SCANNED AUG 2 3 2018

Extended to November 15, 2018

Return of Organization Exempt From Income Tax

n to Public spection

Form 33		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exc	ept private foundations)	2)
Department of the		Do not enter social security numbers on this form as it may be	e made public.	Opi	61
nternal Revenue	Service	▶ Go to www.irs.gov/Form990 for instructions and the latest	information.	h	15
A For the 20)17 calend	ar year, or tax year beginning and ending			
B Check if applicable	C Name of	organization	D Employer identificati	on nur	nl

	C Name of expension	anding	D 5 1 11 11 11 11 11 11 11 11 11 11 11 11	
B Check if applicable	C Name of organization		D Employer identific	cation number
Addre	S Sinai Family Life Center			
Name Chang	Sinal Family bile Center		26 1	122510
Initial				133510
return		Room/suite	E Telephone number	
Final return/	1200 Saint Louis Avenue			482-3440
termin ated			G Gross receipts \$	256,446.
∟Jreturn	East St. Louis, IL 02201		H(a) Is this a group re	
Application pendir	~ !	~	for subordinates	. — —
,	same as C above		H(b) Are all subordinates in	
	mpt status: X 501(c)(3)	r 527	If "No," attach a	list. (see instructions)
J Websit	e:▶N/A		H(c) Group exemption	
	organization: X Corporation Trust Association Other	L Year o	of formation: 2001 N	State of legal domicile: IL
Part I	Summary			
1 <u>و</u>	Briefly describe the organization's mission or most significant activities: Serve	soci	al, education	onal, and
100 1	economic needs of the community			
E 2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose			
<u>8</u> 3	Number of voting members of the governing body (Part VI, line 1a) $ \dots $	EIVE] 3	10
of 4	Number of independent voting members of the governing body (Part VI r line 1b)		4	10
စ္မ 5	Fotal number of individuals employed in calendar year 2017 (Part V line 2a)	0 2 2018	5	0
<u>₹</u> 6	Fotal number of volunteers (estimate if necessary)	U 2 2010	6	10
7a	Total unrelated business revenue from Part VIII, column (C), line 12	 		0.
ь	Net unrelated business taxable income from Form 990-T, line 34	EN L	T . 76	<u> </u>
			Prior Year	Current Year
<u>o</u> 8	Contributions and grants (Part VIII, line 1h)		174,521.	239,781.
Revenue 01 6 8	Program service revenue (Part VIII, line 2g)		24,882.	16,665.
<u>8</u> 10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	L	0.	0.
11 ·	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	[27,105.	0.
12	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		226,508.	256,446.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
g 15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		90,985.	0.
Served 16a l	Professional fundraising fees (Part IX, column (A), line 11e)	\	0.	0.
ĝ þ.	otal fundraising expenses (Part IX, column (D), line 25)	5.		
Й 17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		90,296.	202,148.
18	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		181,281.	202,148.
19	Revenue less expenses. Subtract line 18 from line 12	[45,227.	54,298.
Net Assets or Fund Balances 20 21 22		Beg	inning of Current Year	End of Year
왕	otal assets (Part X, line 16)		124,200.	207,483.
21 -	Total liabilities (Part X, line 26)	. [177,261.	206,246.
원 22 1	Net assets or fund balances Subtract line 21 from line 20		-53,061.	1,237.
Part II	Signature Block			
Under penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, 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	ch preparer	has any knowledge.	
1				
Sign	Signature of officer		Date /	^
Here	HERMAN WATSON		6/231	[්ට්
	Type or print name and title		' '	
	Print/Type preparer's name Preparer's signature	1	ate Check	PTIN
Paid	SHAWN WILLIAMSON fraux Willia	wag	6/22/18 self-employe	d P01202759
Preparer	Firm's name 🕨 Fick, Eggemeyer & Williamson, CP.	A's	Firm's EIN	37-1231621
Use Only	Firm's address 6240 S. Lindbergh, Ste 101			
	St. Louis, MO 63123		Phone no. 31	4-845-7999
May the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No
732001 11-28	LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form 990 (2017)

