 For the year ended December 31, 2018

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

BRUCE H. SOBEL, CPA P.C. 270 MADISON AVE SUITE 1500 NEW YORK NY 10016-0601

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before November 15, 2019. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Form 8879-EO

# IRS *e-file* Signature Authorization for an Exempt Organization

OMB No. 1545-1878

dar year 2018, or fiscal year beginning $01/01$ , 2018, and ending $12/31$	ar year 2018, or fiscal year	beginning 01/01	, 2018, and ending $12/31$	_

Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879EO for the latest information.

2018

Employer identification number

13-3171815

, <sub>20 </sub>18

Name of exempt organization

Department of the Treasury

Internal Revenue Service

### E.L.E.M.YOUTH IN DISTRESS, INC

For calen

Name and title of officer LORI GOSSET, VICE PRESIDENT

### Part Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here <b>X b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u> </u>
2a	Form 990-EZ check here  Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5).		
5a	Form 8868 check here <b>b</b> Balance Due (Form 8868, line 3c)	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

### Officer's PIN: check one box only

JSA

X lauthorize BRUCE H. SOBEL, CPA P.C.	to enter my PIN	2 6 6 2 5 as my signature
ERO firm name		Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature 🕨	Date		11	./14	4/2	201	.9				
Part III Certification and Authentication											
<b>ERO's EFIN/PIN.</b> Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	1	L	3 .	34	6	3	1	3	3	7	1
	-			Do	not	enter	r all ze	eros			
I certify that the above numeric entry is my PIN, which is my signature on the 2018 electron indicated above. I confirm that I am submitting this return in accordance with the requirement Information for Authorized IRS <i>e-file</i> Providers for Business Returns.											əF)
ERO's signature	ate 🕨	·									
ERO Must Retain This Form - See Instruction Do Not Submit This Form To the IRS Unless Reques			<u> </u>								
For Paperwork Reduction Act Notice, see back of form.		01		50			Form	88	79-I	EO	(2018)

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

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

OMB No. 1545-0047 2018

	-	-
Open to	P	ublio
Inspe	cil	on

	Do not enter social security numbers on this form as it may be made public. ► 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.								
			dar year, or tax year beginning , 2018, and ending			, 20	nspec	i en	
_	heck if a	C Nar		D Employer ide		tion numb			
Х	Addr chan	ge DOI	ng business as						
	Name	onungo		E Telephone nu					
	-		· · · · · · · · · · · · · · · · · · ·	(212) 78	7 – 3	337			
	termi	nated	r or town, state or province, country, and ZIP or foreign postal code						
	Amer retur	n <b>111</b>	· · · · · · · · · · · · · · · · · · ·	G Gross receipts H(a) Is this a gro			583		
	pend	ing line		subordinates	?		Yes	X	No
-	<b>T</b>			H(b) Are all subord			Yes		No
<u>!</u>		empt status:	X     501(c)(3)     501(c) (     ) ◀ (insert no.)     4947(a)(1) or     527       ELEM.ORG			ist. (see insti	uctions)		
		of organization:		H(c) Group exem			mioilo:	1	NY
	art I	Summa			State	u legal uu	mcne.		
			ibe the organization's mission or most significant activities: THE GRANTS TO E.L.	E.M. YOU	тн	TN TSE	AET.	AR	E.
<b>n</b>	<b>'</b>		GN AND MODEL EFFECTIVE REHABILITATION SERVICES FOR TRO		111			711	
Governance			N ISRAEL AND EDUCATING COMMUNITY ABOUT THE ISSUES						
erné	2	Check this b		of its not assot					
20K	3		oting members of the governing body (Part VI, line 1a)		3				9.
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		ndependent voting members of the governing body (rait vi, inte ra)		4				9.
Activities &	5		er of individuals employed in calendar year 2018 (Part V, line 2a)						9.
ivit	6		r of volunteers (estimate if necessary)		6				
Act	_		ted business revenue from Part VIII, column (C), line 12		7a				0.
			d business taxable income from Form 990-T, line 38		7b				
		Net unrelate		Prior Year		Cur	ent Y	ar	
	8	Contribution	s and grants (Part VIII, line 1h)	956,85	9.	• • • •	531		7.
Revenue	9		vice revenue (Part VIII, line 2g)		0.				0.
eve	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)	3,04	2.		4	,51	1.
ŭ	11		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-38,80			-28		
	12		ie - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	921,09			507		
	13		similar amounts paid (Part IX, column (A), lines 1-3)	511,25			162		
	14		d to or for members (Part IX, column (A), line 4)		0.				0.
ŝ	4.5		her compensation, employee benefits (Part IX, column (A), lines 5-10)	175,95	3.		152	50	4.
Expenses	16 a		I fundraising fees (Part IX, column (A), line 11e)		0.				0.
xpe	b		ising expenses (Part IX, column (D), line 25) ► 61,170.						
Ш	17		ses (Part IX, column (A), lines 11a-11d, 11f-24e)	120,09	5.		113	88	9.
	18	Total expension	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)	807,29			428	39	3.
	19		s expenses. Subtract line 18 from line 12	113,79	6.		79	,20	0.
s or ces	20 21 22			ing of Current	/ear	End	of Yea		
sets	20	Total assets	(Part X, line 16)	642 <b>,</b> 01	8.		721		
dBå	21	Total liabiliti	es (Part X, line 26)		0.			62	
N <sup>n</sup> un	22		or fund balances. Subtract line 21 from line 20	642,01	8.		721	,21	8.
Pa	rt II	-	re Block						
Un	der pe e, corre	nalties of perju	ry, I declare that I have examined this return, including accompanying schedules and statements, an te. Declaration of preparer (other than officer) is based on all information of which preparer has any kno	d to the best of wledge.	f my k	nowledge	and be	elief,	it is
	_			11/1	4/2	019	_	_	

<b>~</b> .							· · / ·		010			
Sign		Signatu	Ire of officer			C	Date					_
Here		LORI	GOSSET	VICE PRE	SIDENT							
		Type or	print name and title									
	Prir	nt/Type pr	eparer's name	Preparer's signature	Date	Che	eck	if F	PTIN			
Paid	BRI	UCE H	SOBEL				f-employ	,		007050	0	
Preparer Use Only	Firm's name ▶BRUCE H. SOBEL, C			CPA P.C.			Firm's EIN ▶ 13-3711257					
							10. <sup>2</sup>	212	370-	-5990		
May the IRS discuss this return with the preparer shown above? (see instructions)									No			
For Paper	For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)											

E.L.E.M.YOUTH	ΤN	DISTRESS.	TNC	
		2101112001		

For	Form 990 (2018)	Page 2
Pa	Part 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: ATTACHMENT 1	
2	2 Did the organization undertake any significant program services during the year which were not	listed on the
2		
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
3	B Did the organization cease conducting, or make significant changes in how it conducts,	any program
U	services?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three service accomplication service accomplishments for each of its three service accomplishments for each of its three service accomplication service accomplishments for each of its three service accomplishments for each of its three service accomplication service accomplishments for each of its t	rogram services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of	grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	Image: square sq Square square squa	ue\$)
	THE GRANTS TO E.L.E.M./YOUTH IN ISRAEL ENABLED THEM TO COMBAT,	
	CURB, PROTECT AND TREAT ADOLESCENT DELINQUENTS IN ISRAEL AND TO	
	AID IN THE MAINTENANCE AND TRAINING OF PROFESSIONAL PERSONNEL FOR	
	HOSTELS SHELTERS AND HALFWAY HOUSES IN ISRAEL AND TO SPONSOR	
	RESEARCH.	
46	Le (Caday 2 ) / Evenance C including grants of C ) / Deven	
40	Ib (Code:       2       ) (Expenses \$_77,183. including grants of \$) (Reven         ELEM USA IS COMMITTED TO EDUCATING THE COMMUNITY ON ISSUES RELATED	ue \$)
	TO TROUBLED YOUTH AND YOUNG ADULTS IN ISRAEL INCLUDING MENTAL	
	HEALTH; DRUG ADDICTION; VICTIMS OF DOMESTIC AND SEXUAL	
	ABUSE; NEGLECT; INVOLVEMENT WITH THE COURT SYSTEM AND INTEGRATING	
	NEW IMMIGRANTS.	
4c	Lc (Code: ) (Expenses \$ including grants of \$ ) (Reven	ue \$ )
		·,
4d	d Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Le Total program service expenses ► 239,183.	
35A 8E1	E1020 1.000	Form <b>990</b> (2018)
	79035P M065 11/13/2019 2:39:14 PM V 18-7.6F	

