**Return of Organization Exempt From Income Tax** 

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A	For th	he 201	5 calendar year, or tax year beginning	07/01,2015	, and endi	ing		06/30,	20 16	
_			C Name of organization				D Employer ider	ntification nur	ber	
В	Check if a	appiicable	EIHAB HUMAN SERVICES NEW JERSEY,	INC.			37-1660	0097		
Γ	Addr		Doing business as	· · · · · · · · · · · · · · · · · · ·						
$\vdash$	7	e change	Number and street (or P O box if mail is not delivered to street	et address)	Room/suite		E Telephone nui	mber		
$\vdash$	┪	ıl return	168-18 SOUTH CONDUIT AVENUE	<i>'</i>			(718) 27	6-6101		
⊢		return/	City or town, state or province, country, and ZIP or foreign po	stal code	L		(,10, 2,	0 0101		
⊢		inated	SPRINGFIELD GARDENS, NY 11434				G Gross receipts	· e (	,745	600
$\vdash$	retur		F Name and address of principal officer AHMED HEC	777V			H(a) is this a grou		Yes	X No
ᆫ	pend		·		NW 1142	,	subordinates	<sup>?</sup> -	⊣	⊢⊣
			168-18 S CONDUIT AVE, SPRINGFIEL				H(b) Are all subord	_	Yes	No
<u> </u>		xempt sta	1 = 1 (-)(-)(-)	) 4947(a)(1)	or 5	27	If "No," attac	halist (see inst	uctions)	
<u>1</u>	Webs	ite: 🕨	WWW.EIHAB.ORG				H(c) Group exemp			
K	Form	of organ	zation X Corporation Trust Association C	Other <b>&gt;</b>	L Year	of format	ion 2012 M	State of legal	lomicile	NJ
P	art l		mmary	<u> </u>						
	1	Briefly	describe the organization's mission or most significant a	activities TO PRO	OVIDE G	ROUP	HOME SERV	ICES TO		
9	)	CHI	DREN AND ADULTS WITH A GROUP LIVI	NG EXPERIENC	CE IN A	HOME	LIKE			
an Bu		ENV	RONMENT.							
Governance	2	Check	this box I if the organization discontinued its op	perations or dispose	ed of more th	nan 25%	of its net assets	5		
Ó	3	Numb	er of voting members of the governing body (Part VI, line	1a)				3		5.
			er of independent voting members of the governing body					4	-	5.
Activities &	5		number of individuals employed in calendar year 2015 (F					5		270.
₹	6							6		5.
کو ج	72		inrelated business revenue from Part VIII, column (C), line					7a		0.
			related business taxable income from Form 990-T, line 3					7b		0.
	<del>  -</del>	ivet ui	included business taxable mount from 1 on 1 oo 1, line c	<del>// / / / / / / / / / / / / / / / / / /</del>	<u> </u>	<del>'                                    </del>	Prior Year		rrent Y	ear
	8	Contri	butions and grants (Part VIII, line 1h)			<u> </u>		0.		0.
ĩ.	0		butions and grants (Part VIII, line 1h)				7,574,20		,612,	
Revenue	9		m service revenue (Part VIII, line 2g)				7,374,20	8.	, 012	700.
8			ment income (Part VIII, column (A), lines 3, 4, and 7d).				263,13		122	389.
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a				7,837,34		,745,	
	12		evenue - add lines 8 through 11 (must equal Part VIII, co				1,031,34	0.	, /45	
	13		and similar amounts paid (Part IX, column (A), lines 1-3)					0.		$\frac{0}{0}$
	14		ts paid to or for members (Part IX, column (A), line 4)				5 050 11		260	
ŝ	15	Saları	es, other compensation, employee benefits (Part IX, colur	mn (A), lines 5-10)	<u>.</u>		5,258,11		,260,	
Expenses	16 a	Profes	sional fundraising fees (Part IX, column (A), line 11e)	RECENE	Z.L.)	7	<del></del>	0.		0.
×	b	Total f	undraising expenses (Part IX, column (D), line 25)			<b>  </b>				<u> </u>
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10.6.6.2.1.1.1.1	၂၇	! <b> </b>	2,014,73		,248,	
	18		expenses Add lines 13-17 (must equal Part IX, column (A	4) Nide 25) (). 🙎 . 2.1	017 . 18		7,272,84	8. 9	,509,	
	19	Reven	ue less expenses Subtract line 18 from line 12 .	<u></u>	اران		564,49		236	685.
Sor					TE	Begin	ning of Current Y		nd of Yea	
Set	20	Total a	issets (Part X, line 16)	OGUEN. [	JT [	. L	1,364,48	0. 1	,643,	556.
Net Assets Fund Balanc	21	Total I	abilities (Part X, line 26)				556,92		599	314.
2	22	Net as	sets or fund balances Subtract line 21 from line 20	<u> </u>	<u></u>		807,55	7. 1	,044,	242.
	art II	Sig	nature Block							
Un	der pe	nalties o	perjury, I declare that I have examined this return, including	accompanying schedu	ules and state	ements, a	and to the best of	my knowledg	e and be	elief, it is
tru	e, corre	ect, and	complete Declaration of preparer (other than officer) is based on	all information of whi	ich preparer h	as any kr	nowledge	<del></del>		
			About				Nulia	12014		
Sig	-		Signature of afficer				Date	<del></del>		
He	re		AL A Slean							
			Type or print name and tale							
			Type preparer's name Rreparer's signatur		Date		Check	if PTIN		
Pai	ď	PAIII	HAMMERSCHMIDT TOWN	M)	411	117	self-employe		38417	8
Pre	parer	-	DDO HOD TID	· · <del>-</del>		<del>` `</del>		3-53815		<del>-</del>
Use	Only	Firm's	address ▶100 PARK AVENUE NEW YORK, N	Y 10017-5001				12-885-		
140	ı tha !		cuss this return with the preparer shown above? (see inst		<u> </u>		Phone no ∠	137		<del></del>
_			<del></del>		<del></del>	<del></del>	<del></del>		Yes	No
For	Pape	rwork	Reduction Act Notice, see the separate instructions.					F	om 99(	(2015)