Form	m 990 (2017) Sinai Family Life Center	36-4133510	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part	100	. \square
1	Briefly describe the organization's mission: Serve social, educational, and economic	needs of the community	
			
2	Did the organization undertake any significant program services during the ye		
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	s X No
3	Did the organization cease conducting, or make significant changes in how it	conducts any program services?	s X No
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amoun	of grants and allocations to others, the total expenses,	, and
	revenue, if any, for each program service reported.	16	CCE
4a	(Code)(Expenses \$197,250. Including grants of \$Providing transportation, food, day car		<u>,665.</u>)
	events for the East St. Louis community		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
			
			
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services (Describe in Schedule O.)		
4d	(Expenses \$) (Revenue \$	
40	Total program service expenses ► 197, 250.		

Form **990** (2017)

Form 990 (2017) Sinai Family Life Center
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			
	sımılar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "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? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? 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		}	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<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		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	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>	<u>X</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>X</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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			₹7
	complete Schedule G, Part III	19	L	X_

	N. Control of the con		Yes	No
2 0a	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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		l
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ĺ
	Schedule K. If "No", go to line 25a	24a		X
ь	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			
·	and Andreas are made to an de O	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		270		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
_	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		<u>~</u>
b			, .	ĺ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25.		.
	Schedule L, Part I	25b		_X_
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,"			v
	complete Schedule L, Part II	26		X
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			v
	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):	Ì Ì	·	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	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	1	{	}
	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		X
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	X	ļ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	ļ
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	<u> </u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		l	[
	If "Yes," complete Schedule R, Part V, line 2	36	L	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1	[[
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		[
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2017)

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Sinai Family Life Center

Part V

Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V 36-4133510 Page 5

	Crieck it Schedule O contains a response or note to any line in this Part V		· · · · ·	
	,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	}		
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	.		
	filed for the calendar year ending with or within the year covered by this return 2a 2a	1		
þ	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)	Ì		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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?	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
-	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			_
	any contributions that were not tax deductible as charitable contributions?	6a		X
þ	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	. ,		
11	Section 501(c)(12) organizations. Enter:			}
a	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against	-		
	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	-		1
b	Enter the amount of reserves the organization is required to maintain by the states in which the	,		1
	organization is licensed to issue qualified health plans	٠.	}	
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	10-		x
		14a	 	_
<u>q</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		990	(2017)
		1 0111	, 555	(2011)

Form 990 (2017)

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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			\mathbf{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			
	If there are material differences in voting rights among members of the governing body, or if the governing	{	1	
	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	j		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	Ì		
	officer, director, trustee, or key employee?	2		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	}	l	
	more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	j		
	persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1	;	
а	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_ {		
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
a a	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		
b	POLICE AND	12a		X
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		_25
_	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
C	In Schedule O how this was done	12c	į	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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?	٠	′	
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		.	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	, , , , , , , , , , , , , , , , , , ,	, -	
	taxable entity during the year?	16a	1	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	: 1		
	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		<u></u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	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	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Fick, Eggemeyer and Williamson CPA' - 314-845-7999			
	6240 S. Lindbergh, St. Louis, MO 63123			

Form	990	(201	7)

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

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

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

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

X Check this box if neither the organizati		orga	nızg	ation	CO	npe	nsat	ed any current officer, o	lirector, or trustee.	·
(A) Name and Title	(B) Average hours per week	(C) Positio (do not check mon box, unless person officer and a direct			itior more rson	than	han	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Rev. Herman L. Watson President	5.00	x		x				0.	0.	0.
(2) Hon. Walter Brandon Director	0.50	X						0.	0.	0.
(3) Martin Gulley Treasurer	0.50	x		x				0.	0.	0.
(4) Deborah Granger Secretary	0.50	X		X				0.	0.	0.
(5) Gerald Fuller Director	0.50	x						0.	0.	0.
(6) Darryl Bennett Director	0.50	x						0.	0.	0.
(7) Barbara Sharp Director	0.50	X						0.	0.	0.
(8) Celeaster Jones Director	0.50	X						0.	0.	0.
(9) Sabrina Lutrell Director	0.50	X						0.	0.	0.
(10) Maggie Beverly Director	0.50	x				_		0.	0.	0.
					_	_				
		_								
			_	_	-	-				

