

990EF

EF Transmission Status

2018

(Keep for your records)

Name(s) as shown on return

EIN number

MAOZ, INC

51-0210369

The following will be transmitted to the IRS.

990     8868     Amended     FinCEN 114

The following state returns will be transmitted:

|       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

The following returns have been suppressed or are not eligible and will NOT be transmitted.

|       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

EF Notes

**Acknowledgement and General Information for  
Entities That File Returns Electronically**

**2018**

Name(s) as shown on return

MAOZ, INC

Employer Identification Number

\*\*-\*\*\*0369

Entity address

PO BOX 535788

GRAND PRAIRIE, TX 75053

**Thank you for participating in IRS e-file.**

1.  2018 8868 income tax return for Federal was filed electronically.  
The electronic filing services were provided by ALAN JEFF CPA PC.
2.  8868 income tax return was accepted on 05-14-2019 using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.  
The submission ID assigned to this return is 1613082019134wwz2yij.

**PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE  
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

Return of Organization Exempt From Income Tax

2018

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Header section A-M containing organization details: MAOZ, INC, EIN 51-0210369, website WWW.MAOZISRAEL.ORG, principal officer ARI SORKO-RAM.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows 1-22 with numerical data for 2018 and 2017.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block for Christy Wilkerson, Intl Administrator, dated 07-29-2019.

Paid Preparer Use Only section for Alan Jeff, CPA PC, dated 08-01-2019.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SPREADING OF GODS WORD THROUGH CONGREGATIONAL SUPPORT, GIVING TO THE POOR, WORKING WITH LEADERSHIP IN ISRAEL, MEDIA, PUBLICATION OF LITERATURE, OUTREACH SUPPORT,AND, MONTHLY PUBLICATIONS EDUCATING BOTH JEWS AND NON-JEWS CONCERNING EVENTS TAKING PLACE IN MODERN ISRAEL.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,096,136 including grants of \$ ) (Revenue \$ 882,366 ) MAOZ WRITES MONTHLY PUBLICATIONS EDUCATING JEWS AND NON-JEWS CONCERNING EVENTS TAKING PLACE IN MODERN ISRAEL AND ITS RELATIONSHIP TO BIBLICAL PRINCIPLES.

4b (Code: ) (Expenses \$ 927,653 including grants of \$ ) (Revenue \$ 882,365 ) MAOZ TRANSLATES, PRINTS, AND PUBLISHES OUTREACH AND DISCIPLESHIP MATERIALS INTO THE HEBREW LANGUAGE. THEY DEVELOP OTHER FORMS OF MEDIA EXPOSURE FOR THE BUILDING OF A FOUNDATION OF BIBLE BELIEVERS IN ISRAEL, THROUGH INTERNET WEBSITE, BOOKS, AND AUDIO/VIDEO.

4c (Code: ) (Expenses \$ 841,293 including grants of \$ ) (Revenue \$ 841,293 ) MAOZ CONTRIBUTES MONETARILY TO INDIVIDUALS FOR THEIR BASIC LIVING NEEDS, TO VICTIMS OF TERRORISM, AND TO VARIOUS MINISTRIES THAT ALSO SUPPORT THE SAME, BOTH ARAB AND JEWISH.

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,185,240 including grants of \$ ) (Revenue \$ 1,764,731 )

4e Total program service expenses 4,050,322

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS schedule requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Form W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

**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

**Section A. Governing Body and Management**

|           |  | Yes                                 | No                                  |
|-----------|--|-------------------------------------|-------------------------------------|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> <b>10</b><br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |                                     |                                     |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> <b>6</b>  |                                     |                                     |
| <b>2</b>  | 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? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>3</b>  | 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? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>6</b>  | Did the organization have members or stockholders? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>7a</b> | 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? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |                                     |                                     |
| <b>a</b>  | The governing body? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>9</b>  | 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 . . . . .   |                                     | <input checked="" type="checkbox"/> |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes                                 | No                                  |
|------------|--|-------------------------------------|-------------------------------------|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>b</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? . . . . .   |                                     |                                     |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |                                     |                                     |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>13</b>  | Did the organization have a written whistleblower policy? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>14</b>  | Did the organization have a written document retention and destruction policy? . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |                                     |                                     |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>b</b>   | Other officers or key employees of the organization . . . . .  | <input checked="" type="checkbox"/> |                                     |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |                                     |                                     |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>b</b>   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . |                                     |                                     |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ **Statement #17**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 records: ▶  
**CHRISTY WILKERSON (800)856-7060, PO BOX 535788, GRAND PRAIRIE, TX 75053**