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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	Х	_
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		х
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	Ť		
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			l
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<b>—</b>		
•	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 "Yes,"</i>	<del></del>	· · · ·	
·	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	-		<del>                                     </del>
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			1
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		<del></del>
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	7. (2)	
• • •	VII, VIII, IX, or X as applicable			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		السنسة	نسنط
	complete Schedule D, Part VI	11a	x	l
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	110		_
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11ь	) ;	х
_	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		<del>- :-</del>
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110	-	<del></del>
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	,	Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X	<del></del>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	1
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del>  '''</del>		$\vdash$
124		12a	Х	1
h	Schedule D, Parts XI and XII	120		
U	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		<del></del> -
D	fundraising, business, investment, and program service activities outside the United States, or aggregate	1 1		l
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		<del></del>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			_ <del></del>
	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	<del>''</del>	$\vdash \dashv$	<del></del>
• ′	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	├		<del></del> -
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		<del>``</del>
. 3	If "Yes," complete Schedule G, Part III	19		х
		13	ليسيا	

Part	V Checklist of Required Schedules (continued)		_	
			Yes	No
20 a ·	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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
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	ļ	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			}
	employees? If "Yes," complete Schedule J	23	[	Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	<u> </u>	Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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	L	L
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		<b>!</b> ,	
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1	<u> </u>	]
	disqualified persons? If "Yes," complete Schedule L, Part II	26	نــــا	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			٠
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	\$0. 30.	] , ,	· ·
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	ا ئا ا	in Jan	4. '
	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			х
	Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	20-		х
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		$\frac{\hat{x}}{x}$
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		<del>                                     </del>
31	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<b> </b>		<del></del>
32	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
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
35 a		35a		Х
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
		F	000	(2015)

Par	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	• • •	لسا
	•		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	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	Х	7. 4
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	Ì	\	*
	Statements, filed for the calendar year ending with or within the year covered by this return . 270			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	7.A
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		5	3.3
	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			v
	account)?	4a	.0001	X
b	If "Yes," enter the name of the foreign country ▶		7.	*
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			,
_	(FBAR)	F-0	¥200.	X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	- Oa		
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			si il
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<b>1</b>		
a	and services provided to the payor?	7a	- A Table 1	Х
b	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 to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	Ž		, , , , , , , , , , , , , , , , , , ,
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u></u>	
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	<u> </u>		المنفد ا
	sponsoring organization have excess business holdings at any time during the year?	8	٠	× -4-36%
9	Sponsoring organizations maintaining donor advised funds.		<u>'%'</u>	MA
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	1986	-
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12		3	1
a	middle root and depiter dentillations included on rail and and in the root and a second included on the second inc			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	F., 4		7
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders	, 3 <u>5</u>		
	Gross income from members or shareholders		,	
D	against amounts due or received from them )		å Y	
12a	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 12b		3 ,	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		, ?	
	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		3	* *
b	Enter the amount of reserves the organization is required to maintain by the states in which	]	1	
	the organization is licensed to issue qualified health plans	<b>.</b> *	* .	
C	Enter the amount of reserves on hand	J - 1/2	>	(â
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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 

Sect	ion A. Governing Body and Management		<del></del>	<del></del>
	ı .		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		45. 14.	
	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 Lib			33
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	X	r
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 more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		1	
_	the year by the following	<b>4</b> 7		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Χ
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		Χ
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	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, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	2.4986
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	10	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
þ		405	X	
	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	х	
	describe in Schedule O how this was done	13	X	<del> </del>
13	Did the organization have a written whistleblower policy?	14	X	<del> </del>
14	Did the organization have a written document retention and destruction policy?	<b>1 - 4</b>	, , , , ,	<b>₩</b> <.5
15	Did the process for determining compensation of the following persons include a review and approval by		.3	
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	X	لتشنيي
a	The organization's CEO, Executive Director, or top management official	15b		X
b	Other officers or key employees of the organization	100	Fig.	<b></b>
163	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	J.	Щż,	
104	with a taxable entity during the year?	16a	**********	Х
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	W.	(100	
_	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		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NJ,		_	
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)
	available 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 in	terest	policy	, and
	financial 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 record HAMDY ELGINDY, 168-18 SOUTH CONDUIT AVE., SPRINGFILED GARDENS, NY 11434 718-276-6101	is ►		

TORC	3772747	TEDCEV	TNC	37-1660097
TCES.	NI.W	JERSEY.	INC.	3/-166009/

Form 990 (2015	5)		EIHAE	B HUMAN S	SERVICES	NEW_	JERSEY, INC	<u> </u>	37-16	60097	Page
Part VII	Compensation	of	Officers,	Directors,	Trustees	, Key	Employees,	Highest	Compensated	Employees	, and
	Independent Co	ontr	ractors								
	Check if Sched	ule	O contains	a respons	e or note to	any I	ine in this Part	VII			. 🔲

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

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

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

Check this box if neither the organization	nor any related	огда	nıza	tion	COI	mpen	sate	ed any current offic	er, director, or trus	stee
(A) Name and Title	(B) Average hours per week (list any hours for related	box office	unle: er and	Pos heck ss pe	more erson lirect	e than on the structure of the structure	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted (ine)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)		organization and related organizations
_(1)THARWAT_AHMEDBOARD_PRESIDENT	1.00	x		х	ļ			0.	0.	0.
(2)ESSAM ELBADRY VICE-PRESIDENT	1.00	X		Х				0.	0.	0.
(3)JUNNY RIVERA TREASURER	1.00	x		Х		_		0.	0.	0.
(4)MOSTAFA EMERA (FROM 7/15) BOARD MEMBER	1.00	Х						0.	0.	0.
(5)MANAL HEGAZY BOARD MEMBER	1.00	х						0.	0.	0.
(6)AHMED HEGAZY CEO	10.00			Х				74,038.	0.	0.
CFO	10.00			Х				57,884.	0.	0.
(8)NOREEN SCIARETTA VP OF DEVELOPMENT	10.00					Х		115,156.	0.	8,424.
_(9)										
(10)										
(11)										
(12)										
(13)						_				
(14)										
		Ц	Ц.		Щ.	Ь		<del></del>	<del>L</del> .	<del></del>

