Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

• Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 018 2 Ζ Open to Public Inspection

Department of the Treasury	
nternal Revenue Service	

A	or the	e 2018 calendar year, or tax year beginning and	ending		
Ba	Check if applicabl	e: C Name of organization		D Employer identifi	cation number
	Addre chang	ST THEODORA FOR CHALLENGED KIDS			
	Name chang	CUADINY FOR HANYCAR CUILDE	RN	81-4	684947
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Final return	15-73 216TH ST.		917	903 6594
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	56,361.
	Amen	BAISIDE, NI 11300		H(a) Is this a group re	
	Applic tion pendi			for subordinates	
		15-75 ZIOTH STREET, BAYSIDE, NY 11500		H(b) Are all subordinates in	
		empt status: $X 501(c)(3) 501(c) () < (insert no.) 4947(a)(1) c$	or 52	,	list. (see instructions)
	Nebsi			H(c) Group exemptio	
		organization: X Corporation Trust Association Other ►	L Yea	r of formation: ZUL/	State of legal domicile: NY
Г		Briefly describe the organization's mission or most significant activities: EQUI	סאביאת	FOD UNNOVCA	
e	1	CLOTHING, SCHOOL SUPPLIES, IMPROVE THE LI	<u>ercun.</u>	LE OF THESE	KIDG TO BE
Governance					
veri		Check this box if the organization discontinued its operations or disposed with the province of until the device of the device o			1
ŝ		Number of voting members of the governing body (Part VI, line 1a)			0
مە		Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2018 (Part V, line 2a)			0
itie					0
Activities &		Total number of volunteers (estimate if necessary)			0.
¥		Net unrelated business taxable income from Form 990-T, line 38			0.
			<u> </u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		14,863.	56,361.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,863.	56,361.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,775.	45,210.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
фе		Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	0.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,775.	45,210.
	19	Revenue less expenses. Subtract line 18 from line 12		4,088.	11,151.
s or			В	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		4,088.	15,239.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		0.	0.
ž'n	22	Net assets or fund balances. Subtract line 21 from line 20		4,088.	15,239.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	er has any knowledge.	

Sign Here	Signature of officer KARAM AWAD, PRES.		Date	
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check X PTIN
Paid	EMILE G WAHBA		10/13/19	elf-employed P01452196
Preparer	Firm's name EMILE WAHBA INC		Firm	sEIN ▶ 46-0981373
Use Only	Firm's address 76-39 VLEIGH PLA	CE		
	KEW GARDEN HILLS		Phor	ne no.718-520-1809
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)		Yes No
832001 12-3	1-18 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2018)

2-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

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Pa	t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: EQUIPMENT FOR HANDYCAB CHILDERN		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X Yes	No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as Caption $501(c)(2)$ and $501(c)(4)$ argumentations are unaminated to unaminate the argument of superstants and all provides to a the		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported.	ers, the total expenses,	and
4a	(Code:) (Expenses \$ 5,428. including grants of \$) (Reven CLOTHINGS FOR NEEDY CHILDERN.	ue \$	
4b	(Code:) (Expenses \$ 12,587. including grants of \$) (Reven	ue \$	
	HANDICAB EQUIPMENT		
4c	(Code:) (Expenses \$ 27,195. SCHOOL SUPPLIES AND TEACHING including grants of \$) (Reven	ue\$	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses > 45,210.	/	
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Part IV Checklist of Required Schedules

ST THEODORA FOR CHALLENGED KIDS

			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?	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	_		v
•	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>			- 23
8	-	8		x
9	Schedule D, Part III	0		- 23
9	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	5		
10	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, VII, 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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes</i> ," <i>complete Schedule G, Part I</i>	17		x
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		- 23
18	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,"	10		<u> </u>
19	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
-0	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No," <i>go to line 25a</i>	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\square
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		x
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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule L, Part I</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? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	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 of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</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
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		x
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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x	
38	Note. All Form 990 filers are required to complete Schedule O	38		
Par	Note. All Form 990 filers are required to complete Schedule O t 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			No
Par 1a	Note. All Form 990 filers are required to complete Schedule O tv Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			No
Par 1a b	Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			No
Par 1a b	Note. All Form 990 filers are required to complete Schedule O tv Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			N

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Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
	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).		-		х
	· · · · · · · · · · · · · · · · · · ·		5a		X
b	, , , , , , , , , , , , , , , , , , , ,		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
Ud	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic any contributions that were not tax deductible as charitable contributions?		6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		Ua		
5	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	····· -	0.0		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the	pavor?	7a		х
	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?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
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 require	ed?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109	98-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			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 10b				
		_			
	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 1	_			
U	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	_	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	F			
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.	····· -			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	_			
	organization is licensed to issue qualified health plans				
	Enter the amount of reserves on hand 13c				
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	[14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	L	16		X
	If "Yes," complete Form 4720, Schedule O.				