**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.

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

| (A)<br>Name and Title                                 | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) ARI SORKO-RAM<br>PRESIDENT/CEO                    | 40.00  | X   |                       | X       | X            |                              |        | 84,048   | 0   | 0   |
| (2) SHIRA SORKO-RAM<br>SECRETARY/TREASURER            | 40.00  | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (3) JONATHAN BERNIS<br>VICE PRESIDENT/DIRECTOR        | 1.00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (4) RAY WILKERSON<br>DIRECTOR                         | 5.00   | X   |                       |         |              |                              |        | 5,894  | 0   | 0   |
| (5) ERIC MOREY<br>DIRECTOR                            | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) EREZ SOREF<br>DIRECTOR                            | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (7) RITA TSUKAHIRA<br>DIRECTOR                        | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) PAUL LIBERMAN<br>DIRECTOR                         | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (9) SHANI FERGUSON<br>DIRECTOR                        | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (10) JIMMY WONG<br>DIRECTOR                           | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (11) CHRISTY WILKERSON<br>INTERNATIONAL ADMINISTRATOR | 40.00  |   |                       |         | X            |                              |        | 90,267   | 0   | 0   |
| (12)  |  |   |                       |         |              |                              |        |  |   |   |
| (13)  |  |   |                       |         |              |                              |        |  |   |   |
| (14)  |  |   |                       |         |              |                              |        |  |   |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |                | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|----------------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former         |  |   |   |
| (15) -----   |  |  |                       |         |              |                              |                |  |   |   |
| (16) -----   |  |  |                       |         |              |                              |                |  |   |   |
| (17) -----   |  |  |                       |         |              |                              |                |  |   |   |
| (18) -----   |  |  |                       |         |              |                              |                |  |   |   |
| (19) -----   |  |  |                       |         |              |                              |                |  |   |   |
| (20) -----   |  |  |                       |         |              |                              |                |  |   |   |
| (21) -----   |  |  |                       |         |              |                              |                |  |   |   |
| (22) -----   |  |  |                       |         |              |                              |                |  |   |   |
| (23) -----   |  |  |                       |         |              |                              |                |  |   |   |
| (24) -----   |  |  |                       |         |              |                              |                |  |   |   |
| (25) -----   |  |  |                       |         |              |                              |                |  |   |   |
| <b>1b Sub-total</b> . . . . .  |  |  |                       |         |              |                              |                |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |  |                       |         |              |                              |                |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |  |                       |         |              |                              | <b>180,209</b> | <b>0</b>   | <b>0</b>  |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

|  |  |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|--|--|--|----------------------|--|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar<br/>Amounts</b>                  | <b>1a</b> Federated campaigns . . . . .  | <b>1a</b>  |                      |  |   |  |  |
|  | <b>b</b> Membership dues . . . . .   | <b>1b</b>  |                      |  |   |  |  |
|  | <b>c</b> Fundraising events . . . . .  | <b>1c</b>  |                      |  |   |  |  |
|  | <b>d</b> Related organizations . . . . .   | <b>1d</b>  |                      |  |   |  |  |
|  | <b>e</b> Government grants (contributions) . .   | <b>1e</b>  |                      |  |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above   | <b>1f</b>  | 4,370,755            |  |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$   |  |                      |  |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f . . . . . ▶  |  | 4,370,755            |  |   |  |  |
| <b>Program Service<br/>Revenue</b>   | <b>2a</b> _____  |  | <b>Business Code</b> |  |   |  |  |
|  | <b>b</b> _____   |  |                      |  |   |  |  |
|  | <b>c</b> _____   |  |                      |  |   |  |  |
|  | <b>d</b> _____   |  |                      |  |   |  |  |
|  | <b>e</b> _____   |  |                      |  |   |  |  |
|  | <b>f</b> All other program service revenue . . . . .   |  |                      |  |   |  |  |
|  | <b>g Total.</b> Add lines 2a-2f . . . . . ▶  |  |                      |  |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest,<br>and other similar amounts) . . . . . ▶   |  | 27,244               | 27,244   |   |  |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . . ▶  |  |                      |  |   |  |  |
|  | <b>5</b> Royalties . . . . . ▶   |  |                      |  |   |  |  |
|  | <b>6a</b> Gross rents . . . . .  | (i) Real   | (ii) Personal        |  |   |  |  |
|  |  | <b>b</b> Less: rental expenses . . . . .                           |                      |  |   |  |  |
|  |  | <b>c</b> Rental income or (loss) . . . . .                         |                      |  |   |  |  |
|  |  | <b>d</b> Net rental income or (loss) . . . . . ▶                   |                      |  |   |  |  |
|  | <b>7a</b> Gross amount from sales of<br>assets other than inventory  | (i) Securities   | (ii) Other           |  |   |  |  |
|  |  | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . . |                      |  |   |  |  |
|  |  | <b>c</b> Gain or (loss) . . . . .                                  |                      |  |   |  |  |
|  |  | <b>d</b> Net gain or (loss) . . . . . ▶                            |                      |  |   |  |  |
|  | <b>8a</b> Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . <b>a</b> |  |                      |  |   |  |  |
|  |  | <b>b</b> Less: direct expenses . . . . . <b>b</b>                  |                      |  |   |  |  |
|  |  | <b>c</b> Net income or (loss) from fundraising events . . . . . ▶  |                      |  |   |  |  |
|  | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . . <b>a</b>  |  |                      |  |   |  |  |
|  |  | <b>b</b> Less: direct expenses . . . . . <b>b</b>                  |                      |  |   |  |  |
|  |  | <b>c</b> Net income or (loss) from gaming activities . . . . . ▶   |                      |  |   |  |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . . <b>a</b> |  |  | 15,178               |  |   |  |  |
|  | <b>b</b> Less: cost of goods sold . . . . . <b>b</b>   |  |                      |  |   |  |  |
|  | <b>c</b> Net income or (loss) from sales of inventory . . . . . ▶  |  | 15,178               | 15,178   |   |  |  |
| Miscellaneous Revenue  |  | <b>Business Code</b>   |                      |  |   |  |  |
| <b>11a</b> _____   |  |  |                      |  |   |  |  |
|  | <b>b</b> _____   |  |                      |  |   |  |  |
|  | <b>c</b> _____   |  |                      |  |   |  |  |
|  | <b>d</b> All other revenue . . . . .   |  |                      |  |   |  |  |
|  | <b>e Total.</b> Add lines 11a-11d . . . . . ▶  |  |                      |  |   |  |  |
| <b>12 Total revenue.</b> See instructions . . . . . ▶                                  |  |  | 4,413,177            | 42,422   | 0                                       | 0  |  |