Form 990 (2015)

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Page	2

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and l	ligi	nest Compensat	ed Emplo	yees (c	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles r and	Pos heck ss pe	rson	than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	able ion from ed	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	from the organization and related organizations
											· · · · · · · · · · · · · · · · · · ·
					<del>                                     </del>						
					_		_				
								l I			
	·										
										:	
1b Sub-total		L			L		•	247,078.		0.	8,424.
c Total from continuation sheets to Part VII, Sod Total (add lines 1b and 1c)	ection A .						<b>^</b>	0. 247,078.		0.	0. 8,424.
Total number of individuals (including but not reportable compensation from the organization)	imited to th		ıste						\$100,000		0,1211
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,00	002	· If	"Yes	," (	complete Schedu			4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue cor	mpen	satio	on 1	irom	any	นกเ	elated organization	on or indiv	idual	5 X
Section B. Independent Contractors					101	34071			· · · · · · · · · · · · · · · · · · ·	· · · · · ·	
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report c year</li> </ol>	pensated in ompensation	ndepe on for	nde the	ent o	cont	racto ar yea	rs ti ar e	hat received more nding with or with	than \$100 iin the org	0,000 d anizatio	if n's tax
(A) Name and business add	ress							(B) Description of se	rvices	C	(C) Compensation
							-				
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)							e li	sted above) who	received		

Creek of Schedule O contains a response or note to any line in this Part VIII.    Creek of Schedule O contains a response or note to any line in this Part VIII.   Signature			(2015)	EIHAB HUM	AN SERVICES	NEW JERSEY,	INC.	37-1660	097 Page
Total revenue  Total		art V			onse or note to	any line in this Par	+ \/!!!		
Begin a Federated campagns		: - *				(A)	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from ta
Business Code  2	*	<del>, ` `</del>			<u> </u>	<u> </u>	revenue		
Business Code  2	s, Grants	1:	<b>b</b> Membership dues	<u>1b</u>					
Business Code  2					<del> </del>	<b>-</b>  -: ``.'₹ •.			
Business Code  2	, S				<del> </del>				
Business Code  2	if a		_	,					
Business Code  2	<u> </u>								
Business Code  2	i o	9							
Total Add lines 12-21  Total Add lines 22-21  Total Add lines 12-21  Populates  9, 012, 306  9		1	Total. Add lines 1a-1f	<u> </u>	▶	0			
Total Add lines 12-21  Total Add lines 22-21  Total Add lines 12-21  Populates  9, 012, 306  9	enc	1			Business Code	<u> </u>	\$25 M. W. W.	\$7. A	1 55 · AT 33
Total Add lines 2a-2f.    All other program service revenue   9   10tal Add lines 2a-2f.   > 9, 612, 306.	ě	2a	PROGRAM SERVICES FEES		623990	9,612,306	9,612,306		
Total Add lines 2a-2f.    All other program service revenue   9   10tal Add lines 2a-2f.   > 9, 612, 306.	9	6	·						
Total Add lines 2a-2f.    All other program service revenue   9   10tal Add lines 2a-2f.   > 9, 612, 306.	ē	1 9		<del></del>					
3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties. 6 Gross rents .  6 Income from investment of tax-exempt bond proceeds 5 Royalties.  6 (i) Real (ii) Personal 6 Gross rents .  6 Income or (ioss) .  6 Royalties .  6 Income or (ioss) .  6 Royalties .  7 Royalties .  8 Royalties .  8 Royalties .  9 Roy	E	l °			<del>-</del>	<del> </del>			
3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties. 6 Gross rents .  6 Income from investment of tax-exempt bond proceeds 5 Royalties.  6 (i) Real (ii) Personal 6 Gross rents .  6 Income or (ioss) .  6 Royalties .  6 Income or (ioss) .  6 Royalties .  7 Royalties .  8 Royalties .  8 Royalties .  9 Roy	g	l e	All other program consecution			<del>                                     </del>	<del> </del>		
Second Part Vi Inte 19   Second Part Vi Inte	_ <b>P</b>	9				9 612 306	¥**, **, **	<u> </u>	8m 8t * xx
and other similar amounts).  Income from investment of tax-exempt bond proceeds  Royalties  O  (i) Real (ii) Personal  O  Less rental expenses  C Rental income or (loss)  Net rental income or (loss)  Income from sines of assets other than inventory  b Less cost or other basis and sales expenses  C Gan or (loss)  Income from fundraising events (in) Other  See Part IV, line 18  Less direct expenses  C Net income or (loss) from fundraising events (not income from gaming activities)  See Part IV, line 19  Less cost of goods sold  C Net income or (loss) from gaming activities  See Part IV, line 19  Less cost of goods sold  C Net income or (loss) from sales of inventory, less are turns and allowances  B Less cost of goods sold  C Net income or (loss) from sales of inventory, less are turns and allowances  B Less cost of goods sold  C Net income or (loss) from sales of inventory, less are turns and allowances  B Less cost of goods sold  C Net income or (loss) from sales of inventory, less are turns and allowances  A Less cost of goods sold  C Net income or (loss) from sales of inventory, less are turns and allowances  A Less cost of goods sold  C Net income or (loss) from sales of inventory, less are turns and allowances  A Less cost of goods sold  C Net income or (loss) from sales of inventory, less are turns and allowances  A Less cost of goods sold  A Less cost of goods sold  C Net income or (loss) from sales of inventory, less are turns and allowances  A Less cost of goods sold  A Les		3				3,012,300	: E; 2840 -01' V28 %	**************************************	
Section   Contributions reported on line 1c)   See Part IV, line 19   See Part IV, line 1						4			۱ .
Section   Continuous   Contin		4	Income from investment of	tax-exempt bond	proceeds .	0			
O   Real   O   Personal		5	Royalties	<u> </u>	<u> </u>	0			
b Less rental expenses		l						The State A.	J
The second of th		6a	Gross rents						
d Net rental income or (loss)		Ь	-		<del> </del>				
Tag Gross amount from sales of assets other than inventory be Less cost or other basis and sales expenses					<u> </u>		<u> </u>		
assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) Net gain or (loss) Net gain or (loss) Net gain or (loss)  8a Gross income from fundraising events (not including \$		1					\$74. Wish New York	5. 30. 3.2 30.0	
b Less cost or other basis and sales expenses			and the same of	(i) occurres	(ii) Outer	1			
and sales expenses		b	<b>*  </b>						
Total revenue. See instructions		_	=						
Net gain or (loss)		С							
events (not including \$ of contributions reported on line 1c) See Part IV, line 18		d			<u>.</u>	0			
c Net income or (loss) from fundraising events	e	8a	Gross income from fundrai	ising				- 1,5 %	€9: ₹%: ¥. ¥
c Net income or (loss) from fundraising events	Ven								
c Net income or (loss) from fundraising events	Re		of contributions reported on I	ine 1c)	ĺ				
c Net income or (loss) from fundraising events	her								
9a Gross income from gaming activities See Part IV, line 19	ō		Less direct expenses	b					
See Part IV, line 19  b Less direct expenses						0		E - 200 Se . 120	
b Less direct expenses		Jđ	See Part IV. line 19	activities					
c Net income or (loss) from gaming activities		ь							
10a Gross sales of inventory, less returns and allowances			Net income or (loss) from ga	iming activities.		0		<u> </u>	
returns and allowances		10a	Gross sales of inventor	ry, less		i ili	100 A	Virga Jaka	8-7-8 8-2-78-4
C Net income or (loss) from sales of inventory.         Miscellaneous Revenue       Business Code         11a       MISCELLANEOUS INCOME       900099         b       133,389         c       4 All other revenue         e       Total. Add lines 11a-11d       133,389         12       Total revenue. See instructions       9,745,699.       9,612,306.	}		returns and allowances	a					
Miscellaneous Revenue       Business Code         11a       MISCELLANEOUS INCOME       900099       133,389         b       C         d       All other revenue       Sa         e       Total. Add lines 11a-11d       133,389         12       Total revenue. See instructions       9,745,699.       9,612,306.			Less cost of goods sold	ь[					
11a       MISCELLANEOUS INCOME       900099       133,389       133,389         b       C<	}	С							
b	ŀ						F-38 - 11 - 17 - 1	1:X1 AG 3 1	
e Total. Add lines 11a-11d		11a	MISCELLANEOUS INCOME		900099	133,389.			133,389
e Total. Add lines 11a-11d		D							
e Total. Add lines 11a-11d		ت ام	All other revenue	<del></del>					<del></del>
12 Total revenue. See instructions		_		_		133 300		MA 12 52 1000. IS	\$5.5.7 9 1
54			Total revenue. See instruction	s				T& '.4' %" X ! 1	
	SA E1051	1 000					9,012,306.		133, 393. orm <b>990</b> (2015)

