## **CHAR500**

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

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Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Open to Public Inspection

| General Informati                                                                                                                                                                                                                                                                                  | on                                                              |                                                     |                               |                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------|--|
| For Fiscal Year Beginning                                                                                                                                                                                                                                                                          | (mm/dd/yyyy) 01/01/                                             | 2018 and Ending (                                   | mm/dd/yyyy) 12/31/2           | 2018                                                                                  |  |
| Check if Applicable:                                                                                                                                                                                                                                                                               | Name of Organization:<br>FUND FOR THE A                         | Employer Identification Number (EIN):<br>13-3603516 |                               |                                                                                       |  |
| Name Change                                                                                                                                                                                                                                                                                        | Mailing Address:<br>120 WEST 106TH                              | NY Registration Number:<br>04-86-87                 |                               |                                                                                       |  |
| Final Filing                                                                                                                                                                                                                                                                                       | City / State / ZIP:<br>NEW YORK, NY                             | Telephone: 212 870-5000                             |                               |                                                                                       |  |
| Reg ID Pending                                                                                                                                                                                                                                                                                     | Website:<br>WWW.JEWISHHOME                                      |                                                     |                               | Email:<br>MHWEISS@JEWISHHOME.                                                         |  |
| Check your organization's registration category:                                                                                                                                                                                                                                                   |                                                                 |                                                     |                               | Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com. |  |
| 2. Certification                                                                                                                                                                                                                                                                                   |                                                                 |                                                     |                               |                                                                                       |  |
| See instructions for certifit two signatories.                                                                                                                                                                                                                                                     | cation requirements. Improper                                   | certification is a violation                        | of law that may be subject    | to penalties. The certification requires                                              |  |
| We cortify under n                                                                                                                                                                                                                                                                                 | onalties of parium that we rout                                 | wed this report including                           | all attachments and to the    | best of our knowledge and belief,                                                     |  |
| thev an                                                                                                                                                                                                                                                                                            | e true, correct and complete in                                 | accordance with the laws                            | of the State of New York ap   | pplicable to this report.                                                             |  |
|                                                                                                                                                                                                                                                                                                    | $\sum$                                                          | $\Delta I I$                                        | JEFFREY FAI                   |                                                                                       |  |
| President or Authorized                                                                                                                                                                                                                                                                            | Officer:                                                        | tal mos                                             | PRESIDENT/(                   |                                                                                       |  |
|                                                                                                                                                                                                                                                                                                    | Signature                                                       |                                                     | Print Name                    |                                                                                       |  |
|                                                                                                                                                                                                                                                                                                    |                                                                 |                                                     | MARK WEISS                    |                                                                                       |  |
| Chief Financial Officer or                                                                                                                                                                                                                                                                         | Treasurer:                                                      | nlin                                                | CFO                           | whizhs                                                                                |  |
|                                                                                                                                                                                                                                                                                                    | Signature                                                       |                                                     | Print Name                    | and Title Date                                                                        |  |
| <b>3 Annual Reporting</b>                                                                                                                                                                                                                                                                          | <b>J Exemption</b>                                              |                                                     |                               |                                                                                       |  |
| Check the exemption(s) the                                                                                                                                                                                                                                                                         | hat apply to your filing. If your                               | organization is claiming an                         | exemption under one cate      | gory (7A or EPTL only filers) or both                                                 |  |
|                                                                                                                                                                                                                                                                                                    |                                                                 |                                                     |                               | ed Char500. No fee, schedules, or                                                     |  |
| additional attachments ar                                                                                                                                                                                                                                                                          | e required. If you cannot claim                                 | an exemption or are a DU                            | AL filer that claims only one | e exemption, you must file applicable                                                 |  |
| schedules and attachmer                                                                                                                                                                                                                                                                            | its and pay applicable fees.                                    |                                                     |                               |                                                                                       |  |
| 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. |                                                                 |                                                     |                               |                                                                                       |  |
| 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.                                                                                                                                       |                                                                 |                                                     |                               |                                                                                       |  |
| 4. Schedules and A                                                                                                                                                                                                                                                                                 | ttachments                                                      |                                                     |                               | a tana ang ang ang ang ang ang ang ang ang                                            |  |
| See the following page                                                                                                                                                                                                                                                                             |                                                                 |                                                     |                               |                                                                                       |  |
| for a checklist of                                                                                                                                                                                                                                                                                 | Yes X No 4a. Did v                                              | our organization use a pro                          | fessional fund raiser, fund r | aising counsel or commercial co-venturer                                              |  |
| schedules and                                                                                                                                                                                                                                                                                      |                                                                 | =                                                   | ? If yes, complete Schedule   |                                                                                       |  |
| attachments to                                                                                                                                                                                                                                                                                     |                                                                 | 0 9                                                 |                               |                                                                                       |  |
| complete your filing.                                                                                                                                                                                                                                                                              | Yes X No 4b. Did t                                              | ne organization receive go                          | vernment grants? If yes, co   | mplete Schedule 4b.                                                                   |  |
| 5 Tee                                                                                                                                                                                                                                                                                              | · · · · · · · · · · · · · · · · · · ·                           |                                                     |                               |                                                                                       |  |
| See the checklist on the                                                                                                                                                                                                                                                                           | 7A filing fee:                                                  | EPTL filing fee:                                    | Total fee:                    |                                                                                       |  |
| next page to calculate yo                                                                                                                                                                                                                                                                          | -                                                               | -                                                   |                               | Make a single check or money order                                                    |  |
| fee(s). Indicate fee(s) you                                                                                                                                                                                                                                                                        |                                                                 |                                                     |                               | payable to:                                                                           |  |
| are submitting here:                                                                                                                                                                                                                                                                               | \$                                                              | \$ <u>1,500.</u>                                    | \$ <u>1,525.</u>              | "Department of Law"                                                                   |  |
| —                                                                                                                                                                                                                                                                                                  | r Charitable Organizations (Up<br>fers to an organization's NYS | =                                                   | not refer to its IRS tax desi | gnation.                                                                              |  |

| <b>CHAR500</b>          |  |
|-------------------------|--|
| Annual Filing Checklist |  |

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.

- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

## **Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable

All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.

Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.

X Audit Report if you received total revenue and support greater than \$750,000

No Review Report or Audit Report is required because total revenue and support is less than \$250,000

We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

## **Calculate Your Fee**

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

| \$0, if you checked the EPTL exemption in Part 3b                          |
|----------------------------------------------------------------------------|
| \$25, if the NET WORTH is less than \$50,000                               |
| \$50, if the NET WORTH is \$50,000 or more but less than \$250,000         |
| \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000     |
| \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000  |
| \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 |
| X \$1500, if the NET WORTH is \$50,000,000 or more                         |

## Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com.</u>

Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

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