**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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|---|-----------------------|---------------------------------|--|-----------------------------|
| 1   | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .  | 194,292               | 194,292                         |  |                             |
| 2   | Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   |                       |                                 |  |                             |
| 3   | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  | 2,214,783             | 2,214,783                       |  |                             |
| 4   | Benefits paid to or for members . . . . .   |                       |                                 |  |                             |
| 5   | Compensation of current officers, directors, trustees, and key employees . . . . .  | 180,209               | 120,155                         | 49,554                                 | 10,500                      |
| 6   | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                       |                                 |  |                             |
| 7   | Other salaries and wages . . . . .  | 213,701               | 133,140                         | 69,929                                 | 10,632                      |
| 8   | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .  |                       |                                 |  |                             |
| 9   | Other employee benefits . . . . .   | 22,378                | 12,223                          | 8,629                                  | 1,526                       |
| 10  | Payroll taxes . . . . .   | 16,294                | 8,900                           | 6,283                                  | 1,111                       |
| 11  | Fees for services (non-employees):  |                       |                                 |  |                             |
| a   | Management . . . . .  |                       |                                 |  |                             |
| b   | Legal . . . . .   | 11,646                | 5,823                           | 5,823                                  |                             |
| c   | Accounting . . . . .  | 8,917                 |                                 | 8,917                                  |                             |
| d   | Lobbying . . . . .  |                       |                                 |  |                             |
| e   | Professional fundraising services. See Part IV, line 17 .   |                       |                                 |  |                             |
| f   | Investment management fees . . . . .  |                       |                                 |  |                             |
| g   | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .  | 46,261                | 38,788                          | 7,473                                  |                             |
| 12  | Advertising and promotion . . . . .   | 34,691                |                                 |  | 34,691                      |
| 13  | Office expenses . . . . .   | 134,149               | 129,076                         | 4,634                                  | 439                         |
| 14  | Information technology . . . . .  | 69,861                | 44,420                          | 19,035                                 | 6,406                       |
| 15  | Royalties . . . . .   |                       |                                 |  |                             |
| 16  | Occupancy . . . . .   | 430,509               | 421,772                         | 8,737                                  |                             |
| 17  | Travel . . . . .  | 149,606               | 142,110                         | 1,047                                  | 6,449                       |
| 18  | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                       |                                 |  |                             |
| 19  | Conferences, conventions, and meetings . . . . .  | 6,618                 | 6,618                           |  |                             |
| 20  | Interest . . . . .  | 10,283                |                                 | 10,283                                 |                             |
| 21  | Payments to affiliates . . . . .  |                       |                                 |  |                             |
| 22  | Depreciation, depletion, and amortization . . . . .   | 54,454                | 49,008                          | 2,723                                  | 2,723                       |
| 23  | Insurance . . . . .   | 4,671                 |                                 | 4,671                                  |                             |
| 24  | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a   | <b>PARTNER RELATIONS</b>  | 47,799                | 1,850                           |  | 45,949                      |
| b   | <b>MEDIA</b>  | 525,184               | 492,000                         |  | 33,184                      |
| c   | <b>HOSPITALITY</b>  | 35,364                | 35,364                          |  |                             |
| d   | <b>RETIREMENT OF CAPITAL ASSETS</b>   | 7,851                 |                                 | 7,851                                  |                             |
| e   | All other expenses _____  | 63,079                |                                 | 63,079                                 |                             |
| 25  | <b>Total functional expenses.</b> Add lines 1 through 24e .   | 4,482,600             | 4,050,322                       | 278,668                                | 153,610                     |
| 26  | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|                             |  | (A)   |           | (B)         |           |         |
|-----------------------------|--|---|-----------|-------------|-----------|---------|