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

Do not include amounts reported on lir	00 65 7L	/A\	m uno rait iv		
8b, 9b, and 10b of Part VIII.	es ob, /b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic or	ganizations				Френзез
and domestic governments. See Part IV, line		0.			
2 Grants and other assistance to	domestic				
individuals See Part IV, line 22		0.			
3 Grants and other assistance to				<del></del>	
organizations, foreign governments, ar				}	
individuals See Part IV, lines 15 and 16	t loreign	0.			
4 Benefits paid to or for members	′・・・・- ├-	0.			
5 Compensation of current officers,	directors,	20.00.			
trustees, and key employees		88,904.		88,904.	
6 Compensation not included above, to o					
persons (as defined under section 4958)	f)(1)) and			1	
persons described in section 4958(c)(3)(B)		0.			
7 Other salaries and wages		5,791,436.	5,299,688.	491,748.	
Pension plan accruals and contributions					
section 401(k) and 403(b) employer con		35,504.	23,787.	11 717	
9 Other employee benefits		784,717.	739,450.	11,717.	
		559,821.		45,267.	
	· · · · · ⊢		508,616.	51,205.	
Fees for services (non-employees)					
a Management	∟	0.			
b Legal		31,500.		31,500.	
c Accounting		35,500.		35,500.	<del></del>
d Lobbying	L	0.			
e Professional fundraising services. See Part I	/, line 17	0.	4 💥 / 🗡	3 . 9", "\$" }2	<del> </del>
f Investment management fees		0.			
g Other (If line 11g amount exceeds 10% of line					
(A) amount, list line 11g expenses on Schedule O).		157,599.	157,534.	65	
Advertising and promotion	⊢	0.	137,334.	65.	
Advertising and promotion	• • • • • -				
Office expenses		363,652.	353,278.	10,374.	
Information technology		0.			
Royalties		0.			
Occupancy		838,795.	766,541.	72,254.	
Travel	. <i>.</i> L_	121,577.	82,979.	38,598.	
Payments of travel or entertainment e	xpenses				
for any federal, state, or local public of		0.			
Conferences, conventions, and meetings		44,526.	43,681.	845.	
Interest		919.	919.	043.	
Payments to affiliates	· · · · ·   —	0.			
			100 015		
i i i i i i i i i i i i i i i i i i i	՝ ∙ ∙ ∙ ∙ ├	183,823.	182,945.	878.	
Insurance	· · · · ·	111,884.	105,277.	6,607.	
Other expenses Itemize expenses not		]	, Τ	,	
above (List miscellaneous expenses in line	24e If	į			
line 24e amount exceeds 10% of line 25,		′			
(A) amount, list line 24e expenses on Sche	dule O)				
FOOD		196,067.	196,067.		
REPAIRS & MAINTENANCE		70,179.	67,903.	2 276	
PAYROLL PROCESSING FEES		21,168.	01, 303.	2,276.	
CLIENT ACTIVITIES			10 205	21,168.	
		18,385.	18,385.		
All other expenses		53,058.	48,333.	4,725.	
Total functional expenses Add lines 1 thro	ugh 24e	9,509,014.	8,595,383.	913,631.	
Joint costs. Complete this line only organization reported in column (B) join	If the				
from a combined educational campai	gn and				
fundraising solicitation Check here			İ	j	
following SOP 98-2 (ASC 958-720)	<del></del> l	0.			
				<u></u>	