Form 9	90 (2018)		F	Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	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)			v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			v
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			х
7	" <i>Yes,</i> " <i>complete Schedule D, Part I</i> . Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
o	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	•		
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	5		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
ű	complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
-	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		х
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
-	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	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		Х
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		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
~~	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation approximation of the second secon			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Form 990 (2018)

Page **4** 

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
• •	conservation contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Λ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		л
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV and Part V line 1	21		Х
25 0	<i>or IV, and Part V, line 1</i> . Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	0.54		
J	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V.	<u></u> .	<u></u> .	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
JSA		Form	990	(2018)

Form	990 (2018)		F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
h	If "Yes," enter the name of the foreign country: $\triangleright$ <sup>I</sup> SRAEL			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
Ua	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
7				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	х	
<b>L</b>	and services provided to the payor?	7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		х
	required to file Form 8282?	70		
	If "Yes," indicate the number of Forms 8282 filed during the year	70		х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7a		<u></u>
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7b		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10				
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form §	E.L.E.M.YOUTH IN DISTRESS, INC 13-317	1815	I	Page <b>6</b>
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			x
_	any other officer, director, trustee, or key employee?	2		^ _
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		x
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		x
0 7a	Did the organization have members or stockholders?			
'a	one or more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.) Yes	No
		10a	103	X
	Did the organization have local chapters, branches, or affiliates?	10a		Λ
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
44.5	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
b 122	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
Ŭ	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	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 arrangement	10-		x
	with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			1
17	List the states with which a copy of this Form 990 is required to be filed <b>CA</b> , CO, FL, IL, MD, NJ, NY, TN,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-1	(Sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.         X       Own website       X       Upon request       Other (explain in Schedule O)	,200		(0)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and record LENORE RUBEN 224 WEST 35TH STREET, 11TH FLOOR NEW YORK, NY 10001 212-787-3337	ls 🕨		

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Part VII	Compensation of Independent Cont		Directors,	Trustees,	Кеу	Employees,	Highest	Compensated	Employees,	and
	Check if Schedule C	D contains a re	esponse or n	ote to any line	e in this	s Part VII				

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	<b>(B)</b> Average hours per week (list any	box,	not ch unless	s per	tion more rson	e than c is both or/trust	an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)ANN BIALKIN	5.00									
CHAIR	0.	х		x				0.	0.	0.
(2)BOBBIE GLASS	5.00									
BOARD MEMBER	0.	x						0.	0.	0.
(3)LENORE RUBEN	5.00									
PRESIDENT	0.	x		x				0.	0.	0.
(4)JUDY FEIN	5.00									
BOARD MEMBER	0.	x						0.	0.	0.
(5)MARILYN BUTLER	5.00									
BOARD MEMBER	0.	x						0.	0.	0.
(6)KATIE BEHRENS	5.00									
TREASURER	0.	Х		x				0.	0.	0.
(7)LORI GOSSET	5.00									
VICE PRESIDENT	0.	X		x				0.	0.	0.
(8)FRANCES KATZ	5.00									
BOARD MEMBER	0.	X						0.	0.	0.
(9)MARC NADELMAN	40.00									
EXECUTIVE DIRECTOR	0.	1			Х			90,000.	0.	0.
(10)										
(11)		-								
(12)		-								
(13)		-								
(14)		-								
										<b>Farm 000</b> (0010)

	990 (2018)												Page <b>8</b>
Pa	rt VII Section A. Officers, Directors, Tru		y En	nplo			and F	ligł	-		yees (c		<i>,</i>
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	rson	e than o is both or/truste	an	(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related organizations		Esti amo o	( <b>F)</b> mated ount of ther ensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		fro orga and	m the nization related nizations
			-										
			-										
			-										
			-										
			-										
			-										
			-										
			-										
			-										
			-										
1b	Sub-total								90,000.		0.		0.
	Total from continuation sheets to Part VII, Se	_							0.		0.		0.
d 2	Total (add lines 1b and 1c)	limited to t		liste				re	90,000. ceived more than	\$100,000	0 <b>.</b>		0.
			0.	•									Yes No
3	Did the organization list any former offic												
	employee on line 1a? If "Yes," complete Schedu											3	X
4	For any individual listed on line 1a, is the sorganization and related organizations greated organizations and related organizations greated organizations greated organizations and related organizations greated organizations greated organizations and related organizations greated organ	sum of rep eater than	sortac \$15	ole ( 50,0	com 00?	pen If	satior "Yes	ar ," (	na otner compens complete Schedu	sation from <i>le J for</i>	tne such		
	individual											4	X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co es," comple	mpen <i>te Sch</i>	sati hedu	on f <i>ile J</i>	from <i>I for</i>	n any <i>such</i>	uni bera	related organizatio <i>son</i>	on or indiv	idual	5	X
	ction B. Independent Contractors												
1	Complete this table for your five highest com compensation from the organization. Report c year.												
	(A) Name and business add	Iress							<b>(B)</b> Description of se	rvices	с	<b>(C)</b> ompensa	ation
2	Total number of independent contractors (ir more than \$100,000 in compensation from the				nite	d to 0		e li	sted above) who	received			

Par	T VII	Check if Schedule O contains a respor	nse or note to ar	w line in this Part VI			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d f	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1f	271,671. 260,126.				
Cor anc	g h	Noncash contributions included in lines 1a-1f: <b>5 Total.</b> Add lines 1a-1f		531,797.			
Program Service Revenue	2a b c d		Business Code				
ram	e						
rogi	f	All other program service revenue <b>Total.</b> Add lines 2a-2f		0.			
	<u>g</u> 3	Investment income (including divider and other similar amounts).	nds, interest,	4,511.			4,511.
	4 5	Income from investment of tax-exempt bond	•	0.			
	5	Royalties	(ii) Personal	0.			
	6a b c	Gross rents					
	d 7a	Net rental income or (loss) Gross amount from sales of assets other than inventory	(ii) Other	0.			
	b	Less: cost or other basis and sales expenses					
	c d	Gain or (loss)		0.			
Other Revenue	8a	Gross income from fundraising events (not including \$71,671. of contributions reported on line 1c).	46,750.				
Othei	b	See Part IV, line 18 a Less: direct expenses b					
Ŭ	с	Net income or (loss) from fundraising events	· · · · · · •	-28,715.			
	9a	Gross income from gaming activities. See Part IV, line 19					
	b c	Less: direct expenses <b>b</b> Net income or (loss) from gaming activities		0.			
		Gross sales of inventory, less returns and allowancesa	0.				
	b	Less: cost of goods sold <b>b</b> Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c d	All other revenue					
	e u	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions.		507,593.			4,511.

### Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service Do not include amounts reported on lines 6b. 7b. (D) Fundraising 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 162,000 individuals. See Part IV, lines 15 and 16 162,000. 0. 4 Benefits paid to or for members 5 Compensation of current officers, directors, 135,922. 58,182. 48,042. 29,698. trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 0. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 3,537. 1,769. 1,768 9 Other employee benefits . . . . . . . . . . . . 5,584. 4,611. 2,850. 13,045. Payroll taxes 10 11 Fees for services (non-employees): 0 a Management 0 b Legal 18,300. 12,400. 40,000. 9,300. c Accounting 0. d Lobbying 0. e Professional fundraising services. See Part IV, line 17. 0. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 0 (A) amount, list line 11g expenses on Schedule O.) 0 12 Advertising and promotion 5,577. 5,577. 13 Office expenses 8,022. 8,022. 14 Information technology 0. Royalties 15 24,769. 24,769 Occupancy 16 0. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 0 Conferences, conventions, and meetings 19 0 Interest 20 0 21 Payments to affiliates 0 Depreciation, depletion, and amortization 22 1,540. 1,540. Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) aOTHER FUNDRAISING EXPENSE 15,024. 15,024. **b**STATES REG FEES AND COSTS 1,198. 1,198. **BANK FEES** 5,032. 5,032. dPAYROLL SERVICE CHARGES 2,113. 2,113. 2,348. 8,266. 10,614. e All other expenses 428,393. 61,170. 239,183. 128,040. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

0

following SOP 98-2 (ASC 958-720)

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	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	art X		
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	215,820.	1	256,13
	Savings and temporary cash investments	418,506.	2	423,01
3	Pledges and grants receivable, net	0.	3	35,00
4	Accounts receivable, net	0.	4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	
6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
-	organizations (see instructions). Complete Part II of Schedule L	0.	6	
7 8	Notes and loans receivable, net	0.	7	
	Inventories for sale or use	0.	8	
	Prepaid expenses and deferred charges	0.	9	
10 a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D			
	Less: accumulated depreciation		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	U. 7 602	14	7,69
15	Other assets. See Part IV, line 11	7,692. 642,018.		721,84
16	Total assets. Add lines 1 through 15 (must equal line 34)		16 17	62
17	Accounts payable and accrued expenses		17	02
18 19	Grants payable		19	
20	Deferred revenue	0.		
20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D	0.	20	
	Loans and other payables to current and former officers, directors,		21	
~~	trustees, key employees, highest compensated employees, and			
22	disqualified persons. Complete Part II of Schedule L	0.	22	
23	Secured mortgages and notes payable to unrelated third parties	0.		
24	Unsecured notes and loans payable to unrelated third parties	0.		
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	
26	Total liabilities. Add lines 17 through 25	0.	26	62
	Organizations that follow SFAS 117 (ASC 958), check here <b>X</b> and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	223,612.	27	298,30
28	Temporarily restricted net assets	18,406.	28	22,91
29	Permanently restricted net assets	400,000.	29	400,00
	Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.			
000	Capital stock or trust principal, or current funds		30	
30	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31				
30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
31		642,018. 642,018.	32 33	721,21

E.	Τ.,	Е.	м.	YOUTH	ΤN	DISTRESS,	TNC	
	· •	ш.		100111	TT4	DIDIREDD'	T110	

PartXI       Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI.       507,593.         1       Total expenses (must equal Part IX, column (A), line 12) .       1       507,593.         2       Total expenses (must equal Part IX, column (A), line 25) .       3       79,200.         3       Revenue less expenses. Subtract line 2 from line 1 .       3       79,200.         4       Revenue less expenses. Subtract line 2 from line 1 .       6       0.         5       0.       6       0.       0.         6       Donated services and use of facilities .       7       0.       6       0.         7       10       Second adjustments .       8       0.       0.       0.         9       Other changes in net assets or fund balances (explain in Schedule 0) .       8       0.       0.       0.         10       721,218.       721,218.       721,218.       721,218.       721,218.         PartXII       Financial Statements and Reporting       Vere the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Yes No         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other       Yes No         1       Accounting method used to prepa	Form 99	00 (2018)		Pa	ge <b>12</b>				
1       Total revenue (must equal Part VIII, column (A), line 12)       1       507,593.         2       Total expenses (must equal Part IX, column (A), line 25)       2       428,393.         3       Revenue less expenses. Subtract line 2 from line 1.       3       79,200.         4       428,393.       3       428,393.         3       Revenue less expenses. Subtract line 2 from line 1.       4       428,393.         4       642,018.       5       0.         5       Net unrealized gains (losses) on investments       6       0.         6       0.       6       0.         7       0.       8       0.         9       0ther changes in net assets or fund balances (explain in Schedule O).       8       0.         10       721,218.       7       0.         9       0ther changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X. line 33. column (B)).       10       721,218.         9       10       721,218.       7       10       721,218.         14       Accounting method used to prepare the Form 990:       Cash X Accrual       Other       0ther         15       Separate basis       Consolidated basis, or both:       Yes       No	Part								
1       Total expenses (must equal Part IX, column (A), line 22)       1       428,393.         2       Total expenses (must equal Part IX, column (A), line 25)       3       79,200.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       642,018.         5       0.       6       0.       6         6       0.       6       0.         7       0.       6       0.         8       0.       0       9       0.         9       0.       9       0.       9       0.         9       0.       9       0.       9       0.         9       0.       9       0.       9       0.         9       0.       9       0.       9       0.         9       0.       9       0.       9       0.         10       Net assets or fund balances (explain in Schedule 0).       9       0.       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part XI)       10       721,218.         Part XII       Financial Statements and Reporting       .       .       10       721,218.         <		Check if Schedule O contains a response or note to any line in this Part XI							
a       79,200.         a       79,200.         b       a         c       79,200.         c       a         c       a         c       a         c       a         c       a         c       a         c       a         c       a         c       a         c       a         c       a         c       a         c       a         c       a         c       a         c       a         c       a         c       a         c       a         c       a         c       a         c       a         c       a         c       a         c       a         c       a         c       a         c       a         c       a         c       a         c       a         c       a         c       a         c       a	1								
<ul> <li>Net one consolidated basis</li> <li>Net unrealized gains (losses) on investments</li> <li>Donated services and use of facilities</li> <li>Prior period adjustments</li> <li>Pris, "check a box be</li></ul>	2	Total expenses (must equal Part IX, column (A), line 25)	4						
<ul> <li>Inclusion of the unrealized gains (losses) on investments</li></ul>	3	Revenue less expenses. Subtract line 2 from line 1   3							
a bit of inductor gains (loosed) of inclutions       a         b control adjustments       a         control adjust       a         con	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
0       Durated services any loss of radiusts         1       Investment expenses       7         3       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       721,218.         Part XII       Financial Statements and Reporting       721,218.         Check if Schedule O contains a response or note to any line in this Part XII       10         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 O.       2a       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?,	5	5 Net unrealized gains (losses) on investments							
<ul> <li>a Prior period adjustments</li> <li>b Prior period adjustments</li> <li>c Indextasets or fund balances (explain in Schedule O)</li> <li>c It XIII</li> <li>c It XIIII</li> <li>c It XIIIII</li> <li>c It XIIIII</li> <li>c It XIIIIIII</li> <li>c It XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII</li></ul>	6								
8       Prior period adjustments       8       0.         9       Other changes in net assets or fund balances (explain in Schedule O).       9       0.         10       Net assets or fund balances (explain in Schedule O).       10       721,218.         Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       10       721,218.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       11         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       12       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       12       X         1       ft the organization's financial statements compiled or reviewed by an independent accountant?       2a       X       2a       X         1       ft "yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis       both consolidated and separate basis       2b       X         1       Were the organization's financial statements audited by an independent accountant?       2b       X       2b       X         1       ""Yes," check a box below to indicate whether the financial statem	7	Investment expenses			0.				
9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       721,218.         Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       10       721,218.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other, "explain in Schedule O.         2a       Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         16       "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis or both:       2b       X         16       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:       2b       X         17       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:       2b       X         16       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:       2b       X	8	Prior period adjustments			0.				
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).       10       721,218.         Part XII       Financial Statements and Reporting       0       721,218.         Check if Schedule O contains a response or note to any line in this Part XII       10       721,218.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       1         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       ff "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis, or both:       2b       X       2b       X         16       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       Consolidated basis       Both consolidated and separate basis       2b	9				0.				
Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       Image: the space of the space o	10								
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         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 O.       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?		33, column (B))	7	21,2	218.				
1       Accounting method used to prepare the Form 990: Cash X Accrual Other_       Other_         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a         Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b         X       Separate basis       Consolidated basis       Both consolidated and separate basis         c       If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       3a       3a	Part	XII Financial Statements and Reporting							
<ul> <li>Accounting method used to prepare the Form 990: Cash X Accrual Other</li></ul>		Check if Schedule O contains a response or note to any line in this Part XII							
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   2a Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   b Were the organization's financial statements audited by an independent accountant?				Yes	No				
Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
<ul> <li>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Both consolidated and separate basis</li> <li>b Were the organization's financial statements audited by an independent accountant?</li></ul>		If the organization changed its method of accounting from a prior year or checked "Other," explain in							
<ul> <li>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Z b X</li> <li>2b X</li> <li>2b X</li> <li>2c X</li> <li>2c X</li> <li>2c X</li> <li>2c X</li> <li>2d X</li> </ul>		Schedule O.							
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Image: Consolidated basis       Both consolidated and separate basis         b Were the organization's financial statements audited by an independent accountant?       Image: Consolidated basis       Image: Consolidated basis         if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolidated basis       Image: C	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х				
<ul> <li>reviewed on a separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidate</li></ul>									
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<ul> <li>b Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the</li> </ul>									
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolid	h		2b	Х					
<ul> <li>separate basis, consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the</li> </ul>	5								
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis									
<ul> <li>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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li></ul>									
of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       3a         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the       If the organization did not undergo the       If the organization did not undergo the	<b>c</b>								
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.         3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	C		2c	х					
Schedule O.       3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the       3a									
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the       a									
the Single Audit Act and OMB Circular A-133?       3a         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the       a	20								
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Ja		38						
	h								
	a		36						