|                             |  | Beginning of year   |           | End of year |           |         |
| Assets                      | 1  | Cash - non-interest-bearing   | 732,257   | 1           | 671,101   |         |
|                             | 2  | Savings and temporary cash investments  | 1,079,791 | 2           | 1,048,797 |         |
|                             | 3  | Pledges and grants receivable, net  |           | 3           |           |         |
|                             | 4  | Accounts receivable, net  | 2,230     | 4           | 2,747     |         |
|                             | 5  | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |           | 5           |           |         |
|                             | 6  | Loans and other receivables from other disqualified persons (as defined under section 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 organizations (see instructions). Complete Part II of Schedule L |           | 6           |           |         |
|                             | 7  | Notes and loans receivable, net   |           | 7           |           |         |
|                             | 8  | Inventories for sale or use   |           | 8           |           |         |
|                             | 9  | Prepaid expenses and deferred charges   | 7,588     | 9           | 31,313    |         |
|                             | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a       | 1,158,919   |           |         |
|                             | b  | Less: accumulated depreciation  | 10b       | 666,321     | 10c       | 492,598 |
|                             | 11   | Investments - publicly traded securities  |           | 11          |           |         |
|                             | 12   | Investments - other securities. See Part IV, line 11  |           | 12          |           |         |
|                             | 13   | Investments - program-related. See Part IV, line 11   |           | 13          |           |         |
|                             | 14   | Intangible assets   |           | 14          |           |         |
|                             | 15   | Other assets. See Part IV, line 11  |           | 15          |           |         |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)   | 2,308,771   | 16        | 2,246,556   |           |         |
| Liabilities                 | 17   | Accounts payable and accrued expenses   | 11,668    | 17          | 25,209    |         |
|                             | 18   | Grants payable  |           | 18          |           |         |
|                             | 19   | Deferred revenue  |           | 19          |           |         |
|                             | 20   | Tax-exempt bond liabilities   |           | 20          |           |         |
|                             | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D   |           | 21          |           |         |
|                             | 22   | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  |           | 22          |           |         |
|                             | 23   | Secured mortgages and notes payable to unrelated third parties  |           | 23          |           |         |
|                             | 24   | Unsecured notes and loans payable to unrelated third parties  |           | 24          |           |         |
|                             | 25   | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   | 174,116   | 25          | 167,783   |         |
|                             | 26   | <b>Total liabilities.</b> Add lines 17 through 25   | 185,784   | 26          | 192,992   |         |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |   |           |             |           |         |
|                             | 27   | Unrestricted net assets   | 1,877,342 | 27          | 1,573,999 |         |
|                             | 28   | Temporarily restricted net assets   | 245,645   | 28          | 479,565   |         |
|                             | 29   | Permanently restricted net assets   |           | 29          |           |         |
|                             | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |   |           |             |           |         |
|                             | 30   | Capital stock or trust principal, or current funds  |           | 30          |           |         |
|                             | 31   | Paid-in or capital surplus, or land, building, or equipment fund  |           | 31          |           |         |
|                             | 32   | Retained earnings, endowment, accumulated income, or other funds  |           | 32          |           |         |
|                             | 33   | <b>Total net assets or fund balances</b>  | 2,122,987 | 33          | 2,053,564 |         |
|                             | 34   | <b>Total liabilities and net assets/fund balances</b>   | 2,308,771 | 34          | 2,246,556 |         |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |           |
|-----------|--|-----------|-----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 4,413,177 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 4,482,600 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | (69,423)  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 2,122,987 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |           |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |           |
| <b>7</b>  | Investment expenses  | <b>7</b>  |           |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |           |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0         |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 2,053,564 |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? . . . . .<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| <b>c</b>  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | X   |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .  |     | X  |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . . .  |     |    |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2018

Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

MAOZ, INC

51-0210369

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 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 conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a 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., 1b 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: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 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: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance                            |                  |                |                    |                      |                     |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  %
  - b** Permanent endowment  %
  - c** Temporarily restricted endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> unrelated organizations  | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land   |                                      | 134,992                         |                              | 134,992        |
| <b>b</b> Buildings   |                                      | 220,560                         | 220,560                      |                |
| <b>c</b> Leasehold improvements  |                                      | 282,875                         | 110,552                      | 172,323        |
| <b>d</b> Equipment   |                                      | 415,078                         | 246,509                      | 168,569        |
| <b>e</b> Other   |                                      | 105,414                         | 88,700                       | 16,714         |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 492,598        |



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)     | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .   |                |  |
| (2) Closely-held equity interests . . . . .                                 |                |  |
| (3) Other _____   |                |  |
| (A) _____   |                |  |
| (B) _____   |                |  |
| (C) _____   |                |  |
| (D) _____   |                |  |
| (E) _____   |                |  |
| (F) _____   |                |  |
| (G) _____   |                |  |
| (H) _____   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |  |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) _____   |                |  |
| (2) _____   |                |  |
| (3) _____   |                |  |
| (4) _____   |                |  |
| (5) _____   |                |  |
| (6) _____   |                |  |
| (7) _____   |                |  |
| (8) _____   |                |  |
| (9) _____   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |  |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) _____   |                |
| (2) _____   |                |
| (3) _____   |                |
| (4) _____   |                |
| (5) _____   |                |
| (6) _____   |                |
| (7) _____   |                |
| (8) _____   |                |
| (9) _____   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |  |
|---|----------------|--|
| (1) Federal income taxes  |                |  |
| (2) <b>LIABILTY UNDER ANNUITY</b>   | <b>167,783</b> |  |
| (3) _____   |                |  |
| (4) _____   |                |  |
| (5) _____   |                |  |
| (6) _____   |                |  |
| (7) _____   |                |  |
| (8) _____   |                |  |
| (9) _____   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | <b>167,783</b> |  |

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



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2018**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

**MAOZ, INC**

**51-0210369**

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| MIDDLE EAST AND<br>(1) NORTH AFRICA                         | 1                                   | 16   | PROGRAM SERVICES   | SUPPORT, TRAINING, ETC   | 2,595,535  |
| MIDDLE EAST AND<br>(2) NORTH AFRICA                         | 1                                   |  | GRANT MAKING   | ASSISTANCE, GIVING   | 841,293  |
| (3)   |                                     |  |  |  |  |
| (4)   |                                     |  |  |  |  |
| (5)   |                                     |  |  |  |  |
| (6)   |                                     |  |  |  |  |
| (7)   |                                     |  |  |  |  |
| (8)   |                                     |  |  |  |  |
| (9)   |                                     |  |  |  |  |
| (10)  |                                     |  |  |  |  |
| (11)  |                                     |  |  |  |  |
| (12)  |                                     |  |  |  |  |
| (13)  |                                     |  |  |  |  |
| (14)  |                                     |  |  |  |  |
| (15)  |                                     |  |  |  |  |
| (16)  |                                     |  |  |  |  |
| (17)  |                                     |  |  |  |  |
| <b>3 a</b> Sub-total . . . . .                              | <b>2</b>                            | <b>16</b>  |  |  | <b>3,436,828</b>   |
| <b>b</b> Total from continuation sheets to Part I . . . . . |                                     |  |  |  |  |
| <b>c Totals</b> (add lines 3a and 3b)                       | <b>2</b>                            | <b>16</b>  |  |  | <b>3,436,828</b>   |