Form 990 (2015)

Part >	Balance Sheet			Page II
	Check if Schedule O contains a response or note to any line in this P	art X		
•		(A) Beginning of year		(B) End of year
<b>□</b>   1	Cash - non-interest-bearing	465,256.		435,529.
2	Savings and temporary cash investments	4,510.	_	4,811
3			3_	0
4		30,620.	4	176,549
5				
	trustees, key employees, and highest compensated employees			
	Complete Part II of Schedule L	0.	5	0
6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0.	6	0
2   7	organizations (see instructions) Complete Part II of Schedule L			0
νī			8	0
		109,081.		67,513
9	3	100,001.	3	07 <b>,</b> 313
10	a Land, buildings, and equipment cost or			, , ,
	other basis Complete Part VI of Schedule D  10a 1,375,976.  b Less accumulated depreciation	737,205.	40-	931,132
	2 2000 documentos doprocations si			931,132
11	Investments - publicly traded securities		11	0
12	Investments - other securities See Part IV, line 11		12	0
13	Investments - program-related See Part IV, line 11	0.	13	0
14	Intangible assets		-	
15	Other assets See Part IV, line 11	17,808.		28,022
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,364,480.		1,643,556
17	Accounts payable and accrued expenses			444,514
18	Grants payable	0.		0
19	Deferred revenue		19	0
20	Tax-exempt bond liabilities	0.		0
21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0
ဖ္မ 22	Loans and other payables to current and former officers, directors,		* 3 *2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
≣∣	trustees, key employees, highest compensated employees, and		* 77	2 %
Liabilities	disqualified persons Complete Part II of Schedule L	0.		0
23   ⊏	Secured mortgages and notes payable to unrelated third parties	17,309.		
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X			
	of Schedule D	229,720.	25	142,221
26	Total liabilities. Add lines 17 through 25	556,923.	26	599,314
ses	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.		,	33 4
[ 27	Unrestricted net assets	807,557.	27	1,044,242
<u>rs</u>   28		0.	28	0
일 29		0.	29	O
Net Assets or Fund Balances 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.	ar one com A processor state state		manarat e samanan mana maka sa sabash
င္ဆ   30	Capital stock or trust principal, or current funds		30	
စ္တိ   31	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹   32	Retained earnings, endowment, accumulated income, or other funds		32	
<u>≅</u> 33	Total net assets or fund balances	807,557.	33	1,044,242
34	Total liabilities and net assets/fund balances	1,364,480.	34	1,643,556
				Form <b>990</b> (201

Form 9	90 (2015)				Pa	ge 12
Part	XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>	<u></u>		Ш
1	·Total revenue (must equal Part VIII, column (A), line 12)	1		9,74		
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,50		
3	Revenue less expenses Subtract line 2 from line 1	3				85.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		80	7,5	57.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		1,04	4,2	42.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					⁄es	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			$\Box$		2 1
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın	in 🕹			
	Schedule O				5	ب کمت
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 con	npiled	or [	· .	``	
	reviewed on a separate basis, consolidated basis, or both		j			ĺ
	Separate basis Consolidated basis Both consolidated and separate basis		ــا			
h	Were the organization's financial statements audited by an independent accountant?			2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud					- K K
	separate basis, consolidated basis, or both		_		4	
	X Separate basis Consolidated basis Both consolidated and separate basis				ź., 1	Ž.
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversio	aht	1		
·	of the audit, review, or compilation of its financial statements and selection of an independent ac		1	2c	Х	ĺ
	If the organization changed either its oversight process or selection process during the tax year,			\$ 25 2 7		\$ \$ \$ \$
	Schedule O	37 <b>4</b> 314111			. 8. 2	\$37 KR.,
3 2	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth				
Ja	the Single Audit Act and OMB Circular A-133?			3a	Х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not uni	tergo 1	the			
, ,	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such as			3ь	X	
			F	orm 9	90	(2015)