36-4133510

Sinai Family Life Center

Statement of Revenue

Part VIII

Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 Unrelated Related or Total revenue exempt function business revenue revenue 1 a Federated campaigns 1a Membership dues 1b c Fundraising events 1c d Related organizations 1đ e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 239,781 g Noncash contributions included in lines 1a-1f \$ 239,781 h Total. Add lines 1a-1f Business Code 14,572. 14,572 2 a Summer Camp 624410 Program Service 2,093 b Afterschool 624410 2,093. f All other program service revenue 16,665 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts).................. Income from investment of tax-exempt bond proceeds 4 5 Royalties .. (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold . c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d 256,446 16,665 Total revenue. See instructions.

<u> </u>	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor			ompioto colarii. j. y.	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			,	•
	individuals. See Part IV, line 22		<u> </u>		
3	Grants and other assistance to foreign			,	•
	organizations, foreign governments, and foreign			2,	
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		•		
_	Other employee benefits				
9 10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				
b	Legal				
c	Accounting	2,010.	2,010.		
d					
e	Professional fundraising services. See Part IV, line 17		But the second of the	4. 7	······································
f	Investment management fees				
g					<u> </u>
	column (A) amount, list line 11g expenses on Sch 0.)	67,876.	67,876.		
12	Advertising and promotion	300.			300.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	564.		564.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	11,872.	11 070		
22	Depreciation, depletion, and amortization	11,014.	11,872.		
23	Other expenses. Itemize expenses not covered		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	35 E 3	
24	above. (List miscellaneous expenses in line 24e. If line				` d
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				· +
9	Program Expense	86,403.	86,403.	, 6. 4	
b	Buildings and Grounds e	12,013.	12,013.		
C	Mt. Sinai and Other	9,584.	8,505.	1,079.	
d	Transportation	7,904.	7,904.	= 1 ×	
_		3,622.	667.	2,130.	825.
25	Total functional expenses. Add lines 1 through 24e	202,148.	197,250.	3,773.	1,125.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				!
	Check here		1	1	l

Form 990 (2017)
Part X Balance Sheet

Part X	Check if Schedule O contains a response or note to any line in this Part	· X			
	·		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		9,678.	1	65,868.
2	Savings and temporary cash investments	· " · · [2	
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net	L		4	46,965
5	Loans and other receivables from current and former officers, directors,			10	
1	trustees, key employees, and highest compensated employees. Comple		,		,
	Part II of Schedule L			5	
6	Loans and other receivables from other disqualified persons (as defined				
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and cont	1.	. ,	٠,	*
- 1	employers and sponsoring organizations of section 501(c)(9) voluntary		,		
ν _α	employees' beneficiary organizations (see instr). Complete Part II of Sch	, L	,	6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	<u> </u>
10a		·			
	basis. Complete Part VI of Schedule D 10a 484	.089			
ь	200	439.	114,522.	10c	94,650
11	Investments - publicly traded securities			11	
12	Investments - other securities. See Part IV, line 11			12	
13	Investments - program-related. See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11	i i		15	,
16	Total assets. Add lines 1 through 15 (must equal line 34)		124,200.	16	207,483
17	Accounts payable and accrued expenses		8,874.	17	1,545
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
1	Loans and other payables to current and former officers, directors, trust			- - -	
	key employees, highest compensated employees, and disqualified pers	1,	The state of	, · ·	
22	Complete Part II of Schedule L	01,0.	* • * * * * * * * * * * * * * * * * * *	22	
ž 23	Secured mortgages and notes payable to unrelated third parties	· · ·		23	
24	Unsecured notes and loans payable to unrelated third parties	··		24	, , , , , , , , , , , , , , , , , , , ,
25	Other liabilities (including federal income tax, payables to related third	·· ·		2.7	·
	parties, and other liabilities not included on lines 17-24). Complete Part 3	X of			
ļ	Schedule D		168,387.	25	204,701
26	Total liabilities. Add lines 17 through 25	• • -	177,261.	26	206,246
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X	and	The Control of the Co	志 汽车	(11 /
,	complete lines 27 through 29, and lines 33 and 34.	7		* 3.5°	Server de la company. La company de la company d
27	Unrestricted net assets			27	1,237
28	Temporarily restricted net assets			28	
29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here			₹\	
-	and complete lines 30 through 34.		Later for the second	-1.	
30	Capital stock or trust principal, or current funds		The second secon	30	,
31	Paid-in or capital surplus, or land, building, or equipment fund			31	
27 28 29 30 31 32 32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		-53,061.	33	1,237
34	Total liabilities and net assets/fund balances	• •	124,200.		207,483
		·			Form 990 (2017