 SCHEDULE A (Form 990 or 990-EZ)
 Public Charity Status and Public Support

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

 Department of the Treasury
 Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 20 8

		nt of the Treasury evenue Service	)	Go to www.irs.go	//Form990 for instruction	ons and t	he latest i	nformation.	Inspection				
Nam	e of th	he organization						Employer identifi	cation number				
	_	.M.YOUTH IN I						13-31718					
	rt I			•	•			art.) See instructions	i				
The	orga				is: (For lines 1 throug		•	,					
1					tion of churches desc								
2					. (Attach Schedule E								
3		-	-	-	rganization described								
4		A medical resear	rch organiz	ation operated in	conjunction with a hos	spital des	scribed ir	n section 170(b)(1)(A)	(iii). Enter the				
		hospital's name,	-										
5		-			a college or universit	y owned	d or ope	rated by a governme	ental unit described in				
		section 170(b)(1)											
6					rnmental unit describe								
7	Х	-		-		pport fro	om a go	vernmental unit or fro	om the general public				
		described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II.) A community trust described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II.)											
8		-		-		-							
9		-	-	-			-	I in conjunction with a					
		-	non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	t the college or				
		university:					,						
10		An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See <b>section 509(a)(2)</b> . (Complete Part III.)											
11		An organization of	organized a	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).					
12		An organization of	organized a	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to c	carry out the purposes				
		-		· · ·					See section 509(a)(3).				
	_	Check the box in	lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete lin	nes 12e, 12f, and 12g.				
а		<b>Type I.</b> A supp	orting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving				
		the supported of	organizatio	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the				
	_				e Part IV, Sections A								
b				-				supported organization					
		control or man	agement o	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported				
	_				, Sections A and C.								
С					·			n with, and functional	lly integrated with,				
	_		-		s). You must comple								
d		••	-	-		•		ection with its suppor	• • • • •				
			-			-		oution requirement and	d an attentiveness				
					omplete Part IV, Sect								
е			-					hat it is a Type I, Type I	II, Type III				
					ionally integrated sup								
t				•	orted organization(s).				•••••				
y		ame of supported orga		(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of				
	(1) 14	ame of supported orga	IIIZalion		(described on lines 1-10		ur governing	support (see	other support (see				
					above (see instructions))		ment?	instructions)	instructions)				
						Yes	No						
(A)													
(B)													
$\sim$													
(C)													
(D)													
(E)													
Tet													
Tota	al												

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 8E1210 1.000 79035P M065 11/13/2019 2:39:14 PM V 18-7.6F

### Schedule A (Form 990 or 990-EZ) 2018

13-3171815

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,005,184.	869,999.	792,190.	956,858.	531,797.	4,156,028.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,005,184.	869,999.	792,190.	956,858.	531,797.	4,156,028.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						1,411,679.
6	Public support. Subtract line 5 from line 4						2,744,349.
_	tion B. Total Support		I I			T	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1,005,184.	869,999.	792,190.	956,858.	531,797.	4,156,028.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,179.	2,264.	2,300.	3,042.	4,511.	14,296.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						4,170,324.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
$\frac{13}{2}$	First five years. If the Form 990 is f organization, check this box and stop here						
	tion C. Computation of Public Sup	•	-	4.4 1 (0)		4.4	65.81%
14	Public support percentage for 2018 (li					14	67.86%
15	Public support percentage from 2017 33 1/3% support test - 2018. If the org					15	
108		-					
h	box and stop here. The organization q 33 1/3% support test - 2017. If the org			-			
b	this box and <b>stop here</b> . The organization	-					
179	10%-facts-and-circumstances test - 2			•			
174	10% or more, and if the organization	-					
	Part VI how the organization meets t					•	•
	organization			-	-		
b	10%-facts-and-circumstances test - 2						and line
~	15 is 10% or more, and if the orga	-					
	Explain in Part VI how the organizati						
	supported organization				-	-	
18	Private foundation. If the organization						
	instructions						

Page 3

Schedule A	(Form	990 or	· 990-EZ	2018

 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 qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support								
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e)	2018	(f) Tota	al
1	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								
	organization'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								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3								
	received from disqualified persons								
b	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								
с	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from								
	line 6.)								
Sec	tion B. Total Support								
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e)	2018	(f) Tota	al
9	Amounts from line 6								
10 a	Gross income from interest, dividends,								
	payments received on securities loans, rents, royalties, and income from similar								
	sources								
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
с	Add lines 10a and 10b								
11	Net income from unrelated business								
	activities not included in line 10b,								
	whether or not the business is regularly								
12	carried on								
	loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11,								
	and 12.)								
14	First five years. If the Form 990 is f	for the organiza	tion's first, secc	nd, third, fourth	, or fifth tax y	ear as	a section	501(c)(3)	
	organization, check this box and stop here	-							
Sec	tion C. Computation of Public Sup								
15	Public support percentage for 2018 (line 8			ımn (f))		. 15			%
16	Public support percentage from 2017 Sche	edule A, Part III, lir	ne 15			16			%
Sec	tion D. Computation of Investmen								
17	Investment income percentage for 2018 (li			13, column (f))		17			%
18	Investment income percentage from 2017					18			%
	331/3% support tests - 2018. If the or						331/3 %.	and line	
	17 is not more than 331/3%, check th	-							$\square$
b	331/3% support tests - 2017. If the orga	-	· •				-		
-	line 18 is not more than 331/3%, check								$\square$
20	Private foundation. If the organization								
JSA 221.1.0								990 or 990-EZ	) 2018

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

### 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?
- 6 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.*
- **10 a** 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.)