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

# **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.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ.

▶Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization					Employer ider	ntification number				
EIHAB HUMAN SERVICES NEW	JERSEY, INC.	<u> </u>			37	-1660097				
Part I Reason for Public Cha	rity Status (All o	organizations must o	complet	e this pa	art.) See instructions	S				
The organization is not a private fou	indation because it	t is (For lines 1 through	gh 11, ch	neck only	one box.)					
1 A church, convention of ch	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).					
2 A school described in secti	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ) )					
3 A hospital or a cooperative	hospital service o	rganization described	ın sectio	n 170(b)	)(1)(A)(iii).					
4 A medical research organi	zation operated in	conjunction with a hos	spital de	scribed i	n section 170(b)(1)(A	)(iii). Enter the				
hospital's name, city, and s	tate									
5 An organization operated section 170(b)(1)(A)(iv).		a college or universit	ty owne	d or ope	erated by a governme	ental unit described in				
6 A federal, state, or local go	overnment or gove	rnmental unit describe	d in sect	tion 170	(b)(1)(A)(v).					
7 An organization that norm	7 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). (Compl	lete Part II )	-	-		-				
8 A community trust describe	ed in section 170(t	o)(1)(A)(vi). (Complete	Part II)	ı						
9 X An organization that norm	ally receives (1) n	nore than 331/3% of	its supp	ort from	contributions, memb	ership fees, and gross				
receipts from activities rel	ated to its exemp	t functions - subject	to certa	ın excep	otions, and (2) no mo	ore than 331/3% of its				
support from gross inves		<del>-</del>		-	• •					
acquired by the organization						·				
10 An organization organized				-	•					
11 An organization organized	· ·	•	•			rry out the purposes of				
one or more publicly suppo		•								
the box in lines 11a throug										
a Type I A supporting org					·	-				
the supported organization	-		-							
organization You must c				,, .		nood or and oupporting				
b Type II A supporting org	•		nnection	with its	supported organizati	on(s) by having				
control or management of										
organization(s) You must	• • •	-	1110 00111	e persor	is that control or mar	age the supported				
c Type III functionally inte			sted in c	onnectio	n with and functions	lly integrated with				
its supported organization	-					ny integrated with,				
d Type III non-functionally						ted organization(s)				
that is not functionally into	-		•		• •	• , ,				
requirement (see instruct	-	•	-		<u>•</u>	a an alterniveness				
e Check this box if the orga						II. Type III				
functionally integrated, or					• • • • • • • • • • • • • • • • • • • •	n, type in				
f Enter the number of supported	•	ionally integrated sup	porting	Jigailiza	uon					
g Provide the following informati	_	orted organization(s)								
(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of				
,,	``	(described on lines 1-9	listed in yo	ur governing	support (see	other support (see				
	ļ,	above (see instructions))	docu	ment?	instructions)	instructions)				
			Yes	No						
(A)	[					Į.				
						<del></del>				
(B)										
				<u> </u>						
(C)	]			1		]				
	-		<del>                                     </del>	<del>                                     </del>						
(D)										
	<del> </del>		<del> </del>	<del> </del>	· · <del>- · · · · · · · · · · · · · · · · </del>	<del> </del>				
(E)			1							
			<del> </del>	<del> </del>	<del></del>	<del> </del>				
Total	<b>\</b>					<b>\</b>				

organization's benefit and either paid to or expended on its behalf . . . .

The value of services or facilities furnished by a governmental unit to the e **2** 

		HOLIMA DILICO	VICES NEW O	HROBIT, INC	•	37 10000	J J I
Schedule A	(Form 990 or 990-EZ) 2015						Page
Part II	-Support Schedule for Organ (Complete only if you checked Part III. If the organization fails	the box on l	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
Section	A. Public Support						
Calendar	year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	, grants, contributions, and obership fees received (Do not ide any "unusual grants")						
0 T	anneal for the						

4 5	Total. Add lines 1 through 3			<i>4</i> • • •	,	
•	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		,		9	
6	Public support. Subtract line 5 from line 4				·	

6	Public support. Subtract line 5 from line 4					1	
Sec	tion B. Total Support		-				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	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	Total support. Add lines 7 through 10 [	11/1/3				ス * 💢 5/×* *	
12	Gross receipts from related activities, etc. (se	ee instructions)				12	

Sec	Section C. Computation of Public Support Percentage																	
	organization, chec	k this b	ox and	stop l	nere							 	 	 	 	<u></u> ▶	<u> </u>	
13	First five years.																	

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14		<u>%</u>
15	Public support percentage from 2014 Schedule A, Part II, line 14	15		%_
16a	331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is	331	/3 % or more, check	
	this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		▶	
b	331/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line	15	is 331/3 % or more,	
	check this box and stop here. The organization qualifies as a publicly supported organization		<b>▶</b>	
17a	10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a	a, or	16b, and line 14 is	
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box at	nd st	op here. Explain in	

	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported
	organization
b	10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.
	Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

	supported organization	<b>&gt;</b>	L
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		
	Instructions	<b>•</b>	ı

Schedule A (Form 990 or 990-EZ) 2015

1

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")	0	0.	0.	0	о.	0
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		1,994,048	3,720,483.	7,574,201.	9,612,306.	22,901,038
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the			-			
-	organization's benefit and either paid						
	to or expended on its behalf						0
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5		1,994,048.	3,720,483.	7,574,201	9,612,306.	22,901,038
	Amounts included on lines 1, 2, and 3		1,331,030.	3,720,403.	7,374,201	3,012,300.	22,301,030
, u	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						0
_	or 1% of the amount on line 13 for the year						0
С 8	Add lines 7a and 7b Public support. (Subtract line 7c from	, % / ½	· · · · · · · · · · · · · · · · · · ·	< < 3 <sub>x</sub>			
0	line 6)	1 1		* * * * * * * * * * * * * * * * * * * *	* \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3.3	22 201 220
Sec	tion B. Total Support		1 / · · · · · · · · · · · · · · · · · ·				22,901,038
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	<b>(,</b> = 0 · · ·	1,994,048.	3,720,483	7,574,201.	9,612,306	22,901,038
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.		2,000,7000	9.	8	4.	21
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b			9	8	4	21
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				,		0
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI) ATCH 1		2,528.	55,935	263,138	133,389	454,990
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		1,996,576.	3,776,427	7,837,347	9,745,699.	23,356,049
14	First five years. If the Form 990 is for						
	organization, check this box and stop here.				<u> </u>	· · · · · · · · · · · · · · · · · · ·	▶ X
	tion C. Computation of Public Sup			- (0)			
15	Public support percentage for 2015 (line 8,					15	%
16	Public support percentage from 2014 Sche				· · · · · · · · · ·	16	%_
	tion D. Computation of Investmer						
17	Investment income percentage for 2015 (lin					17	%_
18	Investment income percentage from 2014					18	%
19 a							
	17 is not more than 331/3%, check thi						
b	331/3% support tests - 2014. If the orga						
	line 18 is not more than 331/3%, check						
20 JSA	Private foundation. If the organization	aid not check a	a box on line 1	4, 19a, or 19b,		x and see instru	

## Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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	3a		
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 <b>Part VI</b> when and how the organization made the determination	3b		~
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	, .,	v
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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 <b>Part VI</b> 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	4c		
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 <b>Part VI</b> , 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)	5a	* * * * * * * * * * * * * * * * * * * *	, XX
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?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c	, , , ,	k.
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 <b>Part VI</b> .	6		
7	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).	7		·
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)	8		
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 <b>Part VI</b> .	9a_		-
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 <b>Part VI.</b>	9b		
С	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 <b>Part VI.</b>	9с		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		-

	e A (Form 990 or 990-EZ) 2015			rayeu
Part	Supporting Organizations (continued)		Ves	No
44	Use the assessmentian accounted a cuft or contribution from any of the following persons?		162	NO
	Has the organization accepted a gift or contribution from any of the following persons?	l		ł
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	├─	<b>├</b>
	A family member of a person described in (a) above?	11b	ļ	ļ
	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
Secti	on B. Type I Supporting Organizations		\ <u>\</u>	T
			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			}
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1	1
	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	<u> </u>	<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported		[	1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			l
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			_
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			`
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	\ (	l	1
	or management of the supporting organization was vested in the same persons that controlled or managed		مسائمين را	<b>l</b> .
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			,
	Del the comment of the state of		Yes	_
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	,45 X	1	, 3
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of	46 5		<b>Ì</b> `∜
	the organization's governing documents in effect on the date of notification, to the extent not previously	11 3 x	1	
	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		- / 5	
	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	11/3 K 3		>,
	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	l.	بلاند	
	supported organizations played in this regard	3		
Secti	on 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 in	struct	ions)	
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			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru		_
2	Activities Test Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part Vi identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			100
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	١.
	activities but for the organization's involvement	2b	l	1
3	•			
	Parent of Supported Organizations Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	1	****
<b>L</b>			<del>                                     </del>	
Ь	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 <b>Part VI</b> the role played by the organization in this regard	3b	1	'
	or to supported organizations. If rest, describe in Fait vi the role played by the organization in this regard	ı JD		

Schedule A (Form 990 or 990-EZ) 2015

Section A - Adjusted Net Income  1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3 5 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izatio	ons	
Section A - Adjusted Net Income  (A) Pnor Year (B) Current Year (optional)  1 Net short-term capital gain 2 Recoveries of pror-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 5 OPORTION 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities b Average monthly value of securities 1 Total (add lines 1a, 1b, and 1c) 1 Fair market value of other non-exempt-use assets 1 Total (add lines 1a, 1b, and 1c) 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 6) 8 Multiply hine 5 by 035 7 Recoveries of prior-year distributions 7 Aggregate automatic for prior year (from Section A, line 8, Column A) 1 Aggregate fair market value for line 6) 8 Current Year 1 Adjusted net income for prior year (from Section B, line 8, Column A) 4 Center greater of line 2 or line 3 5 Netrobusto and prior year 6 Discributable Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)				tructions. All
2 Recovenes of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) 1 Average monthly value of secunities b Average monthly value of secunities c Fair market value of other non-exempt-use assets 1 to 1 Total (add lines 1a, 1b, and 1c) 9 Discount claimed for blockage or other factors (explain in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 5 Income tax imposed in prior year 6 Distributable Amount Subtract line 4 from line 4, unless subject to emergency temporary reduction (see instructions) 6			(B) Current Year (optional)	
3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Pnor 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) a Average monthly value of securities b Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets 1 to d Total (add lines 1a, 1b, and 1c) e 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 1 d 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 8) 5 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) 5 All the greater of line 2 or line 3 5 Income tax imposed in prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	1 Net short-term capital gain	1		
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emergency temporary reduction (see instructions)			·'s	
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	7 Check here if the current year is the organization's first as a non-functionally	y-inte	grated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2015

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)			
Secti	on D - Distributions	Current Year				
1 •	1 · Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exer					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpo					
4	Amounts paid to acquire exempt-use assets					
5	Qualified 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	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI) See instructions					
9	Distributable amount for 2015 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015		
1	Distributable amount for 2015 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2015			,		
	(reasonable cause required-see instructions)	,	·			
3	Excess distributions carryover, if any, to 2015					
а				,		
b				> \		
C		· · ·	·			
d	From 2013	` '				
е	From 2014	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>	4 ,		
f	Total of lines 3a through e		<u> </u>	* * * * ^ ^		
g	Applied to underdistributions of prior years	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	 	` ' ' ' '		
h	Applied to 2015 distributable amount	, , , , ,	· · · · · · · ·			
i	Carryover from 2010 not applied (see instructions)		<u> </u>	· · ·		
j	Remainder Subtract lines 3g, 3h, and 3i from 3f		<u> </u>	` ` ` ` `		
4	Distributions for 2015 from Section		, (	· ' X ' ' ' ' ' ' ' ' ' ' ' '		
	D, line 7 \$		<u> </u>	<u> </u>		
а	Applied to underdistributions of prior years	4, 333		\$		
b	Applied to 2015 distributable amount	, ` ′‹	<u> </u>			
С	Remainder Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2015, if	3		* * *		
	any Subtract lines 3g and 4a from line 2 (if amount	3		, · ·		
	greater than zero, see instructions)	/				
6	Remaining underdistributions for 2015 Subtract lines 3h		*			
	and 4b from line 1 (if amount greater than zero, see		`			
	instructions)					
7	Excess distributions carry over to 2016 Add lines 3j	1				
	and 4c			<u> </u>		
8	Breakdown of line 7					
а						
b						
С	Excess from 2013	ļ <u></u>				
d	Excess from 2014		<u></u>			
е	Excess from 2015	<u> </u>	<u> </u>			

Schedule A (Form 990 or 990-EZ) 2015

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

•				A	TTACHMENT 1	
SCHEDULE A, PART III	- OTHER INCOME					
DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
MISCELLANEOUS INCOME		2,528.	55,935.	263,138.	133,389.	454,990.
TOTALS		2,528.	55,935.	263,138.	133, 389	454,990

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

Department of the Treasury

## 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization

Open to Public Inspection

OMB No 1545-0047

Employer identification number EIHAB HUMAN SERVICES NEW JERSEY, INC. 37-1660097 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . Aggregate value at end of year. . . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8, If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items 

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

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015

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

931,132.