	990 (2017) Sinai Family Life Center	36-413	3510	Pag	e 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
	,				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	256	, 4	<u>46.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,14	
3	Revenue less expenses. Subtract line 2 from line 1	3	54	. 29	98.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		0,0	
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	_,2	37.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	1 1	1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	lona			
	separate basis, consolidated basis, or both:			{	
	Separate basis Consolidated basis Both consolidated and separate basis			{	
b	Were the organization's financial statements audited by an independent accountant?		2b	- {	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:	•	1 1	1	
	Separate basis Consolidated basis Both consolidated and separate basis		10		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.	1 1	- {	
_	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir		1	{	
-	Act and OMB Circular A-133?	-g mail	3a	}	X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

Sinai Family Life Center 36-4133510 Reason for Public Charity Status (All organizations must complete this part.) See instructions. 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) 8 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) d 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations 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 (ii) EIN (described on lines 1-10) organization support (see instructions) support (see instructions) Yes above (see instructions)) . ., 1日次9年本本本本大

Schedule A (Form 990 or 990-EZ) 2017 Sinai Family Life Center 36-4133510 Page 2

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	88,258.	62,037.	72.087.	174,521.		396,903.
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf			1			
3	The value of services or facilities						
Ū	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	88,258.	62,037.	72,087.	174,521.		396,903.
-	The portion of total contributions		52,037.	72,007	1/4/2210		330,303.
5	by each person (other than a		10 miles		ŝ,		
	•	•	13.47	ja 9	-		
	governmental unit or publicly supported organization) included				,	,	
	on line 1 that exceeds 2% of the		(三路)(1)			,	
			- 12 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u>.</u>	•		ŀ
	amount shown on line 11,		م المدولات الموادر و الم	3	,		
	column (f)					 .	206 002
	Public support. Subtract line 5 from line 4				<u>'</u> '		396,903.
	ction B. Total Support		# > 004.4				T
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
•	Amounts from line 4	88,258.	62,037.	72,087.	174,521.		396,903.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			i			ĺ
	and income from similar sources						
9	Net income from unrelated business		}				İ
	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.)	213.			27,105.		27,318.
11	Total support. Add lines 7 through 10		The second	43.2			424,221.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	264,497.
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here		<u></u>	 	<u></u>	
	ction C. Computation of Publi					,,	
	Public support percentage for 2017 (I					14	93.56 %
	Public support percentage from 2016					15	93.54 %
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this b	
	stop here. The organization qualifies		-				► [X]
t	33 1/3% support test - 2016. If the o	organization dıd no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check t	his box
	and stop here. The organization quali						▶∟
178	a 10% -facts-and-circumstances test	t - 2017. If the org	anization dıd not d	heck a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	ns box and stop h	iere. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
Ŀ	10% -facts-and-circumstances test	t - 2016. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ				•		▶□
18	Private foundation. If the organizatio		=				ns _ ▶ 🔲