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

	Check if Schedule O contains a response or note to any line in this Part VI				
Sec	tion A. Governing Body and Management				-
		1.1	1	Yes	
1 a	Enter the number of voting members of the governing body at the end of the tax year	- 1a -	<u> </u>		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.				L
b	Enter the number of voting members included in line 1a, above, who are independent		2		L
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with any other			
	officer, director, trustee, or key employee?		2		L
3	Did the organization delegate control over management duties customarily performed by or under t	he direct supervision			l
	of officers, directors, or trustees, or key employees to a management company or other person? \ldots		3		L
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?	5		
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				Γ
	more members of the governing body?		7a		l
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				t
	persons other than the governing body?		7b		l
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y				t
	The governing body?		8a	х	l
h	Each committee with authority to act on behalf of the governing body?		8b	x	t
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re		00		t
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		l
	tion B. Policies (This Section B requests information about policies not required by the Internal I		9		1
				Yes	T
0-2	Did the organization have local chapters, branches, or affiliates?		10a	103	t
	If "Yes," did the organization have written policies and procedures governing the activities of such		104		ł
b			104		l
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	Х	ł
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the form?	11a	л	╁
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			v	I
			12a	Х	ł
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b		ļ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				l
	in Schedule O how this was done		12c		ļ
3	Did the organization have a written whistleblower policy?		13		ļ
4	Did the organization have a written document retention and destruction policy?		14		L
5	Did the process for determining compensation of the following persons include a review and appro-	val by independent			l
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?			l
а	The organization's CEO, Executive Director, or top management official		15a		
	Other officers or key employees of the organization		15b		ſ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				ſ
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			I
	taxable entity during the year?		16a		ľ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				t
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org				l
	exempt status with respect to such arrangements?		16b		ľ
ec	tion C. Disclosure				1
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, a	and 990-T (Section 501(a)(s only	avail	a
-	for public inspection. Indicate how you made these available. Check all that apply.		, o only	avan	-
		n in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	,	d finan	cial	
3		ormet of interest policy, af	u man	udi	
^	statements available to the public during the tax year.				
0	State the name, address, and telephone number of the person who possesses the organization's b KARAM AWAD $-917903-6594$	ooks and records P			
	15-73 216TH STREET, BAYSIDE, NY 11360				
			F - ··	000	1.
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1			am-		~
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

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

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

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

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

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

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

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

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 organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B) (C) Average Constition (do not check more than one							(D)	(E)	(F)
Name and Title	Average hours per week	officer and a director					one h an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations	Individual trustee or director	l trustee		ee.	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related
	below line)	Individual t	Institutional trustee	Officer	Key employee	Highest cor employee	Former			organizations
(1) KARAM AWAD	5.00									
PRES		Х						0.	0.	0.
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	Form 990 (2018) ST THEODORA FOR CHALLENGED KIDS 81-4684947 Page									age 8				
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C		es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson i	than o is botl pr/trus	n an	(D) Reportable compensation from	•	Reportable compensation		(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)	organization (W-2/1099-MIS	s	com fr org and	pensa om the anizati d relate	e ion ed
1b	Sub-total							•	0.		0.			0.
	Total from continuation sheets to Part VI	I, Section A							0.00.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wł	io r	eceived more than \$100	0,000 of reportab	le		Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes." <i>complete Schedule J for su</i>								highest compensated e			3	103	x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150		le co	omp	ensa	atior	n and	l otl	her compensation from	the organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," complete Destruction</i> ?					-			-			5		Х
1	tion B. Independent Contractors Complete this table for your five highest cor the organization. Report compensation for t										npens	ation f	rom	
	(A) Name and business	y		ONE	0		0. 11		(B) Description of s	,	С	(C ompe	;) nsatio	n
								_						
								-						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	iot lii	nite	d to		se lis)	stec	above) who received m	nore than				
	wroo,ood or compensation from the Organiz						-			I		Form	990 (2	2018)

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				OR CHALL	ENGED KIDS		81-4684	947 Page 9
Pa	rt VI	II Statement of Reve	nue					
_		Check if Schedule O cont	tains a response	or note to any lin		(D)	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
Am (с	Fundraising events	1c					
Gift	d	Related organizations	1d					
imi	е	Government grants (contribut	tions) 1e					
tion er S	f	All other contributions, gifts, gran						
the		similar amounts not included abo	ve 1f	56,361.				
the for		Noncash contributions included in lines			56 964			
σŭ	h	Total. Add lines 1a-1f			56,361.			
	-			Business Code				
Program Service Revenue	2 a							
Ser	b							
n (c							
Be	de							
Pro	f							
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)						
	4	Income from investment of ta						
	5	Royalties	· <u></u>	►				
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	h	assets other than inventory Less: cost or other basis						
	U.	and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
anı		Gross income from fundraisin	ig events (not					
Other Revenue		including \$ contributions reported on line						
r Re		Part IV, line 18						
the	b	Less: direct expenses						
0		Net income or (loss) from fund		►				
		Gross income from gaming a						
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gan	ning activities	►				
	10 a	Gross sales of inventory, less						
	-	and allowances						
		Less: cost of goods sold						
	с	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11 a							
	b							
	c							
	d							
	е	• Total. Add lines 11a-11d		►				
	12	Total revenue. See instructions			56,361.	0.	0.	0.
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Part IX Statement of Functional Expenses