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

Schedule F (Form 990) 2018

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1    | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                   | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|------------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1)  |                          |  | MIDDLE EAST AND NORTH AFRICA | OUTREACH             | 291,398                  | WIRE                            |                                  |                                       | BOOK  |
| (2)  |                          |  | MIDDLE EAST AND NORTH AFRICA | OUTREACH             | 56,750                   | WIRE                            |                                  |                                       | BOOK  |
| (3)  |                          |  | MIDDLE EAST AND NORTH AFRICA | BENEVOLENC           | 125,000                  | WIRE                            |                                  |                                       | BOOK  |
| (4)  |                          |  | MIDDLE EAST AND NORTH AFRICA | OUTREACH             | 1,262                    | WIRE                            |                                  |                                       | BOOK  |
| (5)  |                          |  | MIDDLE EAST AND NORTH AFRICA | SUPPORT              | 12,500                   | WIRE                            |                                  |                                       | BOOK  |
| (6)  |                          |  | MIDDLE EAST AND NORTH AFRICA | SUPPORT              | 14,390                   | WIRE                            |                                  |                                       | BOOK  |
| (7)  |                          |  | MIDDLE EAST AND NORTH AFRICA | SUPPORT              | 8,955                    | WIRE                            |                                  |                                       | BOOK  |
| (8)  |                          |  | MIDDLE EAST AND NORTH AFRICA | SUPPORT              | 25,070                   | WIRE                            |                                  |                                       | BOOK  |
| (9)  |                          |  |                              |                      |                          |                                 |                                  |                                       |   |
| (10) |                          |  |                              |                      |                          |                                 |                                  |                                       |   |
| (11) |                          |  |                              |                      |                          |                                 |                                  |                                       |   |
| (12) |                          |  |                              |                      |                          |                                 |                                  |                                       |   |
| (13) |                          |  |                              |                      |                          |                                 |                                  |                                       |   |
| (14) |                          |  |                              |                      |                          |                                 |                                  |                                       |   |
| (15) |                          |  |                              |                      |                          |                                 |                                  |                                       |   |
| (16) |                          |  |                              |                      |                          |                                 |                                  |                                       |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 7

3 Enter total number of other organizations or entities . . . . . ▶

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
 Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region                   | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------------------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) SUPPORT                     | MIDDLE EAST AND NORTH AFRICA | 1                        | 13,172                   | WIRE                            |                                  |                                       | BOOK  |
| (2) SUPPORT                     | MIDDLE EAST AND NORTH AFRICA | 1                        | 12,000                   | WIRE                            |                                  |                                       | BOOK  |
| (3) SUPPORT                     | MIDDLE EAST AND NORTH AFRICA | 1                        | 24,000                   | WIRE                            |                                  |                                       | BOOK  |
| (4) SUPPORT                     | MIDDLE EAST AND NORTH AFRICA | 1                        | 12,784                   | CHECK                           |                                  |                                       | BOOK  |
| (5) SUPPORT                     | MIDDLE EAST AND NORTH AFRICA | 1                        | 20,000                   | WIRE                            |                                  |                                       | BOOK  |
| (6) BENEVOLENCE                 | MIDDLE EAST AND NORTH AFRICA | 1                        | 11,750                   | WIRE                            |                                  |                                       | BOOK  |
| (7) SUPPORT                     | MIDDLE EAST AND NORTH AFRICA | 1                        | 900                      | WIRE                            |                                  |                                       | BOOK  |
| (8) BENEVOLENCE                 | MIDDLE EAST AND NORTH AFRICA | 1                        | 10,035                   | WIRE                            |                                  |                                       | BOOK  |
| (9)                             |                              |                          |                          |                                 |                                  |                                       |   |
| (10)                            |                              |                          |                          |                                 |                                  |                                       |   |
| (11)                            |                              |                          |                          |                                 |                                  |                                       |   |
| (12)                            |                              |                          |                          |                                 |                                  |                                       |   |
| (13)                            |                              |                          |                          |                                 |                                  |                                       |   |
| (14)                            |                              |                          |                          |                                 |                                  |                                       |   |
| (15)                            |                              |                          |                          |                                 |                                  |                                       |   |
| (16)                            |                              |                          |                          |                                 |                                  |                                       |   |
| (17)                            |                              |                          |                          |                                 |                                  |                                       |   |
| (18)                            |                              |                          |                          |                                 |                                  |                                       |   |

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**01. Use of grant monitoring procedures (Part I, line 2)**

MAOZ, INC. REQUESTS THAT QUARTERLY REPORTS BE PROVIDED BY THE ORGANIZATIONS THAT IT REGULARLY SUPPORTS. MAOZ ALSO REQUESTS FOLLOW-UP REPORTS FROM THE ONE-TIME GIFTS THAT ARE MADE TO ANY OTHER ORGANIZATIONS AND INDIVIDUALS.

