

### EXTENDED TO NOVEMBER 15, 2019

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

Department of the Treasury

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

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

A For the 2018 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change JHL CORPORATE SERVICES INC Name change THE NEW JEWISH HOME CORPORATE SE 26-3385174 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 120 WEST 106TH ST 212-870-5000 23,481,811 City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return NEW YORK, NY 10025 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JEFFREY FARBER, MD Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status:  $\mathbf{X}$  501(c)(3)  $\mathbf{\Box}$  501(c) ( 4947(a)(1) or ) ◀ (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.JEWISHHOME.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2008 M State of legal domicile: DE Trust Part I Summary Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO EMPOWER OLDER Governance ADULTS TO ENHANCE PURPOSE AND WELL-BEING THROUGH A PORTFOLIO OF if the organization discontinued its operations or disposed of more than 25% of its net assets. 33 3 Number of voting members of the governing body (Part VI, line 1a) 32 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 123 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 38 7b 21,280. **Prior Year Current Year** 0. Contributions and grants (Part VIII, line 1h) 8 Revenue 24,186,830. 23,481 ,811. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 24,186,830. 23.481.811 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15,709,313. 13,796,174. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 8,305,876. 9,685,637. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 24,015,189. 23,481,811. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 171,641. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 7,094,345. 9,193,756. Total assets (Part X, line 16) 5,758,332. 7,857,743. 21 Total liabilities (Part X, line 26) 三年 336,013. 336,013 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JEFFREY FARBER, MD, PRESIDENT/CEO Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name LORI ROTHE YOKOBOSKY, CPA LORI ROTHE YOKOBOSKY 11/06/19 self-employed P01273422 Paid Firm's name COHNREZNICK LLP Firm's EIN ▶ 22-1478099 Preparer Firm's address 1301 AVENUE OF THE AMERICAS Use Only Phone no. 212-297-0400 NEW YORK, NY 10019 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

	Check if Schodula O contains a reaponed or note to any line in this Bart III	
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:	
'	OUR MISSION IS TO EMPOWER OLDER ADULTS TO ENHANCE PURPOSE AND	
	WELL-BEING THROUGH A PORTFOLIO OF INNOVATIVE HEALTH CARE SERVICE	70
	WEDD-BEING THROUGH A FORTFODIO OF IMMOVATIVE HEADIN CARE SERVICE	- OF
	Did the averagination and other and similar and average and increased wine the average high and the	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?	Yes _A_No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, and
	revenue, if any, for each program service reported.	
4a		<u>,481,811.</u> )
	JEWISH HOME LIFECARE (D B A THE NEW JEWISH HOME) CORPORATE SERVI	
	INC PROVIDES MANAGEMENT SERVICES TO JEWISH HOME LIFECARE AND ITS	5
	AFFILIATES.	
	(Out to 1) (Durant 0)	)
4b	(Code:) (Expenses \$) (Revenue \$)	)
4c	(Code:) (Expenses \$	)
		,
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ▶	
		Form <b>990</b> (2018)

# Form 990 (2018) JHL CORPORATE SERVICES INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	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, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
•	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	-		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		x
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a		_
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			<b>.</b>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			\ <b>.</b> ,
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u>X</u>	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_X_	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_X_	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_X_	<del> </del>
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		<u> </u>
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		<u> </u>
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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

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Form 990 (2018) JHL CORPORATE SERVICES INC

Part IV Checklist of Required Schedules (continued)

1 0.1	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	NO
22	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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to 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		
	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		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
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? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<del></del>
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		<u>X</u>
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		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_	\ <sub>7</sub> ,	
Par	Note. All Form 990 filers are required to complete Schedule O	38	X	
rai	<b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Oneon it somedute o contains a response of flote to any line in this Fait V			
	Establishment		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  1a 32  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
b	Enter the number of Forms wize meladed in line 1a. Enter of infort applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4-	х	
	(gambling) winnings to prize winners?	1c	Δ.	

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

Form 990 (2018)

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 33			
	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	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	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
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This social 2 logistic mismatch as sat policies to require by the mismatch as social)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
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	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	onlv) a	availat	ole
-	for public inspection. Indicate how you made these available. Check all that apply.	.,,		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	al	
	statements available to the public during the tax year.	10	٠	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_0	JEFFREY FARBER, MD - 212-870-5000			
	120 WEST 106TH ST, NEW YORK, NY 10025			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

(A)  Name and Title	(B) Average			(O	C) ition	1		(D)  Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
Name and Title	hours per	box	, unle	ss pe	rson i	than o	n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer D	Key employee	Highest compensated suntyluc		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ANN BERMAN	0.20									
DIRECTOR	3.20	Х						0.	0.	0.
(2) ARTHUR REBELL	0.20									
DIRECTOR	3.20	Х						0.	0.	0.
(3) AUDREY S. WEINER	9.38									
OUTGOING PRESIDENT & CEO	28.12	Х		X				667,181.	0.	35,552.
(4) BRUCE J. EVANS	0.20									
TREASURER	3.20	Х		X				0.	0.	0.
(5) CAROL BECKER	0.20									
DIRECTOR	3.20	Х						0.	0.	0.
(6) DANIEL S. BERNSTEIN	0.20									
DIRECTOR	3.20	Х						0.	0.	0.
(7) DAVID FREEMAN	0.20									
DIRECTOR	3.20	Х						0.	0.	0.
(8) DAVID HAAS	0.20									
DIRECTOR	3.20	Х						0.	0.	0.
(9) DAVID ORELOWITZ	0.20	1							_	_
DIRECTOR	3.20	Х						0.	0.	0.
(10) ELIZABETH PAGEL SEREBRANSKY	0.20	1								
DIRECTOR	3.20	Х						0.	0.	0.
(11) ELLEN REINHEIMER	0.20	]								
DIRECTOR	3.20	Х		X				0.	0.	0.
(12) FREDERIC L BLOCH	0.20	1							_	
DIRECTOR	3.20	Х						0.	0.	0.
(13) JAYNE SIBERMAN	0.20	1							_	_
DIRECTOR	3.20	Х						0.	0.	0.
(14) JEFFREY I. FARBER M.D.	9.38	1								
PRESIDENT AND CEO	28.12	Х		X				686,899.	0.	62,119.
(15) JOHN P. ENGEL	0.20	1								
DIRECTOR	3.20	Х						0.	0.	0.
(16) JONATHAN HOCHBERG	0.20	1								_
DIRECTOR	3.20	Х	_					0.	0.	0.
(17) JOY HENSHEL	0.20	1								_
DIRECTOR	3.20	Х						0.	0.	0. Form <b>990</b> (2018)

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Form 990 (2018) URL CORP									20-3363	1/4 Page 0	
Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)				<b>C</b> )			(D)	(E)	(F)	
Name and title	Average	(do			ition	l than c	one	Reportable	Reportable	Estimated	
	hours per	box, unless person			rson is	son is both an		compensation	compensation	amount of	
	week		Jer an	a a a	recto	r/trus	lee)	from	from related	other	
	(list any hours for	recto						the	organizations	compensation	
	related	or di	ee			sated		organization	(W-2/1099-MISC)	from the	
	organizations	rustee	trust		ee ee	n be u		(W-2/1099-MISC)		organization and related	
	below	dual tr	tional		yoldı	st con yee	_			organizations	
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations	
(18) LISA FEINER	0.20										
DIRECTOR	3.20	Х						0.	0.	0.	
(19) LISA LIPPMAN	0.20										
DIRECTOR	3.20	Х						0.	0.	0.	
(20) LYNN OBERLANDER	0.20										
SECRETARY	3.20	Х		Х				0.	0.	0.	
(21) MARGOT FREEDMAN	0.20										
DIRECTOR	3.20	Х						0.	0.	0.	
(22) MARILYN MARGON	0.20										
DIRECTOR	3.20	Х						0.	0.	0.	
(23) MEL BARKAN	0.20										
DIRECTOR	3.20	Х						0.	0.	0.	
(24) MICHAEL LUSKIN	0.20										
CHAIR	3.20	Х		Х				0.	0.	0.	
(25) PAUL POLIVY	0.20										
OUTGOING DIRECTOR	3.20	Х						0.	0.	0.	
(26) PETER HESS	0.20										
DIRECTOR	3.20	Х						0.	0.	0.	
1b Sub-total							ightharpoons	1,354,080.	0.	97,671.	
c Total from continuation sheets to Part V	I, Section A						<b></b>	1,946,282.	0.	198,309.	
d Total (add lines 1b and 1c)							<u> </u>	3,300,362.	0.	295,980.	
2 Total number of individuals (including but r	ot limited to the	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable		
compensation from the organization										38	
										V N.	

Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X

rendered to the organization? If "Yes." complete Schedule J for such person **Section B. Independent Contractors** 

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
COHNREZNICK LLP, 1301 AVENUE OF THE		
AMERICAS, NEW YORK, NY 10019	ACCOUNTING SERVICES	581,000.
LINCOLN COMPUTER SERVICES LLC		
25 BLOOMINDALE RD, HICKSVILLE, NY 11801	IT SERVICES	494,762.
HITOUCH BUSINESS SERVICES LLC		
74 KENNY PL, SADDLE BROOK, NJ 07663	MANAGEMENT SERVICES	183,754.
BOTTOM LINE COLLECTIONS, 7 NANCY COURT,		
SUITE 5A WAPPINGERS FALLS, NEW YORK, NY	BILLING SERVICES	152,797.
HCHB HOLDINGS LLC	HOME HEALTHCARE	
300 W 57TH ST, NEW YORK, NY 10019	SERVICES	116,619.
2 Total number of independent contractors (including but not limited to those lister	d above) who received more than	
\$100,000 of compensation from the organization 5		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 JHL CORPO	DRATE SE	١K٧	TC	다		ис			26-338	3 I / 4
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, ar	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	appl	y)	compensation	compensation	amount of
	per							from	from related	other
	week	_				)yee		the	organizations	compensation
	(list any	recto				em plc		organization	(W-2/1099-MISC)	from the
	hours for	ordi	ee			ated		(W-2/1099-MISC)		organization
	related organizations	ustee	trust		ee	Suedic				and related organizations
	below	dual tr	tional		n ploy	stcon	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) RICHARD BRODY	0.20									
DIRECTOR	3.20	Х						0.	0.	0.
(28) ROBIN GOTTLIEB	0.20									
OUTGOING DIRECTOR	3.20	Х						0.	0.	0.
(29) SCOTT HANSEN	0.20									
DIRECTOR	3.20	Х						0.	0.	0.
(30) SOFIA SEGAL	0.20									
DIRECTOR	3.20	Х						0.	0.	0.
(31) SUSAN GLICKMAN	0.20								•	•
DIRECTOR	3.20	Х						0.	0.	0.
(32) TAMI J. SCHNEIDER DIRECTOR	3.20	Х						0.	0.	0.
(33) WALTER PRIMOFF	0.20	Λ						0.	0.	0.
DIRECTOR	3.20	Х						0.	0.	0.
(34) WILLIAM A. BLUMSTEIN	0.20	77						0.	<u> </u>	<u></u>
DIRECTOR	3.20	х						0.	0.	0.
(35) WILLIAM KLINGENSTEIN	0.20							•	•	•
DIRECTOR	3.20	х						0.	0.	0.
(36) WILLIAM KUMMEL	0.20							-	-	
DIRECTOR	3.20	Х						0.	0.	0.
(37) ELLIOT J. HAGLER	9.38									
OUTGOING CFO	28.12			X				372,837.	0.	33,736.
(38) JACOB VICTORY	9.38									
CHIEF OPPERATING OFFICER	28.12			Х				348,881.	0.	28,576.
(39) AUDREY WATHEN	35.00									
SVP, HUMAN RESOURCES						Х		264,455.	0.	28,836.
(40) BRUCE NATHANSON	35.00									
SENIOR VP, MARKETING & COMM	25.00					Х		200,184.	0.	22,237.
(41) GABRIELLE GENAUER	35.00	-				,,		200 205	0	40 200
VICE PRESIDENT, GENERAL CO	25 00		$\vdash$			Х		290,395.	0.	49,390.
(42) NANCY STODDARD VICE PRESIDENT, IT	35.00	1				х		260 217	0.	32 400
(43) SVETLANA DEBELLIS	35.00					^		260,217.	0.	32,409.
VICE PRESIDENT, MANAGED CARE	33.00	1				х		209,313.	0.	3,125.
INDIDENT, IMMINOUS CIMES			$\vdash$			42		200,010	<b>U</b> •	5,145.
		1								
		-								

Part VIII	Statement of	Revenue
-----------	--------------	---------

		Check if Schedule O cont	ains a response	or note to any line	in this Part VIII			
				,	(A)	(B)	(C)	( <b>D</b> ) Revenue excluded
					Total revenue	Related or exempt function	Unrelated business	l from tax under
						revenue	revenue	sections 512 - 514
ठ ठ	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
<u>2</u> 8	С	Fundraising events						
ifts ar A	d	Related organizations						
nig.	е	Government grants (contributi	l I					
Sig	f	All other contributions, gifts, gran						
outi her		similar amounts not included above	1 1	- 1				
ğ	а	Noncash contributions included in lines						
Cor	h	Total. Add lines 1a-1f		<b>&gt;</b>				
				Business Code				
ø	2 a	MANAGEMENT FEE		525990	23,481,811.	23,481,811.		
, vic	b							
Ser	С							
am eve	d							
Program Service Revenue	е							
Pro	f	All other program service reve	nue					
		Total. Add lines 2a-2f			23,481,811.			
	3	Investment income (including		I				
		other similar amounts)						
	4	Income from investment of tax						
	5	Royalties		Г				
		•	(i) Real	(ii) Personal				
	6 a	Gross rents	V					
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
		Gross income from fundraising						
nue		including \$						
eve		contributions reported on line	1c). See					
Ŗ		Part IV, line 18						
Other Revenu	b	Less: direct expenses						
Ò	С	Net income or (loss) from fund	Iraising events					
		Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances	а					
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			23,481,811.	23,481,811.	0.	0.
83200	9 12-31							Form <b>990</b> (2018)

### 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 (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, 2,235,781. 2,235,781. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  $8,969,\overline{232}$ 8,969,232. Other salaries and wages 7 Pension plan accruals and contributions (include 879,218. 879,218. section 401(k) and 403(b) employer contributions) 1,005,902. 1,005,902. Other employee benefits 9 706,041. 706,041. 10 Payroll taxes Fees for services (non-employees): 438,387. 438,387. Management 389,046. 389,046. Legal 552,500. 552,500. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 2,937,768. 2,937,768. column (A) amount, list line 11g expenses on Sch O.) 7,284. 7,284. Advertising and promotion 12 890,958. 890,958. Office expenses 13 Information technology 14 15 Royalties 730,162. 730,162. 16 Occupancy 65,276. 65,276. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 29,071. 29,071. Conferences, conventions, and meetings 19 112,723. 112,723. 20 Payments to affiliates \_\_\_\_\_ 21 70,660. 70,660. Depreciation, depletion, and amortization 22 2,725,263. 2,725,263. 23 Other expenses. Itemize expenses not covered 24 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.) 285,036. 285,036. EMPLOYEE DEVELOPMENT CONTRACT 212,226. 212,226. 126,738. 126,738. DUES EXPENSES 52,648. 52,648. d DOCUMENT RETENTION 59,891. 59,891. e All other expenses 23,481,811. 0. 23,481,811. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2018)
Part X | Balance Sheet

Part	t X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			58,580.	1	49,567
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			84,377.	4	53,182
	5	Loans and other receivables from current and for			·		•
	•	trustees, key employees, and highest compensa					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
	Ū	section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of section					
				·		6	
ets	-	employees' beneficiary organizations (see instr).				7	
Assets	7	Notes and loans receivable, net			10,056.	8	8 606
`	8	Inventories for sale or use			640,360.		8,606 394,757
	9		 I I		040,300.	9	334,131
	10a	Land, buildings, and equipment: cost or other	,,	320 100			
		basis. Complete Part VI of Schedule D		320,190. 70,660.	150 540		240 520
		Less: accumulated depreciation			159,540.	10c	249,530
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		1		13	
	14	Intangible assets			6 1 11 100	14	0 400 444
	15	Other assets. See Part IV, line 11			6,141,432.	15	8,438,114
_	16	Total assets. Add lines 1 through 15 (must equ			7,094,345.	16	9,193,756
	17	Accounts payable and accrued expenses	3,490,742.	17	3,108,784		
	18	Grants payable			18		
	19	Deferred revenue				19	95,056
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of	f Schedule D		21	
ဖွ	22	Loans and other payables to current and former					
≝		key employees, highest compensated employee	es, and di	isqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
<b>-</b>	23	Secured mortgages and notes payable to unrela			142,446.	23	2,709,274
	24	Unsecured notes and loans payable to unrelate	d third pa	arties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X of			
		Schedule D			2,125,144.	25	1,944,629
	26	Total liabilities. Add lines 17 through 25			5,758,332.	26	7,857,743
		Organizations that follow SFAS 117 (ASC 958	3), check	here ▶ X and			
ဖွ		complete lines 27 through 29, and lines 33 ar	nd 34.				
Net Assets or Fund Balances	27	Unrestricted net assets			1,336,013.	27	1,336,013
<u>a</u>	28	Temporarily restricted net assets				28	
8 B	29	Permanently restricted net assets				29	
<u> </u>		Organizations that do not follow SFAS 117 (A	SC 958),	check here			
<u>ا</u> م		and complete lines 30 through 34.					
ţ	30	Capital stock or trust principal, or current funds				30	
Sse	31	Paid-in or capital surplus, or land, building, or ed				31	
ا کے	32	Retained earnings, endowment, accumulated in				32	
S	33	Total net assets or fund balances			1,336,013.	33	1,336,013
	34	Total liabilities and net assets/fund balances			7,094,345.	34	9,193,756