10b Schedule A (Form 990 or 990-EZ) 2018

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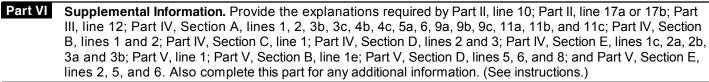
	E.L.E.M. FOUTH IN DISTRESS, INC 13-31/1	010		_
-	le A (Form 990 or 990-EZ) 2018			Page <b>5</b>
Part	V Supporting Organizations (continued)		V	
	the the second state of the second state of the form on the following second of		Yes	No
11	Has the organization accepted a gift or contribution from any of 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		
	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		
Secti	on B. Type I Supporting Organizations		14	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If 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		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1		
Secti	on D. All Type III Supporting Organizations	•		I
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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 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? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	•		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons)	
a b	<ul> <li>The organization satisfied the Activities Test. <i>Complete line 2 below.</i></li> <li>The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i></li> </ul>		-	
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	11500		No
2	Activities Test. Answer (a) and (b) below.		103	110
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	-	2a		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in <b>Part VI.</b></i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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v. 20, 1970 (expla complete Sectio (A) Prior Year (A) Prior Year	in in Part VI). <b>See</b> Ins A through E. (B) Current Year (optional)
(A) Prior Year	(B) Current Year
(A) Prior Year	
(A) Prior Year	_
(A) Prior Year	
(A) Prior Year	
(A) Prior Year	
	(B) Current Year (optional)
	Current Year

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

	V Type III Non-Functionally Integrated 509(a)(3) s ion D - Distributions	Sapponing Organizat		Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		Current real
2	Amounts paid to perform activity that directly furthers exen		ed	
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
Ū	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
			(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in <b>Part VI</b> ). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			



### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

## Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number

Name of the organization

Organization type (check one):

E.L.E.M.YOUTH IN DISTRESS, INC

13-3171815

private foundation

	·
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a
	527 political organization

	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

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For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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Employer identification number 13-3171815

Part I	Contributors (see instructions). Use duplicate copies		1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	JEFFREY A. ALTMAN FOUNDATION 640 FIFTH AVENUE, 20TH FLOOR NEW YORK, NY 10019	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CHARITABLE TRUST U/W OF LOUIS FEIL		Person
	7 PENN PLAZA, #618	\$\$	Payroll Noncash (Complete Part II for
	NEW YORK, NY 10001		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MS.LENORE RUBEN 173 RIVERSIDE DRIVE NEW YORK, NY 10024	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MR AND MRS IRA RENNERT 625 PARK AVENUE APT 11A NEW YORK, NY 10021	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THE GARY SALTZ FOUNDATION, INC. 150 EAST 52ND ST 10TH FLOOR NEW YORK, NY 10022	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	OMRI AMIT 545 W END AVE APT 4D NEW YORK, NY 10024	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HITTMAN FAMILY FOUNDATION	\$25,000.	Person X Payroll
	BALTIMORE, MD 21209	\$25,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

13-3171815

Name of organization E.L.E.M.YOUTH IN DISTRESS, INC

Employer identification number 13-3171815

art II Nonca	ash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

	(Form 990, 990-EZ, or 990-PF) (2018)			Page <b>4</b>			
Name of o	rganization E.L.E.M.YOUTH IN DISTR	ESS, INC		Employer identification number			
				13-3171815			
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	<b>the year from any</b> ions completing Par e year. (Enter this in	one contributor. One contributor. One contributor. One contributor of the total of formation once. Set	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.			
(a) No. from		·		/ · · · · · · · · · · · · · · · · · · ·			
Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
		(e) Transf	er of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee			
				•			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
Part I							
		(e) Transf	er of gift				
	Transferrada nome address as		Deletier				
	Transferee's name, address, ar	10 <b>212 +</b> 4	Relation	nship of transferor to transferee			
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2018)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