Sch	irt III Support Schedule for	Organizations	Described in	Section 509/a	1(2)	30-413	3310 Page 3
		_				leut II If the armoniu	j ration faile to
	(Complete only if you checked qualify under the tests listed by			organization tailed	to quality under P	art II. If the organiz	ation talls to
Sec	ction A. Public Support	below, please com	piete Part II.]				
	ndar year (or fiscal year beginning in)	(a) 2013	(5) 2014	(=) 2015	(4) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	, (i) ioiai
'	membership fees received. (Do not		1		{	{	
	include any "unusual grants.")	}	1		{	<i>j</i> {	
_			 	 	ļ	/-	
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-				ł		
	iness under section 513	1		-	ĺ		
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to	<u>}</u>	}		-	}	
	or expended on its behalf	}	}		<i>[</i>		
5	The value of services or facilities	}		 	/		
Ŭ	furnished by a governmental unit to	}		}	/		
	the organization without charge	1]	/		
6	Total. Add lines 1 through 5				/		
	Amounts included on lines 1, 2, and	1	 		7		
	3 received from disqualified persons	}	1	[/		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	L	<u> </u>	1			
c	Add lines 7a and 7b			/			
	Public support. (Subtract line 7c from line 6)	7		<i>J</i> ,	· , ,	,	
Sec	ction B. Total Support			<i>i</i>			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6			/			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income		1/				
	(less section 511 taxes) from businesses		1	1			
	acquired after June 30, 1975		l′	}			
c	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.)			}			
13	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is fo		s first, second, thu	rd fourth or fifth ta	ax vear as a section	n 501(c)(3) organiz	ation
• •	check this box and stop here		,,,	-, roundri, or man to	or your do a coomo	,, oo . (o)(o) o. ga	▶ □
Sac	ction C. Computation of Publ	ic Support Pe	rcentage				
ンでい	Public support percentage for 2017 (column (fl)		15	%
						16	%
15		o Schedule A. Part			* -* - * * · · · · · · · · · · · · · · ·	<u></u>	
15 16	Public support percentage from 2016		e Percentage				
15 16 Sec	Public support percentage from 2016 ction D. Computation of Inve	stment Incom				17	0//
15 16 Sec 17	Public support percentage from 2016 ction D. Computation of Investment income percentage for 20	stment Incom 017 (liné 10c, colur	nn (f) divided by l	ne 13, column (f))		17	9/
15 16 Sec 17 18	Public support percentage from 2016 ction D. Computation of Inve- Investment income percentage for 20 Investment income percentage from	stment Incom 017 (liné 10c, colur 2016 Schedule A,	nn (f) divided by li Part III, line 17	ne 13, column (f))		18	%
15 16 Sec 17 18	Public support percentage from 2016 ction D. Computation of Inve- Investment income percentage for 20 Investment income percentage from 33 1/3% support tests - 2017. If the	stment Incom 017 (liné 10c, colur 2016 Schedule A, organization did n	nn (f) divided by li Part III, line 17 not check the box	ne 13, column (f))		18 33 1/3%, and line 1	7 is not
15 16 Sec 17 18 19a	Public support percentage from 2016 ction D. Computation of Inve- Investment income percentage for 20 Investment income percentage from	stment Incom 017 (liné 10c, colur 2016 Schedule A, organization did r ind stop here. The	nn (f) divided by li Part III, line 17 not check the box e organization qua	ne 13, column (f)) on line 14, and line lifies as a publicly s	15 is more than 3 supported organiz	18 33 1/3%, and line 1 ation	7 is not . ▶□

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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,
- 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action: (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part Vi.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 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		
	2		
			
	3a		
	3b_		
	3с		
	4a		
	4b		
	4c		
	40		
	5a		
	5b		
	5c		
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	r=		
	9a		
	9b		
	9c		
j	10a		
	10b		
0	90 or 99	20-E7	2017

	\cdot .			
Sche	edule A (Form 990 or 990-EZ) 2017 Sinai Family Life Center 3	6-413351	0 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ĺ		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	į	[
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
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		L
Sec	ction B. Type I Supporting Organizations		, .	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	{		1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	}		1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	l	.	1
	controlled the organization's activities. If the organization had more than one supported organization,		1	
	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_1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	į,		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	}	1	
	supervised, or controlled the supporting organization.	2	}	}
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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1	}	}
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1		}
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	, ,	ľ l	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	<u> </u>],	
	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	\[\tau_{\tau} \]		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	<u>}</u>		
	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			1
	significant voice in the organization's investment policies and in directing the use of the organization's	1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	j		1
	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 yea(see instru	uctions).		
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 instruction:	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а		- 'A		
	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,	ł		•
	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	<i>\tag{t}</i> .		1
	reasons for the organization's position that its supported organization(s) would have engaged in these	ľ		1
	activities but for the organization's involvement.	2b		
2	Parent of Supported Organizations. Answer (a) and (b) below.	20	 	
3		1 *	}	
а		ام		
L .	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a_	 	
D	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.	25	}	}
	or to supported organizations: it res, describe in Fart VI the fore played by the organization in this regard.	3b	1	