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2	23	, 48	1,8	11.
3	Revenue less expenses. Subtract line 2 from line 1	3				0.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	,33	6,0	13.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	1	,33	6,0	13.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	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?			<b>2</b> b	Х	
	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:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O	. [			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Au	dit			
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed auc	lit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

(Z)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

JHL CORPORATE SERVICES INC

Employer identification number 26-3385174

Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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 section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) JEWISH HOME 12-1624033 3 LIFECARE MANHATTAN Х 0, JEWISH HOME 23-7071900 10 LIFECARE HARRY AND X 0. JEWISH HOME LIFECARE SARAH NEUM12-2620568 10 Х 0. 0. 0 0. **Total** 

# Schedule A (Form 990 or 990-EZ) 2018 JHL CORPORATE SERVICES INC 26-3385 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	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and					, ,				
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
Ŭ	he value of services or facilities  urnished by a governmental unit to									
	the organization without charge									
4	<b>Total.</b> Add lines 1 through 3									
5	The portion of total contributions									
3	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)									
_	**									
	Public support. Subtract line 5 from line 4.									
	•	(-) 004.4	(1-) 0045	(-) 0040	(4) 0047	(-) 0040	(f) T-1-1			
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
_	Amounts from line 4									
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources									
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	<b>Total support.</b> Add lines 7 through 10									
12	Gross receipts from related activities,	etc. (see instruction	ons)			12				
13	First five years. If the Form 990 is fo	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	1 501(c)(3)				
	organization, check this box and sto	o here					<b>&gt;</b>			
Sec	ction C. Computation of Publ	c Support Per	centage							
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	<u>%</u>			
	Public support percentage from 2017					15	<u>%</u>			
16a	33 1/3% support test - 2018. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and			
	stop here. The organization qualifies	as a publicly supp	orted organization				▶□			
b	33 1/3% support test - 2017. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box			
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation						
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,			
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		▶□			
b	10% -facts-and-circumstances test	_	•		-					
	more, and if the organization meets the	-								
	organization meets the "facts-and-circ						<b>▶</b> □			
18	Private foundation. If the organization		-	•			· · · · · · · · · · · · · · · · · · ·			
			,	, ,, 11 ~		dule A (Form 990				

# 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.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First five years. If the Form 990 is for	•		*	•	. , . , .	
<u>C-</u>	check this box and stop here					<u></u>	<b>&gt;</b>
	ction C. Computation of Publi		<u>_</u>			T I	
	Public support percentage for 2018 (I					15	<u>%</u>
16	Public support percentage from 2017					16	%
	ction D. Computation of Inves			40		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
19	a 33 1/3% support tests - 2018. If the						<b>.</b> .
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation If the organization	n did not chock a	hay on line 14 10	or 10h chock th	nic how and coo inc	etructions	ightharpoonup

# 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	х	
2		Х
3a		X
3b		
3с		
4a		Х
4b		
4c		
5a		Х
- Fl-		
5b		
5c		
6		X
7		X
8		Х
9a		Х
9b		X
9с		Х
10a		X
10b	90-F71	2019

Pai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
c	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		Х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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 Part VI 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	х	
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? 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.	2		Х
Sec	tion 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		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	· · · · · · · · · · · · · · · · · · ·			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
	and 217 and 1960 and 64 games and 64		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
•				
	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? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	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? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V   Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	ov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrated	d Type III supporting orga	anization (see
	instructions).	-		

Schedule A (Form 990 or 990-EZ) 2018

Par	ιv	Type III Non-Functionally integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exer	npt purposes		
2	Amou				
	organi	zations, in excess of income from activity			
3	Admin	istrative expenses paid to accomplish exempt purpose			
4	Amou	nts paid to acquire exempt-use assets			
5	Qualifi	ed set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which th	e organization is responsive		
	(provid	de details in <b>Part VI</b> ). See instructions.			
9	Distrib	outable amount for 2018 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2018			
а	From 2	2013			
b	From 2	2014			
С	From 2	2015			
d	From 2	2016			
е	From 2	2017			
f	Total	of lines 3a through e			
g	Applie	d to underdistributions of prior years			
h	Applie	d to 2018 distributable amount			
i	Carry	over from 2013 not applied (see instructions)			
j	Remai	nder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2018 from Section D,			
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
b	Applie	d to 2018 distributable amount			
С	Remai	nder. Subtract lines 4a and 4b from 4.			
5	Remai	ining underdistributions for years prior to 2018, if			
	any. S	ubtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in <b>Part VI.</b> See instructions.			
6	Remai	ining underdistributions for 2018. Subtract lines 3h			
	and 4	o from line 1. For result greater than zero, explain in			
	Part V	1. See instructions.			
7	Exces	s distributions carryover to 2019. Add lines 3j			
	and 4	э.			
8	Break	down of line 7:			
а	Exces	s from 2014			
b	Exces	s from 2015			
С	Exces	s from 2016			
d	Exces	s from 2017			
е	Exces	s from 2018			

Schedule A (Form 990 or 990-EZ) 2018

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

JHL CORPORATE SERVICES INC

**Employer identification number** 26-3385174

Schedule D (Form 990) 2018

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) Furius and other accounts
1 2	Total number at end of year		
3	Aggregate value of grants from (during year)  Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	l writing that the assets held in donor advis	sed funds
·	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
	• •		
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			_
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structo	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	tion easements during the year
_	<b>&gt;</b> \$		6 M O (7 M)
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	· · · · · · · · · · · · · · · · · · ·
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describes	the organization's accounting for
Par	conservation easements. t III   Organizations Maintaining Collections of	Art Historical Treasures or Of	ther Similar Assets
	Complete if the organization answered "Yes" on Form		
12	If the organization elected, as permitted under SFAS 116 (ASC		ment and halance sheet works of art
Iu	historical treasures, or other similar assets held for public exh		•
	the text of the footnote to its financial statements that describ		ince of public service, provide, in rain Am,
h	If the organization elected, as permitted under SFAS 116 (ASC		t and halance sheet works of art historical
D	treasures, or other similar assets held for public exhibition, ed	· ·	
	relating to these items:	addition, or resourer in farther area or pa	bile service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical trea		al gain, provide
_	the following amounts required to be reported under SFAS 11		J, p. 5.1.45
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		