(For	EDULE D m 990)	► Complete if	ental Financial Statements the organization answered "Yes" on Form 990,	2 <b>01</b> 8
		Part IV, line 6, 7,	8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	
	tment of the Treasury	Co to your ire gov	Attach to Form 990. <i>Form990</i> for instructions and the latest information	open to Public Inspection
	al Revenue Service of the organization			Employer identification number
	-	I DICEDECC INC		
		N DISTRESS, INC	iand Funda an Othen Cimilar Funda an	13-3171815
Par		-	ised Funds or Other Similar Funds or A	Accounts.
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.	
			(a) Donor advised funds	(b) Funds and other accounts
	Total number at e	nd of year		
	Aggregate value of	of contributions to (during year)		
	Aggregate value of	of grants from (during year)		
	Aggregate value a	at end of year		
	Did the organizati	ion inform all donors and donor	advisors in writing that the assets held in	n donor advised
			e organization's exclusive legal control?	
	-		and donor advisors in writing that grant fur	
	-	-	fit of the donor or donor advisor, or for an	
	,			
		ition Easements.		
		e if the organization answered	"Yes" on Form 990, Part IV, line 7.	
			organization (check all that apply).	
		n of land for public use (e.g., rec		f a historically important land area
		of natural habitat	·	f a certified historic structure
		n of open space		
			eld a qualified conservation contribution in <u>t</u>	he form of a conservation
		last day of the tax year.		Held at the End of the Tax Year
				2a
				2b
				2c
			c) acquired after 7/25/06, and not on a	
		_		2d
		rvation easements modified, trai	nsferred, released, extinguished, or termina	ted by the organization during the
	tax year ►			
			rvation easement is located ►	
	•		garding the periodic monitoring, inspection	
			sements it holds?	
	Staff and volunteer	hours devoted to monitoring, inspec	ting, handling of violations, and enforcing const	ervation easements during the year
	▶			
	Amount of expens	ses incurred in monitoring, inspec	ting, handling of violations, and enforcing cor	nservation easements during the year
	▶\$			
	Does each conserv	vation easement reported on line	2(d) above satisfy the requirements of section	n 170(h)(4)(B)(i)
	and section 170(h	)(4)(B)(ii)?		Yes 📖 No
			conservation easements in its revenue and	
	balance sheet, an	d include, if applicable, the text of	of the footnote to the organization's financia	I statements that describes the
		d include, if applicable, the text of counting for conservation easeme		I statements that describes the
	organization's acc	counting for conservation easeme		
	organization's acc rt III Organiza	counting for conservation easement tions Maintaining Collections	nts.	
aı	organization's acc t III Organiza Complete	counting for conservation easement tions Maintaining Collections the organization answered	nts. of Art, Historical Treasures, or Other "Yes" on Form 990, Part IV, line 8.	Similar Assets.
aı	organization's acc t III Organiza Complete If the organization	tions Maintaining Collections tions Maintaining Collections if the organization answered pelected, as permitted under Si	nts. <b>of Art, Historical Treasures, or Other</b> "Yes" on Form 990, Part IV, line 8. FAS 116 (ASC 958), not to report in its re	Similar Assets.
a	t III Organization's acc Organiza Complete If the organizatior works of art, hist public service, pro	tions Maintaining Collections tions Maintaining Collections e if the organization answered n elected, as permitted under Si torical treasures, or other simila byide, in Part XIII, the text of the f	nts. <b>of Art, Historical Treasures, or Other</b> "Yes" on Form 990, Part IV, line 8. FAS 116 (ASC 958), not to report in its re ar assets held for public exhibition, educa- botnote to its financial statements that desc	Similar Assets. evenue statement and balance shee ation, or research in furtherance o ribes these items.
Par	organization's acc <b>Organiza</b> Complete If the organization works of art, hist public service, pro If the organization	tions Maintaining Collections tions Maintaining Collections e if the organization answered n elected, as permitted under Si torical treasures, or other simila byide, in Part XIII, the text of the for n elected, as permitted under	nts. <b>of Art, Historical Treasures, or Other</b> "Yes" on Form 990, Part IV, line 8. FAS 116 (ASC 958), not to report in its re- ar assets held for public exhibition, educa- botnote to its financial statements that desc SFAS 116 (ASC 958), to report in its re-	Similar Assets. evenue statement and balance shee ation, or research in furtherance o ribes these items. venue statement and balance shee
	organization's acc <b>Organiza</b> Complete If the organizatior works of art, hist public service, pro If the organization works of art, hist	tions Maintaining Collections tions Maintaining Collections e if the organization answered n elected, as permitted under Si torical treasures, or other simila ovide, in Part XIII, the text of the for n elected, as permitted under torical treasures, or other simila	nts. <b>of Art, Historical Treasures, or Other</b> "Yes" on Form 990, Part IV, line 8. FAS 116 (ASC 958), not to report in its re- ar assets held for public exhibition, educa- botnote to its financial statements that desc SFAS 116 (ASC 958), to report in its re- ar assets held for public exhibition, educa- bar assets held for public exhibition, educa-	Similar Assets. evenue statement and balance shee ation, or research in furtherance o ribes these items. venue statement and balance shee
	t III Organization's acc Organiza Complete If the organization works of art, hist public service, pro If the organization works of art, hist public service, pro	tions Maintaining Collections tions Maintaining Collections e if the organization answered n elected, as permitted under Si torical treasures, or other simila wide, in Part XIII, the text of the for n elected, as permitted under torical treasures, or other similar wide the following amounts relat	nts. <b>of Art, Historical Treasures, or Other</b> "Yes" on Form 990, Part IV, line 8. FAS 116 (ASC 958), not to report in its re- ar assets held for public exhibition, educa- botnote to its financial statements that desc SFAS 116 (ASC 958), to report in its re- ar assets held for public exhibition, educa- ar assets held for public exhibition, educa- ng to these items:	Similar Assets. evenue statement and balance shee ation, or research in furtherance of ribes these items. venue statement and balance shee ation, or research in furtherance of
	t III Organization's acc Organization Complete If the organization works of art, hist public service, pro If the organization works of art, hist public service, pro (i) Revenue include	tions Maintaining Collections tions Maintaining Collections e if the organization answered n elected, as permitted under Si torical treasures, or other simili- voide, in Part XIII, the text of the fu- n elected, as permitted under torical treasures, or other simili- voide the following amounts related ded on Form 990, Part VIII, line 1	nts. <b>of Art, Historical Treasures, or Other</b> "Yes" on Form 990, Part IV, line 8. FAS 116 (ASC 958), not to report in its re- ar assets held for public exhibition, educa- botnote to its financial statements that desc SFAS 116 (ASC 958), to report in its re- ar assets held for public exhibition, educa- ar assets held for public exhibition, educa- ng to these items:	Similar Assets.
aı	t III Organization's acc Complete Complete If the organization works of art, hist public service, pro If the organization works of art, hist public service, pro (i) Revenue include (ii) Assets include	tions Maintaining Collections tions Maintaining Collections of the organization answered n elected, as permitted under Si torical treasures, or other similar ovide, in Part XIII, the text of the for n elected, as permitted under torical treasures, or other similar ovide the following amounts related ded on Form 990, Part VIII, line 1 and in Form 990, Part X.	nts. <b>of Art, Historical Treasures, or Other</b> "Yes" on Form 990, Part IV, line 8. FAS 116 (ASC 958), not to report in its re- ar assets held for public exhibition, educa- botnote to its financial statements that desc SFAS 116 (ASC 958), to report in its re- ar assets held for public exhibition, educa- ar assets held for public exhibition, educa- ing to these items:	Similar Assets.
	organization's acc <b>t III</b> Organiza Complete If the organization works of art, hist public service, pro If the organization works of art, hist public service, pro (i) Revenue include (ii) Assets include If the organization	tions Maintaining Collections tions Maintaining Collections a if the organization answered torical treasures, or other simila wide, in Part XIII, the text of the for n elected, as permitted under torical treasures, or other simila wide the following amounts relat ded on Form 990, Part VIII, line 1 and in Form 990, Part X	nts. <b>of Art, Historical Treasures, or Other</b> "Yes" on Form 990, Part IV, line 8. FAS 116 (ASC 958), not to report in its re- ar assets held for public exhibition, educa- botnote to its financial statements that desc SFAS 116 (ASC 958), to report in its re- ar assets held for public exhibition, educa- ing to these items: rt, historical treasures, or other similar as	Similar Assets.
Par a	organization's acc <b>Organiza</b> Complete If the organization works of art, hist public service, pro If the organization works of art, hist public service, pro (i) Revenue include (ii) Assets include If the organization following amounts	tions Maintaining Collections tions Maintaining Collections if the organization answered n elected, as permitted under Si- torical treasures, or other simila- bode, in Part XIII, the text of the fe- n elected, as permitted under torical treasures, or other simila- bode the following amounts relat ded on Form 990, Part VIII, line 1 ed in Form 990, Part X in received or held works of a s required to be reported under Si-	nts. <b>of Art, Historical Treasures, or Other</b> "Yes" on Form 990, Part IV, line 8. FAS 116 (ASC 958), not to report in its re- ar assets held for public exhibition, educa- botnote to its financial statements that desc SFAS 116 (ASC 958), to report in its re- ar assets held for public exhibition, educa- ar assets held for public exhibition, educa- ing to these items: rt, historical treasures, or other similar as FAS 116 (ASC 958) relating to these items:	Similar Assets.
	organization's acc <b>t III</b> Organiza Complete If the organization works of art, hist public service, pro If the organization works of art, hist public service, pro (i) Revenue included If the organization following amounts Revenue included	tions Maintaining Collections tions Maintaining Collections a if the organization answered torical treasures, or other simila wide, in Part XIII, the text of the for n elected, as permitted under torical treasures, or other simila wide the following amounts relat ded on Form 990, Part VIII, line 1 and in Form 990, Part X n received or held works of a s required to be reported under S on Form 990, Part VIII, line 1	nts. <b>of Art, Historical Treasures, or Other</b> "Yes" on Form 990, Part IV, line 8. FAS 116 (ASC 958), not to report in its re- ar assets held for public exhibition, educa- botnote to its financial statements that desc SFAS 116 (ASC 958), to report in its re- ar assets held for public exhibition, educa- ing to these items: rt, historical treasures, or other similar as	Similar Assets.