ST THEODORA FOR CHALLENGED KIDS

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 of include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16	45,210.	45,210.		
	Benefits paid to or for members	45,210.	45,210.		
	Compensation of current officers, directors,				
	rustees, and key employees				
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions (include				
	Other employee benefits				
	Payroll taxes				
	Fees for services (non-employees):				
	Vanagement				
	_egal				
	Accounting				
	_obbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch O.)				
	Advertising and promotion				
	Office expenses				
	nformation technology				
	Royalties				
	Decupancy				
	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	nterest				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	nsurance				
4 (Other expenses. Itemize expenses not covered				
a	above. (List miscellaneous expenses in line 24e. If line				
2	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	,				
b -					
c -					
d					
-	All other expenses				
	Total functional expenses. Add lines 1 through 24e	45,210.	45,210.	0.	(
	Joint costs. Complete this line only if the organization	-			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

	Check if Schedule O contains a response or not	e to any line in this Part X	(A)		(B)
			Beginning of year		End of year
1	Cash - non-interest-bearing		4,088.	1	15,239.
2				2	
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net			4	
5	Loans and other receivables from current and fo				
	trustees, key employees, and highest compensation				
	Part II of Schedule L			5	
6	Loans and other receivables from other disquali				
	section 4958(f)(1)), persons described in section				
	employers and sponsoring organizations of sect				
	employees' beneficiary organizations (see instr).			6	
7	Notes and loans receivable, net	F		7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
	a Land, buildings, and equipment: cost or other			Ū	
	basis. Complete Part VI of Schedule D	10a			
	b Less: accumulated depreciation			10c	
11				11	
12				12	
13	Investments - program-related. See Part IV, line			13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11			15	
16			4,088.	16	15,239.
17	Accounts payable and accrued expenses		2,0000	17	
18				18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete I			21	
22				21	
22	key employees, highest compensated employee				
	Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrela			23	
24	Unsecured notes and loans payable to unrelated			23	
25	Other liabilities (including federal income tax, pa			27	
	parties, and other liabilities not included on lines				
	Schedule D	, .		25	
26	- · · · · · · · · · · · · · · · · · · ·		0.	26	0.
	Organizations that follow SFAS 117 (ASC 958			20	
	complete lines 27 through 29, and lines 33 an				
27	Unrestricted net assets			27	
28	Temporarily restricted net assets			28	
29				29	
	Organizations that do not follow SFAS 117 (A				
	and complete lines 30 through 34.				
30	Capital stock or trust principal, or current funds		0.	30	0.
31	Paid-in or capital surplus, or land, building, or ec		0.	31	0.
32	Retained earnings, endowment, accumulated in		4,088.	32	15,239.
33	Total net assets or fund balances		4,088.	33	15,239.
34			4,088.	34	15,239.
104			1,0001		

Form 990 (2018)

Assets

Liabilities

Net Assets or Fund Balances

Form 990 (2018)

Form	990 (2018) ST THEODORA FOR CHALLENGED KIDS	81-4684	4947	Pag	je 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,2	
3	Revenue less expenses. Subtract line 2 from line 1	3		L,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	1,0	88.
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:	5,2	<u>39.</u>
Pa	rt 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 Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	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 Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2018)

Form **990** (2018)

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SCHEDULE A	
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1	Form	990	or	990-EZ
1		550		

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.