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94	•	•

	Complete if the organization answered		, 4,,,,,		<del>5 , 5, 555,</del>		<u>2.</u>
•	(a) Description of security or category (including name of security)	(b) Book value			ethod of valuat nd-of-year mark		
1) Financi	al derivatives						
2) Closely	-held equity interests					<u> </u>	
3) Other_							
<u>(A)</u>							
(B)							
(C)							
(D)							
<u>(E)</u>							
<u>(F)</u>						. <del> </del>	
<u>(G)</u>							-
(H)	(A) modern (See 200 Flory and (D) for 60 b						
	Investments - Program Related.						
art viii	Complete if the organization answered	"Yes" on Form 990	Part IV,	line 11c. Se	e Form 990,	Part X, line 1	3
	(a) Description of investment	(b) Book value			lethod of valuat nd-of-year mark		
(1)							
(2)				<del></del>			
_(3)	<del></del>					<del></del>	
(4)		<del></del>					
(5)							
(6) (7)					<del></del>	·	
(8)			<del></del>				
(9)	<del></del>						
	n (b) must equal Form 990, Part X, col (B) line 13)		<del>}</del>	ji <sup>b</sup>	· / 5/3	: 3	,
Part IX	Other Assets.						
	Complete if the organization answered	UN7		line 11d Se	000		_
	Complete if the organization answered	"Yes" on Form 990	Part IV,	illie i iu Se	<u>e Form 990,</u>	Part X, line 1	<u> 5.</u>
		scription	, Part IV,	illie i iu Se	e Form 990,	Part X, line 1	
			, Part IV,	ille i iu Se	e Form 990,		
(2)			, Part IV,	ille i id Se	e Form 990,		
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(2) (3) (4) (5)			, Part IV,	Time Tru Se	e Form 990,		
(2) (3) (4) (5) (6)			, Part IV,	Time Tru Se	e Form 990,		
(2) (3) (4) (5) (6) (7)			, Part IV,	Time Tru Se	e Form 990,		
(2) (3) (4) (5) (6) (7) (8)			, Part IV,	Time Tru Se	e Form 990,		
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(2) (3) (4) (5) (6) (7) (8) (9)	(a) De	scription			e Form 990,		
(2) (3) (4) (5) (6) (7) (8) (9)	umn (b) must equal Form 990, Part X, col (B) I Other Liabilities. Complete if the organization answered	ine 15)				(b) Book val	ue
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Schedule D (Form 990) 2015

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### Part XIII Supplemental Information (continued)

PART X, LINE 2:

EIHAB HUMAN SERVICES NEW JERSEY, INC. ADOPTED THE PROVISIONS OF ACCOUNTING STANDARDS CODIFICATION ("ASC") 740, "INCOME TAXES". UNDER ASC 740, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. THE IMPLEMENTATION OF ASC 740 HAD NO IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS. THE ORGANIZATION DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE ORGANIZATION HAS FILED INTERNAL REVENUE SERVICE FORM 990 INFORMATION RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE SO REQUIRED. FOR THE YEAR ENDED JUNE 30, 2016, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENT OF ACTIVITIES. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING AUTHORITIES. AS OF JUNE 30, 2016, THE ORGANIZATION WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATION FOR THE YEARS PRIOR TO 2013.

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

## Supplemental Information to Form 990 or 990-EZ

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Inspection Employer Identification number 37-1660097

Name of the organization

EIHAB HUMAN SERVICES NEW JERSEY, INC.

FORM 990, PART III, LINE 3:

EIHAB HUMAN SERVICES NEW JERSEY, INC. CEASED CONDUCTING DAY HABILITATION SERVICES DURING THE FILING PERIOD.

FORM 990, PART VI, SECTION A, LINE 2:

AHMED HEGAZY, CEO, AND MANAL HEGAZY, BOARD MEMBER, HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. DRAFT FORM 990 WAS REVIEWED BY THE ORGANIZATION'S CEO, CFO, AND ACCOUNTING MANAGER, AND THEN PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS IN DRAFT VIA ELECTRONIC MAIL, WITH AN OPPORTUNITY FOR THEM TO COMMENT OR MAKE INQUIRY BEFORE IT WAS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

COMPLIANCE OFFICERS MEET ONCE A MONTH TO REVIEW AND TRAIN NEW STAFF FOLLOWING THE POLICY WHICH IS RECEIVED AND SIGNED AT THE TIME OF HIRE.

Employer identification number

37-1660097

FORM 990, PART VI, SECTION B, LINE 15A:

THE CEO SALARY IS BASED UPON PERFORMANCE REVIEWED BY THE BOARD OF DIRECTORS AND BASED ON THE REPORT OF INDEPENDENT CPA FIRM HIRED TO PROVIDE COMPENSATION CONSULTATION AND SALARY COMPARISON WITHIN THE INDUSTRY AND IS SUPPORTED BY AN EMPLOYMENT CONTRACT.

FORM 990, PART VI, SECTION B, LINE 15B:

THE CEO REVIEWS THE PERFORMANCE OF OTHER OFFICERS AND KEY EMPLOYEES AND SETS THE COMPENSATION ACCORDINGLY WITH CONSIDERATION TO THE INDEPENDENT COMPENSATION CONSULTANT REPORT.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.