	edule A (Form 990 or 990 EZ) 2017 Sinai Family Life Cente			5-4133510 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	_		art VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections 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):		<u> </u>	
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	7	
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-functional	ly integrat	ted Type III supporting organ	nization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

c Excess from 2015d Excess from 2016e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017 Sinai	Family	Life	Center		36-4133510	Page 8
Part:VI	Supplemental Information. Properties of the Part IV, Section A, Innes 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and 3 Section D, lines 5, 6, and 8; and Part \(See instructions\)	ovide the expl b, 4c, 5a, 6, 9a ; Part IV, Secti	anations re t, 9b, 9c, 1 on E, lines	equired by Part I 1a, 11b, and 11d 1c. 2a, 2b, 3a, a	c; Part IV, Section B, III and 3b: Part V. line 1: F	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Sectio Part V, Section B, line 1e, Pa	n C.
							
							
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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

Schedule D (Form 990) 2017

Name of the organization

Employer identification number

	Sinai Family Life Center	36-4133510
Pa		
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fi	unds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conf	ferring
	ımpermissible private benefit?	Yes No
Pai	tili Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	ally important land area
	Protection of natural habitat Preservation of a certified	historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified 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	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	1 1
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	anization during the tax
	year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	F7 F7
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva-	ation easements during the year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the	organization's accounting for
Pa	conservation easements. t III │ Organizations Maintaining Collections of Art, Historical Treasures, or Othe	r Cimilar Apoeta
Fai	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Sittiliai Assets.
10		and balance about works of ort
ıa	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance the text of the footnote to its financial statements that describes these items.	of public service, provide, in Part XIII,
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	halanas shaet wades of art historical
D	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public exhibition.	
	relating to these items:	service, provide the following amounts
	·	• •
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain	
2	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	n, provide
_	Revenue included on Form 990, Part VIII, line 1	• •
a b	Assets to deal to Come 000. Deat V	· · · • •
U	Assets included in Form 990, Part X	- → D

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

		<u>'amily Life</u>			·					Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Ti	reasures,	or Oth	er Simil	ar Asse	ts(continu	ued)
3	Using the organization's acquisition, access	ion, and other recor	ds, chec	k any of the	following tha	at are a s	ignificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition		d 🗀	Loan or exc	change progr	ams				
b	Scholarly research				0.0					
c	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	in how tl	nev further t	the organizat	ion's exe	mot puro	ose in Par	t XIII.	
5	During the year, did the organization solicit of								• • • • • • • • • • • • • • • • • • • •	
•	to be sold to raise funds rather than to be m					0	. 455015		Yes	□ No
Par	t IV Escrow and Custodial Arran					"Yes" or	Form 990) Part IV		
<u> </u>	reported an amount on Form 990, Pa	rt X. line 21.	oto ii tiic	, Organizan	on answered	103 01	1101111000	,, r care re,	1110 0, 01	
10	Is the organization an agent, trustee, custod		diany for	contribution	no or other or	note poi	included			
Id	on Form 990, Part X?					22612 1101	IIICIUUBU		Yes	□ No
					- •				_1 res	LI NO
D	If "Yes," explain the arrangement in Part XIII	and complete the it	ollowing	table:						
									Amount	
	Beginning balance						. 1c			
	Additions during the year						1d			
е	Distributions during the year						. <u>1e</u>			
f	Ending balance						. 11		<u>-</u>	
	Did the organization include an amount on F							느	_ Yes	L No
	If "Yes," explain the arrangement in Part XIII.									
Par	t.V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on F	orm 990, Par	t IV, line	10.			
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance				<u> </u>					
b	Contributions	<u></u>	<u> </u>		1	l				
C	Net investment earnings, gains, and losses								l	
d	Grants or scholarships									
	Other expenditures for facilities]							
	and programs	}	}		1	1)	
f	Administrative expenses									
	End of year balance	T							1	
-	Provide the estimated percentage of the cur		e (line 1	a column (a)) held as:					
٠,	Board designated or quasi-endowment	•	%	g, oolanii (ajj riola as.					
а ь	Permanent endowment	%								
	-,,- -	% %								
С	Temporarily restricted endowment									
_	The percentages on lines 2a, 2b, and 2c sho	•	45 41							
За	Are there endowment funds not in the posses.	ession of the organiz	ation tha	at are held a	and administe	ered for t	ne organiz	ation	Г	
	by:									Yes No
	(i) unrelated organizations					••••			3a(i)	
									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization				'				3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Par	t Ⅵ									
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	/, line 11a. S	See Form 990), Part X	line 10.			
	Description of property	(a) Cost or o		(b) Cos	t or other		ccumulate		(d) Book	value
		basis (investi	ment)	basis	(other)		preciation			
1a	Land				600.	14 3	, <u>, , , , , , , , , , , , , , , , , , </u>	e1. 13		600.
b	Buildings			46	5,689.		371,6		94	1,050.
	Leasehold improvements									
	Equipment									
	Other			1	7,800.		17,8	00.		0.
	. Add lines 1a through 1e. (Column (d) must e	egual Form 990. Part	X. colun						9/	1,650.