OMB No. 1545-0047	
2018	
Open to Public Inspection	

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							Open to Public Inspection				
Nam	e of t	the organizati	-						Employer	identification number	
		-	ST T	HEODORA FO	R CHALLENGED	KIDS			8	1-4684947	
Pa	rt I	Reason			All organizations must co			ee instruction			
The	organ				For lines 1 through 12, c						
	X		•		on of churches described		,				
2					Attach Schedule E (Form			·//·			
3					anization described in se			ii).			
4		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 stat		·							
5		An organizati	ion operated fo	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit describ	ed in	
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)		-					
6		A federal, sta	te, or local go	vernment or governr	nental unit described in s	section 17	70(b)(1)(A)	(v).			
7					ntial part of its support f				the general	public described in	
				omplete Part II.)							
8		A community	rtrust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state c	of the colleg	e or	
		university:									
10		An organizati	ion that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	nd gross receipts from	
		activities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its support	from gross investment	
		income and u	unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.	
		See section	509(a)(2). (Co	mplete Part III.)							
11	Щ	An organizati	ion organized a	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).			
12		An organizati	ion organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to c	arry out the	e purposes of one or	
		more publicly	/ supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (heck the box in	
		lines 12a thro	ough 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.		
а				-	upervised, or controlled	•					
			-		gularly appoint or elect a	a majority (of the dire	ctors or trust	ees of the s	upporting	
	_	٦ ⁻		complete Part IV, Se							
b				-	l or controlled in connec			•		-	
			-		anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported	
	_			t complete Part IV,							
с			-	• • • •	g organization operated				ally integrate	ed with,	
		- ··	0		s). You must complete I			-			
d			-		orting organization oper				-		
					zation generally must sat				d an attent	iveness	
•		- ·			nplete Part IV, Sections						
е			•		written determination fro			атурет, туре	еп, туре п		
f	Ento				nally integrated support		2011011.				
' n				n about the supporte							
9		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other	
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)	
Tota	1										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	(-)	((-/	(-, ==	(-) =	(1) 1 2 2
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	oto (soo instructi				12	
	First five years. If the Form 990 is for	, (,	rd fourth or fifth t			
13	organization, check this box and stop	0	, ,		5		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (line 6 column (f) d	ivided by line 11	column (f))		14	%
	Public support percentage from 2017					15	%
	33 1/3% support test - 2018. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the c						
~	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
170	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			=	-	-	
L	10% -facts-and-circumstances tes						
N.	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
10	i mate roundation. If the organizatio	IT UIU HOL CHECK a		a, 100, 17a, 01 17		dulo A (Eorm 990	

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

Schedule A (Form 990 or 990 EZ) 2018 ST THEODORA FOR CHALLENGED KIDS Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						l
14	First five years. If the Form 990 is for	•			2		
<u> </u>	check this box and stop here ction C. Computation of Publ				<u></u>		▶∟
	Public support percentage for 2018 (I			, column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	18 (line 10c, colu	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3% , and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2017. If the						and
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organizatio						
	23 10-11-18					edule A (Form 99	
20201				15			
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81-4684947 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2018

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		Y.	N
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		
0	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			
	the supported organization(s).	1		
Sec	tion 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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	-		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		
0	supported organizations played in this regard.	3		
	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 instructions)	•		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>		,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	•		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	C 1		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		
-	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	<u>3b</u>		
832025	5 10-11-18 Schedule A (Form 9	90 or 99	90-EΖ)	2018

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	1
(A) Prior Year	(B) Current Year (optional)
	Current Year

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
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	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
<u>a</u>	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
-	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
-	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
1	Excess distributions carryover to 2019. Add lines 3j			
8	and 4c. Breakdown of line 7:			
-	Excess from 2014			
	Excess from 2014 Excess from 2015			
-	Excess from 2016			
-	Excess from 2017			
-	Excess from 2017			
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Schedule A (Form 990 or 990-EZ) 2018

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Part VI	(Form 990 or 990-EZ) 2018 S Supplemental Informat	tion. Provide the ever	lanations roc	uired by Part II	line 10: Dort II	81-46	line 12
	Part IV, Section A, lines 1, 2, 3 line 1; Part IV, Section D, lines Section D, lines 5, 6, and 8; ar	b, 3c, 4b, 4c, 5a, 6, 9 2 and 3; Part IV, Sec	9a, 9b, 9c, 11a tion E, lines 10	l, 11b, and 11c; c, 2a, 2b, 3a, an	Part IV, Sectio d 3b; Part V, lir	n B, lines 1 and 2; Part ne 1; Part V, Section B,	IV, Section C line 1e; Part
	(See instructions.)	Id Part V, Section E, I	nes 2, 5, and	6. Also complet	e this part for a	any additional information	on.
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

Employer identification number

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81-4684947

OMB No 1545-0047

ST THEODORA FOR CHALLENGED KIDS

Form 990, Part I, Line 1, Description of Organization Mission:

PART OF THE COMMUNITY.

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Form 990, Part III, Line 2, New Program Services:

CLOTHING FOR NEEDY CHILDERN. SCHOOL SUPPLIES AND TEACHNG.

Form 990, Part V, Line 13, List of States with Qualified Health Plans:

NY

Form 990, Part VI, Section B, line 11b:

THE PRESIDENT HAS TO REVIEW FORM990 BEFORE FILLING.

Form 990, Part VI, Section C, Line 19:

EQUIPMENT FOR DISABLE CHILDERN, CLOTHING, SCHOOL SUPPLIES FOR NEEDY CHILDERN.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

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