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

a light per organization acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):  a   Public exhibition   d   Loan or exchange programs    b   Scholarly research   e   Other    c   Previde a description of the organization's collections and explain how they further the organization's evempt purpose in Part XIII.  5 During they exp. did the organization's collections and explain how they further the organization's evempt purpose in Part XIII.  5 During they exp. did the organization's collections and explain how they further the organization's evempt purpose in Part XIII.  5 During they exp. did the organization solicitor or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, funstee, custodian or other intermediary for contributions or either assets not included on Form 990, Part X, line 21.  1b If Yes, explain the arrangement in Part XIII and complete the following table:  C Beginning balance  C Beginning balance  C Beginning balance  Distributions during the year  1e   Indian		t III Organizations Maintaining C	ollections of Art	t, Historical Tr	easures, or	Other S	Similar A	ssets	(continu	ued)	gc –
a Public exhibition d	3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	are a signi	ificant use	of its c	ollection i	tems	
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?		(check all that apply):									
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?	а	Public exhibition	d	Loan or ex	change progra	ms					
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Ves No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 9, part Yes, explain the arrangement in Part XIII and complete the following table:  C Beginning balance  1			е								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?			_								
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV			ollections and explain	how they further	the organization	n's exemp	t nurnose i	in Part	XIII		
to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    1a   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	•								Yes		No
reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par										110
Tall Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?				oto ii tiio organizat	ion anowered	100 01110	51111 000, 1	aitiv, i	1110 0, 01		
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a] Current year  [b] Prior year  [c] Two years back  [d] Three years back  [e] Four years  [e]		Is the organization an agent, trustee, custodi	an or other intermed	iarv for contributio	ns or other asse	ets not inc	luded				
b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount									Yes		No
C   Beginning balance	h								00		,
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII. III.  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII. III.  2c Introduction answered "Yes" on Form 990, Part IV, line 10.  2d Current year  (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (f) Three years (f) Thre		in res, explain the arrangement in rail with	and complete the lon	lowing table.					Amount		
d Additions during the year  E Distributions during the year  E Ending balance  Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Did the organization include an amount on Form 990, Part XIII. Check here if the explanation has been provided on Part XIII.  Did the organization answered "Yes" on Form 990, Part XII, line 10.  Describe in Part XIII the intended uses of the organization answered "Yes" on Form 990, Part XIII.  Describe in Part XIII the intended uses of the organization include answered "Yes" on Form 990, Part XIII.  Describe in Part XIII the intended uses of the organization is not on the possession of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.	•	Reginning halance					10		711100111		
e Distributions during the year f Ending balance 2 Potentia or Septial of the explanation include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No. 1 f "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    A Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (e) Four years back   (d) Three years back   (e) Four years back   (											
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Ca) Current year   Cb) Prior year   Cc) Two years back   Cd) Three years back   Ce) Four years back   Ce)											
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Findowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Common or Part XIII											
Description of property   Endowment Funds. Complete if the explanation has been provided on Part XIII   Description of property   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four ye									7 ٧	$\overline{}$	Na
Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Cal Current year   Cal Two years back   Cal Three year		•		•		•	<i></i>	🖵	_ res		NO
Calcument year   Calc											
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	ı aı	Endownient i dias. Complete							(-) Faur		
b Contributions	4.	Designation of consultations	(a) Current year	(b) Prior year	(c) Two years	s back (d	) Triree year	s dack	(e) Four	years t	раск
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	_										
d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	р										
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	С										
and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	d										
f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е	Other expenditures for facilities									
g End of year balance											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment  %	f	Administrative expenses									
a Board designated or quasi-endowment ▶	g	End of year balance							<u> </u>		
b Permanent endowment ▶	2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (	(a)) held as:						
c Temporarily restricted endowment	а	Board designated or quasi-endowment		_%							
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  3a(ii)  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other  (b) Cost or other  (c) Accumulated  (d) Book value	b	Permanent endowment	%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iv) related organizations (iv) unrelated organizations (iv) related organizatio	С	Temporarily restricted endowment ▶	%								
by: (i) unrelated organizations (ii) related organizations (iii) related organizations		The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
(ii) unrelated organizations  (iii) related organizations  3a(ii)  3a(ii)  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other  (b) Cost or other  (c) Accumulated  (d) Book value	За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held	and administere	ed for the	organizatio	n	_		
(ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other  (b) Cost or other  (c) Accumulated  (d) Book value		by:								Yes	No
(ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other  (b) Cost or other  (c) Accumulated  (d) Book value		(i) unrelated organizations							3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value											
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value	b										
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value	4	-	· · · · · · · · · · · · · · · · · · ·								
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value	Par										
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value		Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990,	Part X, lin	e 10.				
									(d) Book	value	<del></del>
			1 ' '		I .				( )		
1a Land		Land									
b Buildings 320,190. 70,660. 249,530.				3	20,190.		70,660		249	,53	30.
c Leasehold improvements							.,	$\dashv$		,	
d Equipment											
e Other					+			$\top$			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				X column (R) line	10c)			<b>-</b>	249	,53	30.

Schedule D (Form 990) 2018

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2018 JHL CORPORAT	E SERVICES	S INC	26-	3385174	Page <sup>6</sup>
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes" o	on Form 990, Part IV <b>(b)</b> Book value				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end-	or-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" or	n Form 990, 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-o	of-year market v	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.		l			
Complete if the organization answered "Yes" or	n Form 990. Part IV	/. line 11d. See Form 990.	Part X. line 15.		
	Description	,		(b) Book va	alue
(1) DUE FROM RELATED ORGANIZAT	IONS			8,438	.114
(2)				.,	,
(3)					
(4)					
(5)					
<u>(6)</u>					
(8)					
(9)				8,438	111
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	<u>15.)</u>		<b>P</b>	0,430	, 114
Complete if the organization answered "Yes" or	n Form 990, Part IV		m 990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			

(1) Federal income taxes 339,586. CASH OVERDRAFT 1,605,043. PENSION PAYABLE (3) (4) (5) (6) (7) (8) (9) 1,944,629. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2018

	of Revenue			

Га	Complete if the organization answered "Yes" on Form 990, Part IV,		pei netuiii.	
1			1	23,481,811.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С				
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	·	2e	0.
3	Subtract line 2e from line 1		3	23,481,811.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 13	2.)	5	23,481,811.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements With Expens	es per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV,	ine 12a.		
1	Total expenses and losses per audited financial statements		1	23,481,811.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	23,481,811.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		_
С	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	23,481,811.
Pa	rt XIII Supplemental Information.			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa	art V, line 4; Part 2	X, line 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.		

### PART X, LINE 2:

THE ORGANIZATION HAS NO UNRECOGNIZED TAX BENEFITS AT DECEMBER 31, 2018. THE ORGANIZATION'S FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO FISCAL YEAR 2015 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

IF APPLICABLE, THE ORGANIZATION WOULD RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH TAX MATTERS AS PART OF GENERAL AND ADMINISTRATIVE EXPENSES IN THE STATEMENT OF ACTIVITIES AND INCLUDE ACCRUED INTEREST AND PENALTIES IN ACCRUED EXPENSES IN THE STATEMENT OF FINANCIAL POSITION.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018	JHL CORPO	RATE SERVICE	S INC	26-3385174	Page 5
Schedule D (Form 990) 2018  Part XIII   Supplemental Inform	mation (continued	1			
- Cappionana mon	(continued	)			
-					

# SCHEDULE J (Form 990)

**Compensation Information** 

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

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

➤ Attach to Form 990.

2018

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

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

JHL CORPORATE SERVICES INC

 $Employer\ identification\ number \\ 26-3385174$ 

Pa	Int I Questions Regarding Compensation	, , , , ,	-	
	Second Hogerania componention		Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions  Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
	Discretionary sponding account: i croonar services (such as maid, orialinear, error)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	1.5		
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	trastees, and officers, including the OLO/Executive Director, regarding the items checked of line 14:			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
3				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X       Compensation committee       Written employment contract         X       Independent compensation consultant       Compensation survey or study			
	X       Form 990 of other organizations             X       Approval by the board or compensation committee			
	Approval by the board or compensation committee			
1	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
_		10		х
a	Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b	Х	
b	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	21	х
С	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		
	The storage of lines 4a.c., list the persons and provide the applicable amounts for each item in art in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ŭ	contingent on the revenues of:			
а	The organization?	5a		х
h	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.	35		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
J	contingent on the net earnings of:			
а	The organization?	6a		х
		6b		X
D	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.	OD.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
′		7	Х	
o	not described on lines 5 and 6? If "Yes," describe in Part III		- 22	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	0		х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		-25
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990	
(1) AUDREY S. WEINER	(i)	660,323.	0.	6,858.	19,937.	15,615.	702,733.	0.	
OUTGOING PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) JEFFREY I. FARBER M.D.	(i)	686,089.	0.	810.	19,937.	42,182.	749,018.	0.	
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) ELLIOT J. HAGLER	(i)	370,515.	0.	2,322.	19,937.	13,799.	406,573.	0.	
OUTGOING CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) JACOB VICTORY	(i)	348,071.	0.	810.	19,937.	8,639.	377,457.	0.	
CHIEF OPPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) AUDREY WATHEN	(i)	233,275.	25,000.	6,180.	17,314.	11,522.	293,291.	0.	
SVP, HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) BRUCE NATHANSON	(i)	196,374.	0.	3,810.	0.	22,237.	222,421.	0.	
SENIOR VP, MARKETING & COMM	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) GABRIELLE GENAUER	(i)	265,095.	25,000.	300.	19,937.	29,453.	339,785.	0.	
VICE PRESIDENT, GENERAL CO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) NANCY STODDARD	(i)	258,237.	0.	1,980.	19,233.	13,176.	292,626.	0.	
VICE PRESIDENT, IT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) SVETLANA DEBELLIS	(i)	208,863.	0.	450.	0.	3,125.	212,438.	0.	
VICE PRESIDENT, MANAGED CARE	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
THE BONUSES ARE BASED UPON EMPLOYEES ACHIEVING GOALS SET AT THE BEGINNING
OF THE YEAR. THE BONUS IS RECOMMENDED TO THE COMPENSATION COMMITTEE CHAIRED
BY THE CHAIR OF THE BOARD OF DIRECTORS OF THE NEW JEWISH HOME.