**02. Method of accounting for expenditures (Part I, line 3, col f)**

ALL OF THE ORGANIZATION'S PROGRAMS ARE OPERATED IN THE MIDDLE EAST. THE ORGANIZATION CONTROLS THE FUNDS THAT ARE DISTRIBUTED AND ACCOUNTS FOR THE FUNDS WITH RECEIPTS AND OTHER DOCUMENTATION.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

MAOZ, INC

Employer identification number

51-0210369

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1    | (a) Name and address of organization or government                             | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|------|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1)  | YESHUA ISRAEL, INC.<br>PO BOX 535784<br>GRAND PRAIRIE, TX 75053                | 26-3223810 | 501(C)(3)                       | 118,000                  |                                   | CASH  |                                       | GENERAL SUPPORT                    |
| (2)  | HEALTH OUTREACH TO THE MIDD<br>3403 CARTWRIGHT ROAD<br>MISSOURI CITY, TX 77459 | 76-0322627 | 501(C)(3)                       | 18,692                   |                                   | CASH  |                                       | GENERAL SUPPORT                    |
| (3)  | TIKKUN INTERNATIONAL INC<br>PO BOX 2997<br>GAITHERSBURG, MD 20879              | 52-1860036 | 501(C)(3)                       | 7,600                    |                                   | CASH  |                                       | GENERAL SUPPORT                    |
| (4)  | MESSIANIC JEWISH ALLIANCE A<br>388 REED ROAD<br>BROOMALL, PA 19008             | 36-2469997 | 501(C)(3)                       | 48,000                   |                                   | CASH  |                                       | GENERAL SUPPORT                    |
| (5)  | THIRSTY SOULS MINISTRY<br>PO BOX 96<br>HANOVER, PA 17331                       | 30-0213425 | 501(C)(3)                       | 2,000                    |                                   | CASH  |                                       | GENERAL SUPPORT                    |
| (6)  |  |            |                                 |                          |                                   |   |                                       |                                    |
| (7)  |  |            |                                 |                          |                                   |   |                                       |                                    |
| (8)  |  |            |                                 |                          |                                   |   |                                       |                                    |
| (9)  |  |            |                                 |                          |                                   |   |                                       |                                    |
| (10) |  |            |                                 |                          |                                   |   |                                       |                                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5
- 3 Enter total number of other organizations listed in the line 1 table ▶



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1                               |                          |                          |                                  |   |                                       |
| 2                               |                          |                          |                                  |   |                                       |
| 3                               |                          |                          |                                  |   |                                       |
| 4                               |                          |                          |                                  |   |                                       |
| 5                               |                          |                          |                                  |   |                                       |
| 6                               |                          |                          |                                  |   |                                       |
| 7                               |                          |                          |                                  |   |                                       |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**01. Monitoring procedures (Part I, line 2)**

REQUESTS ARE MADE TO MAOZ BY OTHER ORGANIZATIONS FOR SUPPORT. EACH REQUEST IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. AFTER DISBURSEMENT OF FUNDS, THE GRANTEE ORGANIZATION IS REQUIRED TO REPORT BACK TO MAOZ ON THE SUBSEQUENT USAGE OF THESE FUNDS.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

**2018**

▶ **Attach to Form 990 or Form 990-EZ.**

**Open To Public Inspection**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

**MAOZ, INC**

**51-0210369**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1   | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|-----|---------------------------------|---|--------------------------------|----------------|----|
|     |                                 |   |                                | Yes            | No |
| (1) |                                 |   |                                |                |    |
| (2) |                                 |   |                                |                |    |
| (3) |                                 |   |                                |                |    |

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

|     | (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-----|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|     |                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| (1) |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (2) |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (3) |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (4) |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (5) |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |

**Total** . . . . . ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

|     | (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-----|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1) |                               |   |                          |                        |                           |
| (2) |                               |   |                          |                        |                           |
| (3) |                               |   |                          |                        |                           |
| (4) |                               |   |                          |                        |                           |
| (5) |                               |   |                          |                        |                           |

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

Schedule L (Form 990 or 990-EZ) 2018



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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**MAOZ, INC**

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

**51-0210369**

**01. Officer, directors, etc. family relationship (Part VI, line 2)**

CHRISTY WILKERSON, RAY WILKERSON, AND MICHELLE WILKERSON HAVE A FAMILY RELATIONSHIP. ALSO,  
ARI SORKO-RAM, SHIRA SORKO-RAM, AND SHANI FERGUSON HAVE A FAMILY RELATIONSHIP.

**02. Form 990 governing body review (Part VI, line 11)**

THE COMPLETED FORM 990 IS SENT TO THE PRESIDENT, SECRETARY, AND INTERNATIONAL ADMINISTRATOR  
FOR THEIR REVIEW AND INPUT BEFORE THE FILING WITH INTERNAL REVENUE SERVICE. COPIES ARE  
PROVIDED TO ALL BOARD MEMBERS JUST PRIOR TO FILING.