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T. F. M. VOUTH TN DISTRESS INC

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		.M.YOUTH IN	DISTRES	SS, INC				13-317	1812		
Scheo	dule D (Form 990) 2018										age <b>2</b>
Ра	rt III Organizations Maintaining	Collections of	Art, Histo	rical Tre	asures	s, or Ot	her Similar	Assets (c	ontinue	d)	
3	Using the organization's acquisition, a	accession, and o	other recor	ds, check	any of	f the fo	llowing that	are a sign	ificant u	se o	of its
	collection items (check all that apply):			_							
а	Public exhibition		d	Loan c	or excha	ange pro	grams				
b	Scholarly research		e	Other							
с	Preservation for future generation	ons									
4	Provide a description of the organiza	tion's collections	and expla	ain how t	hey fur	ther the	organization	's exempt	purpos	e in	Part
	XIII.				2		-				
5	During the year, did the organization s	olicit or receive c	lonations o	f art, histo	orical tre	easures.	or other simi	lar			
	assets to be sold to raise funds rather t							_	Yes		No
Ра	rt IV Escrow and Custodial Arra										
	Complete if the organization 990, Part X, line 21.	n answered "Ye	es" on Fori	m 990, F	Part IV,	line 9, o	or reported a	an amour	it on Fo	rm	
1a	Is the organization an agent, trustee, o	custodian or othe	r intermed	iary for c	ontribut	ions or c	ther assets n	nt			
· u	included on Form 990, Part X?			-				_	Yes		No
h	If "Yes," explain the arrangement in Pa							•••• [	103		
D	in res, explain the arrangement in ra			iowing tac	//C.			Amount			
с	Beginning balance				-	10		7 inouni			
	Additions during the year					1c					
e						1d					
f	Distributions during the year					1e 1f					
	Ending balance Did the organization include an amour						dial account li	ability?	Yes		No
	If "Yes," explain the arrangement in Pa							-		-	
1	rt V Endowment Funds.			planation						-	
Pa	Complete if the organization	n answered "Ve	e" on For	m 000 E	Part IV/	lina 10					
		(a) Current year	(b) Prio	-		years ba		are beek	(e) Four	vooro l	hook
		418,406.		5,364.		413,06	.,	0,800.			753.
1a	Beginning of year balance	410,400.	41.	5,304.	-	±13,00	94. 41	0,000.	5	12,	155.
b	Contributions										
С	Net investment earnings, gains,	4 511		0 0 4 0		2 20		2 264		2	1 2 0
	and losses	4,511.		3,042.		2,30		2,264.	1		129
d	Grants or scholarships								1	.04,	082
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	422,917.	41	8,406.	4	415 <b>,</b> 36	54. <u>41</u>	3,064.	4	10,	800
2	Provide the estimated percentage of t	he current year o	end balance	e (line 1g,	column	(a)) held	d as:				
	Board designated or quasi-endowment		_%								
	Permanent endowment  92.900										
С	Temporarily restricted endowment	7.1000 %									
	The percentages on lines 2a, 2b, and	2c should equal ?	100%.								
3a	Are there endowment funds not in the	possession of th	ne organiza	tion that	are helo	d and ac	ministered for	the	_		
	organization by:								\	/es	No
	(i) unrelated organizations								3a(i)		X
	(ii) related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related of	organizations liste	d as require	ed on Sch	edule R	?			3b		
4	Describe in Part XIII the intended uses		tion's endo	wment fur	nds.						
Ра	rt VI Land, Buildings, and Equipr	nent.				line 11		. 000 Da	ut V line	. 10	
	Complete if the organizatio	(a) Cost or		(b) Cost of			Accumulated		Book val		·
	Description of property	(invest			ther)		depreciation	(u	BOOK Val	ue	
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment										
	Other										
	I. Add lines 1a through 1e. (Column (d)		n 990, Part	X, columr	n (B), lin	e 10c.)	<u> </u>				

Schedule D (Form 990) 2018

		IN DISTRESS, IN	
Schedule D (F	Form 990) 2018 Investments - Other Securities.		Pag
		l "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	-held equity interests		
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		
Part VIII			
			, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Columi	n (b) must equal Form 990, Part X, col. (B) line 13.) 🕨		
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
	<b>(a)</b> De	scription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) l	ine 15.)	
Part X	Other Liabilities.		
	Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	e
. ,	ral income taxes		
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 ►

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

E.L.E.M.YOU	JTH IN	DISTRESS,	INC
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Schedu	le D (Form 990) 2018		Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	583,058.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	75 <b>,</b> 465.
3	Subtract line 2e from line 1.	3	507,593.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )	5	507,593.
Part		irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	503,858.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
2 a	Donated services and use of facilities		
_	Prior year adjustments	1	
b			
C			
d		2e	75,465.
e	Add lines 2a through 2d	3	428,393.
3	Subtract line 2e from line 1	5	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a		-	
b		4.0	
_ c	Add lines 4a and 4b	4c 5	428,393.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).         XIII         Supplemental Information.	5	-20,393.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, l	art V line	4. Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		

SEE PAGE 5

1

DIRECT EXPENSES OF FUND RAISING EVENTS

2

DIRECT EXPENSES OF FUND RAISING EVENTS

3

INTEREST EARNED WILL BE USED FOR GRANTS

SCH	IEDULE F	Staten	nent of A	ctivities	Outside the Unit	ted States	OMB No. 1545-0047
	m 990)				"Yes" on Form 990, Part IV,		2018
	ment of the Treasury I Revenue Service	►G	o to <i>www.irs.go</i>		to Form 990. nstructions and the latest int	formation.	Open to Public Inspection
	of the organization					Employer id	entification number
E.L.	E.M.YOUTH IN	DISTRESS	, INC			13-31	71815
Part	General Info Form 990, Pa			Outside the	United States. Compl	ete if the organizat	tion answered "Yes" or
	assistance, the gran	tees' eligibili	ty for the grant	ts or assistanc	substantiate the amount of e, and the selection criteri	a used to award the	
	For grantmakers. I outside the United S		Part V the org	anization's pro	ocedures for monitoring	the use of its gran	ts and other assistance
3	Activities per Regior	n. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace is needed.)	
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in ( a program service describe specific type service(s) in the regi	e of expenditures for and investments
(1)	MIDDLE EAST AND NOR	TH AFRICA	0.	0.	GRANTMAKING		162,000.
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
<u>(10)</u>							
<u>(11)</u>							
<u>(12)</u>							
<u>(13)</u>							
(14)							
(15)							
(16)							
<u>(17)</u>	Subtotol						1.00.000
3a b		ontinuation					162,000.
с	sheets to Part I Totals (add lines 3						162,000.

 
 c
 Totals (add lines 3a and 3b)

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Schedule F (Form 990) 2018

13 - 3171815

(16)	(15)	(14)	(13)	(12)	(11)	(10)	(9)	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)	<b>_</b>	Schedule F Part II
																(a) Name of organization	Schedule F (Form 990) 2018 Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.
																(b) IRS code section and EIN (if applicable)	stance to Organiza recipient who recei
															MIDDLE EAST/NORTH AFRICA	(c) Region	itions or Entities Outsi ived more than \$5,000. I
															SEE STATEMEN	<b>(d)</b> Purpose of grant	<b>de the Unite</b> <sup>D</sup> art II can be c
															162,000.	<b>(e)</b> Amount of cash grant	0 -
															WIRE TRANS.	(f) Manner of cash disbursement	te if the orga onal space is
																(g) Amount of noncash assistance	Page 2 Complete if the organization answered "Yes" on Form 990, I if additional space is needed.
																(h) Description of noncash assistance	ed "Yes" on
																(i) Method of valuation (book, FMV, appraisal, other)	Page <b>2</b> Form 990,

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Schedule F (Form 990) 2018

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ω

Enter total number of other organizations or entities.