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

**Employer identification number** 

JHL CORPORATE SERVICES INC 26-3385174 FORM 990, PART I, DOING BUSINESS AS: THE NEW JEWISH HOME CORPORATE SERVICES FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INNOVATIVE HEALTH CARE SERVICES. FORM 990, PART VI, SECTION A, LINE 6: THE SOLE MEMBER OF THE ORGANIZATION IS JEWISH HOME LIFECARE, A NEW YORK NOT-FOR-PROFIT CORPORATION FORM 990, PART VI, SECTION A, LINE 7A: JEWISH HOME LIFECARE MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY FORM 990, PART VI, SECTION B, LINE 11B: DRAFT OF THE COMPLETED RETURN WAS REVIEWED BY MANAGEMENT ANY COMMENTS ARISED FROM THE REVIEW WERE DISCUSSED AND CHANGES WERE MADE THE DRAFT WAS SUBMITTED TO THE AUDIT AND COMPLIANCE COMMITTEE OF THE NEW JEWISH HOME AND SUBSIDIARIES FOR THEIR REVIEW AND APPROVAL AUDIT AND COMPLIANCE COMMITTEE COMPLETED THEIR REVIEWS AND A COPY OF THE RETURN WAS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING WITH IRS FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY ALL BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES ARE PROVIDED A COPY OF THE CONFLICT OF INTEREST POLICY AND ARE ASKED TO REVIEW THE POLICY AND TO DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY HAVE OCCURRED SINCE THE LAST DISCLOSURE THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD REVIEWS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

**Employer identification number** Name of the organization 26-3385174 JHL CORPORATE SERVICES INC THE DISCLOSURES AS SUMMARIZED BY THE COMPLIANCE DEPARTMENT. ALL IDENTIFIED CONFLICTS OF INTEREST ARE DISCUSSED AND EITHER APPROVED OR REJECTED BY THE BOARD IF THE BOARD OF DIRECTORS OR THE GOVERNANCE COMMITTEE DETERMINES THAT A CONFLICT OF INTEREST EXISTS, THE DIRECTOR WITH THE CONFLICT MAY NOT TAKE PART IN THE DECISION PROCESS TO WHICH THE CONFLICT RELATES SUCH DISCLOSURE AND THE FACT THAT THE DIRECTOR DID NOT VOTE OR PARTICIPATE IN THE DELIBERATIONS IS RECORDED IN THE RELEVANT MINUTES. FORM 990, PART VI, SECTION B, LINE 15: ANNUALLY, THE CHAIRMAN OF THE BOARD OF JEWISH HOME LIFECARE, IN CONSULTATION WITH THE COMPENSATION COMMITTEE REVIEWS AND EVALUATES THE PRESIDENT/COO, OFFICERS AND KEY EMPLOYEES' PERFORMANCE AGAINST A SERIES OF GOALS AND OBJECTIVES FOR THE YEAR. IN ESTABLISHING COMPENSATION LEVELS FOR THE PRESIDENT/COO, OFFICERS AND KEY EMPLOYEES, THE BOARD CHAIR AND THE COMPENSATION COMMITTEE OF THE BOARD USE PERFORMANCE AND PERIODIC COMPENSATION SURVEYS OF OTHER SIMILAR TYPE ORGANIZATIONS, COMPLETED BY AN EXTERNAL CONSULTANT TO INFORM THEIR DECISIONS. MINUTES OF THE MEETINGS ARE MAINTAINED IN A CONFIDENTIAL FILE. THE MEETING OF THE COMPENSATION COMMITTEE AT WHICH THIS TOOK PLACE WAS HELD IN SEPTEMBER 2017. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST FORM 990, PART IX, LINE 11G, OTHER FEES: CONTRACT SERVICES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 2,866,486.

Name of the organization  JHL CORPORATE SERVICES INC	Employer identification number 26-3385174
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,866,486.
OTHER FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	71,282.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	71,282.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,937,768.
FORM 990, PART XII, LINE 2C:	
THE AUDIT AND COMPLIANCE COMMITTEE OF THE ORGANIZATION HAS	S THE
OVERSIGHT RESPONSIBILITY FOR THE AUDIT OF THE ORGANIZATION	N'S FINANCIAL
STATEMENTS AS PART OF THE FINANCIAL STATEMENT AUDIT PROCES	SS, THE AUDIT
AND COMPLIANCE COMMITTEE IS RESPONSIBLE TO 1 SELECT THE IN	NDEPENDENT
AUDIT FIRM 2 REVIEW AND APPROVE AUDIT SCOPE AND FEES 3 OVI	ERSEE THE
FINANCIAL REPORTING PROCESS 4 ENSURE OPEN COMMUNICATIONS I	BETWEEN
MANAGEMENT, AUDIT FIRM, AND THE AUDIT AND COMPLIANCE COMM	ITTEE 5 REVIEW
OF INDEPENDENT AUDIT FIRM'S ANNUAL PERFORMANCE 6 MEET IN I	EXECUTIVE
SESSION (ABSENT MANAGEMENT) WITH THE AUDIT FIRM TO DISCUSS	SANY
POTENTIAL CONCERNS WITH MANAGEMENT'S PERFORMANCE.	

### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  JHL CORPORATE	SERVICES INC				Employer identific 26-33851	
Part I Identification of Disregarded Entities. Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	r (d) Total incor	(e) me End-of-year as	ssets Direct c	( <b>f)</b> ontrolling ntity
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one or	more related tax-exer	npt
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
156 WEST 106TH STREET - 27-0308650							1
120 WEST 106TH ST					JEWISH HOME		1
NEW YORK, NY 10025	HEALTH SERVICES	NEW YORK	501(C)(3)	LINE 10	LIFECARE		X
FUND FOR THE AGED - 13-3603516							
120 WEST 106TH ST					JEWISH HOME		
NEW YORK, NY 10025	FUNDRAISING	NEW YORK	501(C)(3)	LINE 7	LIFECARE		X
GERIATRIC CAREER DEVELOPMENT PROGRAM INC							
46-2452619, 120 WEST 106TH ST, NEW YORK, NY					JEWISH HOME		İ
10025	HEALTH SERVICES	NEW YORK	501(C)(3)	LINE 10	LIFECARE		Х
HARRY & JEANETTE WEINBERG GARDENS HDFC -					JEWISH HOME		
20-4981328, 120 WEST 106TH ST, NEW YORK, NY	1				LIFECARE HARRY &		ĺ
10025	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 10	JEANETTE WEINBERG		Х

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2018

Part II Continuation of Identification of Related Tax-Exempt Organizations

HARRY & JEANETTE WEINBERG RIVERDALE HDFC -  13-3865179, 120 WEST 106TH ST, NEW YORK, NY  10025  AFFORDABLE HOUSING  NEW YORK  501(C)(3)  LINE 10  JEANETTE WEINBERG  JEWISH HOME LIFECARE - 13-3267073  120 WEST 106TH ST	Yes No X X
HARRY & JEANETTE WEINBERG RIVERDALE HDFC -  13-3865179, 120 WEST 106TH ST, NEW YORK, NY  10025  AFFORDABLE HOUSING  NEW YORK  501(C)(3)  LINE 10  JEWISH HOME  JEWISH HOME  LIFECARE HARRY &  JEWISH HOME  JEWISH HOME  JEWISH HOME	х
10025 AFFORDABLE HOUSING NEW YORK 501(C)(3) LINE 10 JEANETTE WEINBERG JEWISH HOME LIFECARE - 13-3267073	
JEWISH HOME LIFECARE - 13-3267073	
	x
120 WEST 106TH ST	Х
	X
NEW YORK, NY 10025 HEALTH SERVICES NEW YORK 501(C)(3) LINE 10 N/A	
JEWISH HOME LIFECARE COMMUNITY SERVICES -	
27-0158524, 120 WEST 106TH ST, NEW YORK, NY	
10025 HOME HEALTH AGENCY NEW YORK 501(C)(3) LINE 10 LIFECARE	Х
JEWISH HOME LIFECARE HARRY & JEANETTE	
WEINBERG BRONX - 23-7071900, 120 WEST 106TH	
ST, NEW YORK, NY 10025 HEALTH SERVICES NEW YORK 501(C)(3) LINE 10 LIFECARE	Х
JEWISH HOME LIFECARE MANHATTAN - 13-1624033	
120 WEST 106TH ST JEWISH HOME	
NEW YORK, NY 10025 HEALTH SERVICES NEW YORK 501(C)(3) LINE 10 LIFECARE	Х
JEWISH HOME LIFECARE SARAH NEUMAN CENTER - JEWISH HOME	
13-3620568, 120 WEST 106TH ST, NEW YORK, NY	
10025 HEALTH SERVICES NEW YORK 501(C)(3) LINE 10 JEANETTE WEINBERG	Х
JEWISH HOME LIFECARE UNIVERSITY AVE ASSISTED	
LIVING - 27-3960910, 120 WEST 106TH ST, NEW JEWISH HOME	
YORK, NY 10025 ASSISTED LIVING NEW YORK 501(C)(3) LINE 10 LIFECARE	Х
KENNETH GLADSTONE BUILDING HDFC - 13-4078893	
120 WEST 106TH ST	
NEW YORK, NY 10025 AFFORDABLE HOUSING NEW YORK 501(C)(3) LINE 10 JEANETTE WEINBERG	Х
KITTAY HOUSE - 13-2619576	
120 WEST 106TH ST JEWISH HOME	
NEW YORK, NY 10025 AFFORDABLE HOUSING NEW YORK 501(C)(3) LINE 10 LIFECARE	Х