(6)(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)

Part'X Other Liabilities.

	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 11e or 11f. See Fori	m 990, Part X, line 25.
1.	(a) Description of liability	(b) Book value	The state of the s
(1)	Federal income taxes		The state of the s
(2)	Mortgage	127,905.	The state of the s
(3)	Payroll Taxes	206.	1 <i>//</i> (2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2
(4)	Due to Devel. Corp	51,590.	7分的第三人称形式到1967年,1967年
(5)	Deferred Revenue	25,000.	4
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	204,701.	1

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

Sche	edule <u>D (Form 990) 2017 Sinai Family Life Center</u>	36-4133510 Page 4
	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gaihs, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	7
С	Recoveries of prior year grants	7
d	Other (Describe in Part XIII.)]
е		2e
3	Subtract line 2e from line 1	3
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	
b	Other (Describe in Part XIII) 4b	
С		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b		7 (
С		7
d		7
е		2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b		7]
С	Add lines 4a and 4b	7 4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
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; Part V, lines	4; Part X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	

Schedule D (Form 990) 2017

732054 10-09-17

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.qov/Form990 for the latest information.

2017
Open to Public

Open to Public Inspection

Employer identification number Name of the organization 36-4133510 Sinai Family Life Center Form 990, Part VI, Section B, line 11b: THE 990_IS REVIEWED BY THE BOARD PRIOR TO FILING. Form 990, Part VI, Section C, Line 19: THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST. Form 990, Part IX, Line 11g, Other Fees: PROFESSIONAL SERVICES: 67,876. Program service expenses Management and general expenses 0. 0. Fundraising expenses 67,876. Total expenses Total Other Fees on Form 990, Part IX, line 11g, Col A 67,876.

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

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2017

OMB No 1545-0047

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

Employer identification number 36-4133510

> Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Sinai Family Life Center Part

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	•			_	
Part II dentification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	stions. Complete if the organization an	swered "Yes" on Form 990, Par	rt IV, line 34, becaus	e it had one or more r	elated tax-exempt

י טועמווובמוטווא טטווווע נוופ ומא אפמי.							
(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) controlled	<u>13</u>
of related organization		foreign country)	section	status (if section	entity	entity?	١
				501(c)(3))		Yes No	ا
MT, SINAI MISSIONARY BAPTIST CHURCH -					MT. SINAI		
23-7427050 1200 ST. LOUIS AVE. EAST ST.					MISSIONARY		
LOUIS IL 62201	CHURCH	Illinois	501(c)(3)	Line 1	BAPTIST CHURCH	×	
MT, SINAI DEVELOPMENT CORPORATION -							
20-1569879, 1200 ST, LOUIS AVE, EAST ST,							
LOUIS ID 62201	COMMUNITY DEVELOPMENT	Illinois	501(c)(3)			×	1
	I						1
,							