N

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

13-3171815

Schedule F (Form 990) 2018
Page 3
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.

	(18)	(17)	(16)	(15)	(14)	(13)	(12)	(11)	(10)	(9)	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)		
																			(a) Type of grant or assistance	Part III can be duplicated if additional space is needed.
																			(b) Region	litional space is needed.
																			(c) Number of recipients	
																			<b>(d)</b> Amount of cash grant	
																			(e) Manner of cash disbursement	
																			(f) Amount of noncash assistance	
Sc																			(g) Description of noncash assistance	
Schedule F (Form 990) 2018																			<b>(h)</b> Method of Valuation (book, FMV, appraisal, other)	

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Schedu	le F (Form 990) 2018		Page <b>4</b>
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "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)	Yes	X No

Schedule F (Form 990) 2018

Page 5

Schedule F (Form 990) 2018

### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

1

TRAINING AND SUPERVISION OF PERSONNEL TO OPERATE COUNSELING AND INFORMATION CENTERS FOR AT-RISK YOUTH. STAFFING AND MAINTENANCE OF MOBILE OUTREACH VANS. FUNDS ARE USED TO PROVIDE YOUTH WITH INDIVIDUAL AND GROUP COUNSELING, VOCATIONAL TRAINING AND WORK PLACEMENT. FUND PROGRAMS AND WORKSHOPS TO AID IN ASSIMILATION OF NEW IMMIGRANT YOUTH. FORM 990, SCHEDULE F, PART 1, LINE 2 THREE MEMBERS OF E.L.E.M. BOARD OF DIRECTORS ARE ALSO MEMBERS OF E.L.E.M ISRAEL BOARD OF DIRECTORS. THE USE OF GRANTS IS REVIEWED AT LEAST MONTHLY. GRANTS OF 162,000 WERE MADE TO ELEM ISRAEL ORGANIZATION.

SCHEDULE G	Supplemental	Information Re	garding	Fundra	ising or Gamir	ng Activities	OMB No. 1545-0047			
(Form 990 or 990-EZ)		he organization answer organization entered n				9, or if the	2018			
Department of the Treasury	<b>.</b>			or Form 990			Open to Public			
Internal Revenue Service	► G	o to www.irs.gov/Forms	990 for instr	uctions and	the latest instructions.	Employer identificat	Inspection			
Name of the organization E.L.E.M.YOUTH IN	א הדפייסדפי דאו	7				13-3171815				
	ing Activities. Com		nization a	nswered	"Yes" on Form					
	0-EZ filers are not	• •					,			
	the organization rais				activities. Check a	all that apply.				
a 📃 Mail solicita	tions	е	Solic	itation of	non-government g	Irants				
<b>b</b> Internet and	email solicitations	f			government grant	S				
c Phone solici		g	Spec	cial fundra	ising events					
d log In-person so										
2a Did the organiza or key employee	tion have a written of s listed in Form 990						Yes No			
	10 highest paid indiv					-				
compensated at	least \$5,000 by the	organization.								
	(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Did fundraiser have custody or control of contributions?									
			Yes	No		col. (i)				
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
Total 3 List all states in	which the organizat	tion in registered a					hit is even them			
registration or lic		non is registered o					a it is exempt from			

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Page **2** 

### Schedule G (Form 990 or 990-EZ) 2018

# Part II

Ра	rt I	Fundraising Events. Complete more than \$15,000 of fundra events with gross receipts gree	aising event contributi			
			(a) Event #1 GALA	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue			(event type)	(event type)	(total number)	
	1	Gross receipts	318,421.			318,421.
	2	Less: Contributions	271,671.			271,671.
	3	Gross income (line 1 minus line 2)	46,750.			46,750.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	5,070.			5,070.
	7	Food and beverages	43,110.			43,110.
	8	Entertainment	10,317.			10,317.
	9	Other direct expenses	16,968.			16,968.
	10	Direct expense summary. Add lin	es 4 through 9 in colu	mn (d)		75,465.
Ра		Net income summary. Subtract li <b>Gaming.</b> Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "			-28,715. reported more than
Revenue		↓ 10,000 011 0111 000-L2, 111	(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ses	2	Cash prizes				
xbens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	Yes% No	
	7					
	8					
9	I	Net gaming income summary. Su Enter the state(s) in which the org Is the organization licensed to con If "No," explain:	anization conducts ga iduct gaming activities	ming activities: in each of these state	es?	YesNo
k	,	п по, ехраш				
10 <i>a</i> t		Were any of the organization's gaming	g licenses revoked, susp	pended, or terminated d	uring the tax year?	Yes No

Ε.	. L.	Е.М.	YOUTH	IN	DISTRESS,	INC
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	E.L.E.M.YOUTH IN DISTRESS, INC	13-31/	1812				
Sched	lule G (Form 990 or 990-EZ) 2018			Page <b>3</b>			
11	Does the organization conduct gaming activities with nonmembers?		Yes	No			
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entit						
	formed to administer charitable gaming?		Yes	No			
13	Indicate the percentage of gaming activity conducted in:						
а	The organization's facility	13a		%			
b				%			
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:						
	Name						
	Address ►						
15 a	Does the organization have a contract with a third party from whom the organization receives g						
_	revenue?		Yes	No			
b		and the					
	amount of gaming revenue retained by the third party ► \$						
С	If "Yes," enter name and address of the third party:						
	Name ►						
	Address ►						
16	Gaming manager information:						
	Name						
	Gaming manager compensation ► \$						
	Description of services provided						
	Director/officer Employee Independent contractor						
17	Mandatory distributions:						
а		ceeds to					
	retain the state gaming license?		Yes	No			
b	Enter the amount of distributions required under state law to be distributed to other exempt orga		L				
	or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$						
Par							

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

Department of the Treasury

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Internal Revenue Service Information

E.L.E.M.YOUTH IN DISTRESS, INC

1

THE BOARD OF DIRECTORS MEETS TO REVIEW THE TAX RETURN AND FINANCIAL STATEMENTS WITH THE EXECUTIVE DIRECTOR, VOTE TO APPROVE THE TAX RETURN AND FINANCIAL STATEMENTS.

### 2

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AND THROUGH GUIDESTAR.ORG WEBSITE.

### 3

THE BOARD OF DIRECTORS REVIEWS AND APPROVES ALL MAJOR CONTRACTS AND AGREEMENTS.

### 4

THE EXECUTIVE COMMITTEE MEETS TO DISCUSS AND DECIDE ON ALL COMPENSATION AND BENEFIT CHANGES.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION ELEM USA IS COMMITTED TO EDUCATING THE COMMUNITY ON ISSUES RELATED TO TROUBLED YOUTH AND YOUNG ADULTS IN ISRAEL INCLUDING MENTAL HEALTH; DRUG ADDICTION;VICTIMS OF DOMESTIC AND SEXUAL ABUSE;NEGLECT;INVOLVEMENT WITH THE COURT SYSTEM AND INTEGRATING NEW IMMIGRANTS. WE SUPPORT THE WORK OF ELEM ISRAEL BY PROVIDING FUNDS FOR EFFECTIVE AND INNOVATIVE TREATMENT AND CRITICAL REHABILITATION SERVICES FOR THESE POPULATIONS THROUGHOUT THE COUNTRY.

ATTACHMENT 1