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	l	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Legal domicile state or entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	managir partner	or Percentage ownership
		foreign country)		sections 512-514)		455015	Yes	No	K-1 (Form 1065)	Yes N	0

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i) Section	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b)(13)	
		country)		,				Yes	No
JEWISH HOME LIFECARE, HOME ASSISTANCE -	_								ĺ
13-3267068, 120 WEST 106TH STREET, NEW YORK,									ĺ
NY 10025	PERSONAL CARE WORKER	NY	N/A	C CORP	N/A	N/A	N/A		Х
JEWISH HOME LIFECARE, SPECTRUM SERVICES -									
45-3563804, 120 WEST 106TH STREET, NEW YORK,									
NY 10025	PERSONAL CARE WORKER	NY	N/A	C CORP	N/A	N/A	N/A		X
2614 KINGSBRIDGE CORP - 13-2749776									
120 WEST 106TH STREET									ĺ
NEW YORK, NY 10025	PARKING GARAGE	NY	N/A	C CORP	N/A	N/A	N/A		X
102 WEST 107TH STREET CORPORATION -									
13-2760057, 120 WEST 106TH STREET, NEW YORK,	1								ĺ
NY 10025	PARKING GARAGE	NY	N/A	C CORP	N/A	N/A	N/A		Х
JEWISH HOME LIFECARE MANAGEMENT LLC -									
32-0359277, 120 WEST 106TH STREET, NEW YORK,	1								ĺ
NY 10025	PERSONAL CARE WORKER	NY	N/A	C CORP	N/A	N/A	N/A		X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	e of total Share of I		ent	i) tion o)(13) olled ity?
JHHA MEDICAL GROUP PC - 13-3364558		country)						Yes	No
120 WEST 106TH STREET									
	TIENI MIL GERVITARA	NY	NT / 7	a aonn	NT / 7A	N/A	NT / 7		v
NEW YORK, NY 10025	HEALTH SERVICES	NY	N/A	C CORP	N/A	N/A	N/A		X

Page 3

Yes No

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

<b>b</b> Giπ, grant, or capital contribution to related organiza	tion(s)				מו					
c Gift, grant, or capital contribution from related organi	zation(s)				1c		X			
d Loans or loan guarantees to or for related organization					1d		X			
e Loans or loan guarantees by related organization(s)					1e	Х				
f Dividends from related organization(s)					1f		X			
g Sale of assets to related organization(s)					1g		X			
h Purchase of assets from related organization(s)					1h		X			
i Exchange of assets with related organization(s)					1i		X			
j Lease of facilities, equipment, or other assets to relat	ed organization(s)				1j		<u>X</u>			
k Lease of facilities, equipment, or other assets from re	elated organization(s)				1k	Х				
I Performance of services or membership or fundraising					11	Х	_X			
m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other	assets with related organization	on(s)			1n	X				
o Sharing of paid employees with related organization(					10	Х				
p Reimbursement paid to related organization(s) for exp	penses				<b>1</b> p	X				
q Reimbursement paid by related organization(s) for ex	penses				1q	X				
r Other transfer of cash or property to related organiza	tion(s)				1r		_X_			
s Other transfer of cash or property from related organ					1s		<u>X</u>			
2 If the answer to any of the above is "Yes," see the ins	structions for information on w	ho must complete th	is line, including covered re	lationships and transaction thresholds.						
(a)		(b)	(c)	(d)						
<b>(a)</b> Name of related organization		Transaction	Amount involved	Method of determining amount in	volved					
		type (a-s)								
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
332163 10-02-18				Schedule	R (Forr	n 990)	2018			

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0040

32165 10-02-18 Schedule R (Form 990) 2018

Form **990-W** 

(Worksheet)

Department of the Treasury Internal Revenue Service

# Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations) FORM 990-T

▶ Go to www.irs.gov/Form990W for instructions and the latest information.▶ Keep for your records. Do not send to the Internal Revenue Service.

2019

OMB No. 1545-0976

1	Unrelated business taxable income expected in the tax y	ear				1	
2	Tax on the amount on line 1. See instructions for tax or					2	
3						3	
4	Total. Add lines 2 and 3					4	
5	Estimated tax credits. See instructions					5	
6						6	
U	Subtract line 5 from line 4					U	
7	Other taxes. See instructions		7	_			
8	Total. Add lines 6 and 7		8				
9	Credit for federal tax paid on fuels. See instructions		9				
b	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the destimated tax payments. Private foundations, see instructions. Enter the tax shown on the 2018 return. See instructions zero or the tax year was for less than 12 months, skip than denter the amount from line 10a on line 10c						
	from line 10a on line 10c		(a)		1	10c	4,480.
			(a)	(b)	(c)	_	(d)
11	Installment due dates. See instructions	11			09/16/1	9	12/16/19
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal						
	installment method, or is a "large organization."	12			3,3	60.	1,120.
13	2018 Overpayment. See instructions	13			9	28.	
<u>14</u> LHA	Payment due (Subtract line 13 from line 12)  For Paperwork Reduction Act Notice, see instruction	14			2,4	32.	1,120. Form <b>990-W</b> (2019)

ESTIMATED TAX
OVERPAYMENT APPLIED

4,480.

AMOUNT DUE

3,552.

EXTENDED TO NOVEMBER 15, 2019

Form <b>990-</b>	T	E	Exempt Organ	nization Bus	ine	ss Income	е Та	x Return	L	OMB No. 1545-0687
			(a	nd proxy tax unde	er se	ction 6033(e))	)			0040
		For cal	lendar year 2018 or other tax yea			, and ending				2018
Department of the Internal Revenue S		<b>•</b>	► Go to www Do not enter SSN numbe	irs.gov/Form990T for in: rs on this form as it may						Open to Public Inspection for 501(c)(3) Organizations Only
A Check addres	box if s changed		Name of organization (	Check box if name cl	hanged	and see instruction	ıs.)		Empl	oyer identification number oyees' trust, see ctions.)
<b>B</b> Exempt und	er section	Print	JHL CORPORA	TE SERVICES	INC	2			2	6-3385174
X 501(C)		Or	Number, street, and room		k, see in	structions.				ated business activity code instructions.)
	220(e)	Туре	120 WEST 10							
529(a)	530(a)		City or town, state or pro		r foreigi	n postal code				
C Book value of a	II assets		F Group exemption numb	er (See instructions.)	<b>&gt;</b>					
1,	<u>336,0</u>	<u> 13.</u>	G Check organization typ	e ► X 501(c) corp	oration	501(c) t	rust	401(a)	trust	Other trust
<b>H</b> Enter the nur	mber of the	organiza	tion's unrelated trades or b	usinesses.		Des		e only (or first) un		
trade or busir								omplete Parts I-V.		
		•	ce at the end of the previou	is sentence, complete Pa	rts I an	d II, complete a Sch	nedule M	for each addition	al trade	or
business, the				William and a second		Para a sala di sala sala	0			. <b>V</b> N.
			oration a subsidiary in an a		it-subsi	diary controlled gro	oup?	► L	Ye	s X No
			tifying number of the paren JEFFREY FARB				alanhon	e number <b>&gt;</b> 2	12-	870-5000
			de or Business Inc			(A) Income	elepiloli	(B) Expenses		(C) Net
1a Gross rec						(74)		(2) 2/4 0/1000		(6)
	rns and allov		-	c Balance	1c					
			A, line 7)		2					
	fit. Subtract				3					
			h Schedule D)		4a					
			art II, line 17) (attach Form		4b					
c Capital los	ss deductior	for trus	ets		4c					
			ship or an S corporation (at		5					
					6					
7 Unrelated	debt-financ	ed incor	ne (Schedule E)		7					
			nd rents from a controlled of	-	8					
			on 501(c)(7), (9), or (17) or							
			me (Schedule I)		10		-			
			; J)		11		_			
12 Other inco	ome (See ins	struction	ns; attach schedule)		12		0.			
Part II D	mbine lines	ne No	<sub>gh 12</sub> ot Taken Elsewher	A (See instructions fo	13    r limita	ations on doduction				
			utions, deductions must					come.)		
14 Compens	sation of off	icers, di	rectors, and trustees (Sche	dule K)					14	
									15	
									16	
									17	
18 Interest (	(attach sche	dule) (se	ee instructions)						18	
19 Taxes an	id licenses								19	
			e instructions for limitation						20	
			562)							
			n Schedule A and elsewher						22b	
23 Depletion			managian plans						23	
			mpensation plans						24	
			hedule I)						25 26	
27 Excess r	eadershin o	nsts (Sci	chedule I) hedule J)						27	
			nedule)						28	
			14 through 28						29	0.
			ncome before net operating						30	0.
			loss arising in tax years be				s)		31	
	-	_	ncome Subtract line 31 fro		•	•	-		32	0.