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

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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. Sinai Family Life Center Schedule R (Form 990) 2017 Part III

Organizations treated as a partite sing the tax year.	an en	year.	5			9	[2]	-	3	9	5	170
(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(u) Direct controlling entity	Predomin: (related, excluded fro	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		rflonate lons? No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing le partner 5) Yes No	Perc
												•
Part IV: Identification of Related Organizations Taxable as a Corporation or IV: organizations treated as a corporation or trust during the tax year.	ganizations Taxable a rporation or trust durin	s a Corpo g the tax		omplete if th	ne organizatio	or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	es" on Form	990, Part IN	', line 34,	because it ha	d one or r	nore related
(a) Name, address, and EIN of related organization	Zc	Prim	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income		(g) Share of Fend-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
										-		
				<u></u>								
						 						
732162 09-11-17										Sched	ule R (Fo	Schedule R (Form 990) 2017

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	s with one or more re	lated organizations lister	in Parts II:IV?	Yes	2
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	· · · · · · · · · · · · · · · · · · ·			1a -X	
b Gift, grant, or capital contribution to related organization(s)		: : : : : : : : : : : : : : : : : : : :		1b 'X	}
c Gift, grant, or capital contribution from related organization(s)		: : : : : : : : : : : : : : : : : : : :		اد ۲	{
d Loans or loan guarantees to or for related organization(s)		:		1d	×
e Loans or loan guarantees by related organization(s)	:	:		1e	×
f Diudande from related organization(e)				*	Þ
Cale of accepts to related organization(s)				- 4	4 >
ion(s)	:	: : : : : : : : : : : : : : : : : : : :		2 +	4 ×
i Exchange of assets with related organization(s)		:		=	×
				ij	×
k Lease of facilities, equipment, or other assets from related organization(s)		;		*	×
Performance of services or membership or fundraising solicitations for re-	ated organization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1h	×
o Shanng of paid employees with related organization(s)				10	×
				,	•
				10	×
q Reimbursement paid by related organization(s) for expenses	: : : : : : : : : : : : : : : : : : : :	: : : : : : : : : : : : : : : : : : : :		19	×
r Other transfer of cash or property to related organization(s)					>
Other transfer of cash or property from related organization(s)				- 4	×
	who must complete th	is line, including covered	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	volved	
	type (a·s)	}			
(1) MT. SINAI MISSIONARY BAPTIST CHURCH	Ą	0.	FMV		1
(2) SINAI DEVELOPMENT CORPORATION	υ	0	O.FWV		}
(3) MT. SINAI MISSIONARY BAPTIST CHURCH	Ü	0	0.FMV		
. SINAI MISSIONARY	Д	0	FMV		
					ļ
(6)					-
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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.

age dir	1		.		
(h) (i) (j) (k) Dispropor- Code V-UBI Coneral or Percentage tional amount in box 20 managing allocations? Of Schedule K-1 parner? Of Schedule K-1 parner?					Schedule R (Form 990) 2017
- 550 c	<u> </u>				
(j) Seneral nanagi: partne					R (Fo
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Code nount 1 Sch					
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(h) Dispropotionate allocation	n n				
(g) Share of end-of-year assets					
Sha Sha end-c					
(f) Share of total income					
S to Si					
80 (
Are all partners sec 501(c)(3) orgs?	<u> </u>				
(d) Predominant income (related, unrelated, excluded from tax under sections 5/2-5/4)					
t inco irelate tax u					
(d) minani ed, un d from					
Predo (relat clude section					
<u> </u>					
(c) Legal domicile (state or foreign country)	:				
(c) gal domic ate or fore country)					
Lec (sta					
(b) Primary activity					
(b) ary ac					
Prim					
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<u>z</u>					
and E					
(a) address, a of entity					
(a addr of e					
(a) Name, address, and EIN of entity					
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Part VII	Supplemental Information.	
	Provide additional information for responses to questions on Schedule R. See instructions.	
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