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2018)

823711 01-09-19

Part I	II 7	Total Unrelated Business Taxa	ble Income						
33	Total	of unrelated business taxable income compu	ted from all unrelated tra	des or businesses	(see instructions)		33		0.
34	Amou	unts paid for disallowed fringes			,		34	22	2,280.
35	Dedu	ction for net operating loss arising in tax year	s heginning hefore .lanua	arv 1 2018 (see in	nstructions)				
36		of unrelated business taxable income before					- 00		
30							0.0	2.2	2,280.
0.7		33 and 34					36	1	,000.
37		ific deduction (Generally \$1,000, but see line					37		.,000.
38		lated business taxable income. Subtract line	e 37 from line 36. If line 3	37 is greater than	line 36,			0.1	000
							38	21	.,280.
Part I		Tax Computation							
39	Orgai	nizations Taxable as Corporations. Multiply	line 38 by 21% (0.21)				39	4	1,469.
40	Trust	s Taxable at Trust Rates. See instructions fo	r tax computation. Incon	ne tax on the amo	unt on line 38 from	1:			
		Tax rate schedule or Schedule D (Fo	orm 1041)			<b>&gt;</b>	40		
41		tax. See instructions					41		
42	Alterr	native minimum tax (trusts only)					42		
43	Tax o	n Noncompliant Facility Income. See instru	ctions				43		
44	Total	. Add lines 41, 42, and 43 to line 39 or 40, wh	nichever applies				44	4	469.
Part \	/   7	Fax and Payments							,
		gn tax credit (corporations attach Form 1118;	truete attach Form 1116	)	45a				
b	Cana	credits (see instructions)			45b		-		
C	Gener	ral business credit. Attach Form 3800	04 0007\		45c		_		
d		t for prior year minimum tax (attach Form 88							
		credits. Add lines 45a through 45d					45e		1.60
46	Subtr	act line 45e from line 44					46	4	469.
47		taxes. Check if from: Form 4255							
48		$\boldsymbol{tax.}$ Add lines 46 and 47 (see instructions) $_{\cdot\cdot}$						4	<u>.,469.</u>
49		net 965 tax liability paid from Form 965-A or					49		0.
50 a	Paym	nents: A 2017 overpayment credited to 2018			50a				
		estimated tax payments							
С	Tax d	eposited with Form 8868			50c	5,585			
		gn organizations: Tax paid or withheld at sour							
		up withholding (see instructions)							
		t for small employer health insurance premiu							
		credits, adjustments, and payments:							
9			Other		▶   50a				
51		payments. Add lines 50a through 50g					51	5	5,585.
51	Ectim	nated tax penalty (see instructions). Check if F	form 2220 is attached				52		188.
		lue. If line 51 is less than the total of lines 48,					53		100.
						·····. [			928.
54		payment. If line 51 is larger than the total of l		•			54		
55 Part \		the amount of line 54 you want: Credited to Statements Regarding Certain				tefunded >	55		0.
					•				
56		y time during the 2018 calendar year, did the	-	_		-			Yes No
		a financial account (bank, securities, or other)			-				
	FinCE	N Form 114, Report of Foreign Bank and Fina	ancial Accounts. If "Yes,"	enter the name of	the foreign countr	У			
	here								X
57	Durin	g the tax year, did the organization receive a	distribution from, or was	it the grantor of,	or transferor to, a f	oreign trust?			X
	If "Ye	s," see instructions for other forms the organ	ization may have to file.						
58	Enter	the amount of tax-exempt interest received of	r accrued during the tax	year ▶\$					
		nder penalties of perjury, I declare that I have examined rrect, and complete. Declaration of preparer (other tha					ledge and b	elief, it is true,	
Sign	00	rrect, and complete. Declaration of preparer (other tha	n taxpayer) is based on all init	ormation of which pre	parer has any knowled	· .	Marria ID	N -11 41-1	
Here				PRESI	DENT/CEO		-	3 discuss this r r shown below	
		Signature of officer	Date	Title				)? X Yes	
		Print/Type preparer's name	Preparer's signature		Date	Check	if PTI		
De:-J		LORI ROTHE	LORI ROTHE			self- employe			
Paid		YOKOBOSKY, CPA	YOKOBOSKY,	CPA	11/06/19	oon omploye		012734	122
Prepa		Firm's name ► COHNREZNICK		<u> </u>	//	Firm's EIN		$\frac{012734}{2-1478}$	
Use C	nly		JE OF THE AN	(ERTCAC		I IIIII 9 EIIN			, , , , ,
		Firm's address NEW YORK,		LLICAD		Phone no.	212-	297_01	.00
		LINING GOODS - TATAN TOWN.	T4 T O O T J			I I HOHE HU.			

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation > N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases				Cost of goods sold. St					
3 Cost of labor				from line 5. Enter here					
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Yes	No
<b>b</b> Other costs (attach schedule)				property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income	(From Real	Property and	l Per	sonal Property L	ease	d With Real Prop	erty	<b>'</b> )	
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				O/a) Dadostiana dina di			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	` ' of rent for	personal	sonal property (if the percentag I property exceeds 50% or if sed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	y conne nd 2(b)	ected with the income in (attach schedule)	n
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb		Income (see	instru	ıctions)					
		,				3. Deductions directly cor			
			4	2. Gross income from or allocable to debt-	(3)	to debt-finand	ced pro	· · · · · · · · · · · · · · · · · · ·	
1. Description of debt-fi	nanced property			financed property	(a)	(attach schedule)		(b) Other deduction (attach schedule)	
(1)							-		
(1)							$\dashv$		
(2)							+		
(4)							+		
4. Amount of average acquisition	<b>5</b> Average	adjusted basis	_	Column 4 divided		7. Gross income	+	8. Allocable deduc	tions
debt on or allocable to debt-financed property (attach schedule)	of or a	allocable to nced property n schedule)	'	by column 5		reportable (column 2 x column 6)		(column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
					ı	Enter here and on page 1, Part I, line 7, column (A).		Enter here and on pag Part I, line 7, column	
Totals				_		0			0.
Total dividends-received deductions in							<del>-   -   -   -   -   -   -   -   -   -  </del>		0

Form **990-T** (2018)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)											
- <u>-</u>		-	_	Controlled O						,	
1. Name of controlled organizat	ide	Employer ntification number	3. Net unr	elated income instructions)	<b>4</b> . Tot	al of specified ments made	includ	t of column 4 ed in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations		<u> </u>		l		l				
7. Taxable Income	8. Net unrelated in	come (loss)	O Total	of appointed pay	monto	10 Port of colu	mn 0 thai	t in included	11 0	advations divosity consocial	
7. Taxable Illourie	(see instruct		9. 10141	of specified payr made	nents	10. Part of column in the controlling gross	ing organ s income	ization's	11. De with	eductions directly connected h income in column 10	
(1)											
(2)											
(3)											
(4)											
						Add colun Enter here and line 8, 0		1, Part I,		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).	
Totals					▶			0.		0.	
Schedule G - Investme	nt Income of a	a Section	501(c)(7	'), (9), or (	17) Org	ganization		-		-	
1. Desc	cription of income			2. Amount of	income	<ol> <li>Deduction</li> <li>directly connected</li> <li>(attach sched)</li> </ol>	ected	<b>4.</b> Set- (attach s	asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)											
(2) (3)											
(3)											
(4)											
				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).	
			<u></u>		0.					0.	
Schedule I - Exploited (see instru	-	ty Incom	e, Other	Than Adv	ertisin/	g Income					
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pr of ur	xpenses connected roduction nrelated ss income	4. Net incon from unrelated business (co minus colum gain, comput through	I trade or olumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	that ted	<b>6.</b> Exp attribut colu		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)											
(2) (3)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col. (A).	page line 10	ere and on 1, Part I, ), col. (B).							Enter here and on page 1, Part II, line 26.	
Totals Schedule J - Advertisi	ng Incomo (as		0.							0.	
Part I Income From				solidated	Basis						
1. Name of periodical	2. Gros advertisii income	ng adv	3. Direct vertising costs	or (loss) (c col. 3). If a g	ising gain ol. 2 minus ain, comput arough 7.	5. Circulatincome		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)					"ought.					dian column 4).	
(2) (3)										-	
(3)											
Totals (carry to Part II, line (5))	▶	0.	0							0.	
										Form <b>990-T</b> (2018)	

### Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	<b>3.</b> Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form **990-T** (2018)

## FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying N	umber
JHL CORPOR	ATE SERVICES	INC		26-33	85174
(A)	(B)	(C)	(D)	(E)	(F)
*Date	Amount	Adjusted Balance Due	Number Days Balance Due	Daily Penalty Rate	Penalty
		-0-			
04/15/18	1,117.	1,117.	61	.000136986	9.
06/15/18	1,118.	2,235.	92	.000136986	28.
09/15/18	1,117.	3,352.	91	.000136986	42.
12/15/18	1,117.	4,469.	16	.000136986	10.
12/31/18	0.	4,469.	135	.000164384	99.
Penalty Due (Sum of Colu	umn E)				
onalty Duo (Suill Of Coll	ımn F).				

<sup>\*</sup> Date of estimated tax payment, withholding credit date or installment due date.

812511 04-01-18

### Form **2220**

### **Underpayment of Estimated Tax by Corporations**

Attach to the corporation's tax return.

FORM 990-T

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form2220 for instructions and the latest information.

2018

Name

### JHL CORPORATE SERVICES INC

Employer identification number 26-3385174

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

F	Part I Required Annual Payment							
1	Total tax (see instructions)						1_	4,469.
	Personal holding company tax (Schedule PH (Form 1120), line				2a			
b	Look-back interest included on line 1 under section 460(b)(2)							
	contracts or section $167(g)$ for depreciation under the income	fore	cast method		2b			
C	Credit for federal tax paid on fuels (see instructions)				2c			
	l Total. Add lines 2a through 2c						2d	
3	Subtract line 2d from line 1. If the result is less than \$500, $\ensuremath{\text{do}}$	not (	complete or file this form.	The corpor	ration			
	does not owe the penalty		3	4,469.				
4	Enter the tax shown on the corporation's 2017 income tax retu							
	or the tax year was for less than 12 months, skip this line an	ıd en	ter the amount from line	3 on line 5	·		4	
5	Required annual payment. Enter the smaller of line 3 or line							4 460
_	enter the amount from line 3						5	4,469.
F	Part II Reasons for Filing - Check the boxes belo	w tha	at apply. If any boxes are	cnecked, th	e corporation	must file Form 22	220	
_	even if it does not owe a penalty. See instructions.							
6	The corporation is using the adjusted seasonal installr							
7	The corporation is using the annualized income install							
8	The corporation is a "large corporation" figuring its firs  Part III   Figuring the Underpayment	st req	uired installment based o	n the prior	year's tax.			
	art III   Figuring the Onderpayment		( )		41.			, n
^	Installment due dates. Enten in columns (a) through	-	(a)		(b)	(c)		(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers:							
	(d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the	9	04/15/18	06/	15/18	09/15/	1 0	12/15/18
10	corporation's tấx yeár	9	04/13/10	007	13/10	09/13/	10	12/13/10
10	•							
	above is checked, enter the amounts from Sch A, line 38. If							
	the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked.							
		10	1,117.		1,118.	1,1	17	1,117.
	enter 25% (0.25) of line 5 above in each column	10	<b>1,11</b>		1,110.	<u> </u>	<u> </u>	1,11/•
"	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15.							
	* * * * * * * * * * * * * * * * * * * *	11						
	See instructions  Complete lines 12 through 18 of one column							
	before going to the next column.							
10		10						
	Enter amount, if any, from line 18 of the preceding column Add lines 11 and 12	12 13						
	Add amounts on lines 16 and 17 of the preceding column	14			1,117.	2,2	35.	3,352.
	Subtract line 14 from line 13. If zero or less, enter -0-	15	0.		0.	2,2	0.	0.
	If the amount on line 15 is zero, subtract line 13 from line	10	•				•	•
10	44.00	16			1,117.	2,2	35	
17	Underpayment. If line 15 is less than or equal to line 10,	10			<u> </u>	2,2	<i></i>	
17	subtract line 15 from line 10. Then go to line 12 of the next							
	. 011 1 10	17	1,117.		1,118.	1,1	17.	1,117.
18	Overpayment. If line 10 is less than line 15, subtract line 10		±;±±/•		_,		<u> </u>	<u> </u>
10	from line 15. Then go to line 12 of the next column	18						
	וויטווו וווויט ויט. דוופוו עט נט וווופ וב טו נוופ וופגנ נטועווווו	10						

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2018)

### Part IV Figuring the Penalty

	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier.					
	(C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month.  Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19				
0	Number of days from due date of installment on line 9 to the					
	date shown on line 19	20				
1	Number of days on line 20 after 4/15/2018 and before 7/1/2018	21				
2	Underpayment on line 17 x Number of days on line 21 x 5% (0.05) 365	22	\$	\$	\$	\$ 
3	Number of days on line 20 after 06/30/2018 and before 10/1/2018	23				
4	Underpayment on line 17 x Number of days on line 23 x 5% (0.05)	24	\$	\$	\$	\$ 
5	Number of days on line 20 after 9/30/2018 and before 1/1/2019	25				
6	Underpayment on line 17 x Number of days on line 25 x 5% (0.05)	26	\$	\$	\$	\$
7	Number of days on line 20 after 12/31/2018 and before 4/1/2019	27	SEI	EATTACHED	WORKSHEET	
8	Underpayment on line 17 x Number of days on line 27 x 6% (0.06)	28	\$	\$	\$	\$ 
9	Number of days on line 20 after 3/31/2019 and before 7/1/2019	29				
0	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$ 
1	Number of days on line 20 after 6/30/2019 and before 10/1/2019	31				
2	Underpayment on line 17 x Number of days on line 31 x *% 365	32	\$	\$	\$	\$ 
3	Number of days on line 20 after 9/30/2019 and before 1/1/2020	33				
4	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$ 
5	Number of days on line 20 after 12/31/2019 and before 3/16/2020	35				
6	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$ 

<sup>\*</sup> Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2018)

## FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying N	umber
JHL CORPORA	TE SERVICES	INC		26-33	85174
(A)	(B)	(C)	(D)	(E)	(F)
*Date	Amount	Adjusted Balance Due	Number Days Balance Due	Daily Penalty Rate	Penalty
		-0-			
04/15/18	1,117.	1,117.	61	.000136986	9
06/15/18	1,118.	2,235.	92	.000136986	28
09/15/18	1,117.	3,352.	91	.000136986	42
12/15/18	1,117.	4,469.	16	.000136986	10
12/31/18	0.	4,469.	135	.000164384	99
enalty Due (Sum of Colun	nn F).				188

<sup>\*</sup> Date of estimated tax payment, withholding credit date or installment due date.

812511 04-01-18

### Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print JHL CORPORATE SERVICES INC 26-3385174 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filina vour 120 WEST 106TH ST return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10025 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 JEFFREY FARBER, MD The books are in the care of ► 120 WEST 106TH ST - NEW YORK, NY 10025 Telephone No. ► 212-870-5000 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🦳 and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2018 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

any nonrefundable credits. See instructions.

Form 8868 (Rev. 1-2019)

3b

0.

### Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Form 4720 (individual)

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

09

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print JHL CORPORATE SERVICES INC 26-3385174 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filina vour 120 WEST 106TH ST return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10025 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7 Return **Application Application** Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 1041-A Form 990-BL 02 08

03

Form 4720 (other than individual)

Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
JEFFREY FARBER,  The books are in the care of   Telephone No.   212-870-5000  If the organization does not have an office or place of business  If this is for a Group Return, enter the organization's four digit Goox   If it is for part of the group, check this box   □  If it is for part of the group, check this box	ST – in the Uni Group Exe and atta	Fax No.   Ited States, check this box mption Number (GEN) If this ch a list with the names and EINs of all the state of the sta	is is fo	r the whole ers the exte	group, check this
the organization named above. The extension is for the orgal  X calendar year 2018 or  tax year beginning  If the tax year entered in line 1 is for less than 12 months, ch  Change in accounting period	nization's	return for:	al retur		
<ul> <li>3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, any nonrefundable credits. See instructions.</li> <li>b If this application is for Forms 990-PF, 990-T, 4720, or 6069, estimated tax payments made. Include any prior year overpage.</li> </ul>	enter any	refundable credits and	3a 3b	\$	5,585.
c Balance due. Subtract line 3b from line 3a. Include your pay using EFTPS (Electronic Federal Tax Payment System). See			3c	\$	5,585.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)