**03. Conflict of interest policy compliance (Part VI, line 12c)**

A QUESTIONNAIRE IS SENT ANNUALLY TO THE BOARD OF DIRECTORS FOR THEM TO ANSWER IN  
COMPLIANCE WITH THE POLICY. THESE COMPLETED FORMS ARE THEN PRESENTED TO THE BOARD AND  
PERMANENTLY RETAINED IN THE ORGANIZATION'S RECORDS.

**04. CEO, executive director, top management comp (Part VI, line 15a)**

THE BOARD REVIEWS COMPENSATION AND COMPARES WITH OTHER SIMILAR ORGANIZATIONS. THE BOARD  
VOTES ON AN ANNUAL BASIS REGARDING THE CEO'S AND INTERNATIONAL ADMINISTRATOR'S  
COMPENSATION.

**05. Other officer or key employee compensation (Part VI, line 15b)**

THE BOARD REVIEWS COMPENSATION AND COMPARES WITH OTHER SIMILAR ORGANIZATIONS. THE BOARD  
VOTES ON AN ANNUAL BASIS FOR THE COMPENSATION OF KEY MANAGEMENT PERSONNEL.

**06. Governing documents, etc, available to public (Part VI, line 19)**

THE ORGANIZATION ANNUALLY POSTS ON THEIR WEBSITE, AND ALSO IN THEIR NEWSLETTER, THAT THEIR



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

**MAOZ, INC**

Employer identification number

**51-0210369**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

|     | (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal dom. (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) |   |                         |  |                     |                           |                                  |
| (2) |   |                         |  |                     |                           |                                  |
| (3) |   |                         |  |                     |                           |                                  |
| (4) |   |                         |  |                     |                           |                                  |
| (5) |   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

|     | (a)<br>Name, address, and EIN of related organization            | (b)<br>Primary activity | (c)<br>Legal dom. (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Sec. 512(b)(13) controlled entity? |                                     |
|-----|--|-------------------------|--|----------------------------|---|----------------------------------|---|-------------------------------------|
|     |  |                         |  |                            |   |                                  | Yes                                       | No                                  |
| (1) | <b>I STAND WITH ISRAEL,<br/>HAMASGER 30<br/>TEL AVIV, Israel</b> | <b>RELIGIOUS</b>        | <b>IS</b>                                    | <b>N/A</b>                 | <b>1</b>  | <b>N/A</b>                       |   | <input checked="" type="checkbox"/> |
| (2) |  |                         |  |                            |   |                                  |   |                                     |
| (3) |  |                         |  |                            |   |                                  |   |                                     |
| (4) |  |                         |  |                            |   |                                  |   |                                     |
| (5) |  |                         |  |                            |   |                                  |   |                                     |

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>Gen. or managing partner? |    | (k)<br>% ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|----------------------------------|----|--------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                              | No |                    |
| (1)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                  |    |                    |
| (2)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                  |    |                    |
| (3)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                  |    |                    |
| (4)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                  |    |                    |
| (5)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                  |    |                    |

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Sec.512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes                                      | No |
| (1)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (2)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (3)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (4)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (5)   |                         |  |                                  |  |                              |                                    |                             |  |    |

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

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

|  | Yes | No |
|--|-----|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |     |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | X   |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   |     | X  |
| <b>f</b> Dividends from related organization(s) . . . . .  |     | X  |
| <b>g</b> Sale of assets to related organization(s) . . . . .   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  |     | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   |     | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) I STAND WITH ISRAEL             | B                             | 597,735                | BOOK   |
| (2)                                 |                               |                        |  |
| (3)                                 |                               |                        |  |
| (4)                                 |                               |                        |  |
| (5)                                 |                               |                        |  |
| (6)                                 |                               |                        |  |



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

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

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>Gen. or managing partner? |    | (k)<br>% ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|----------------------------------|----|--------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                              | No |                    |
| (1)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                  |    |                    |
| (2)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                  |    |                    |
| (3)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                  |    |                    |
| (4)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                  |    |                    |
| (5)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                  |    |                    |
| (6)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                  |    |                    |
| (7)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                  |    |                    |
| (8)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                  |    |                    |
| (9)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                  |    |                    |
| (10)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                  |    |                    |
| (11)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                  |    |                    |
| (12)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                  |    |                    |

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Enter filer's identifying number, see instructions**

|   |  |  |
|---|--|--|
| <b>Type or print</b><br><br><small>File by the due date for filing your return. See instructions.</small> | Name of exempt organization or other filer, see instructions.<br><b>MAOZ, INC</b>  | Employer identification number (EIN) or<br><b>51-0210369</b> |
|   | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>PO BOX 535788</b>                             | Social security number (SSN)                                 |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>GRAND PRAIRIE, TX 75053</b> |  |

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 01

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

• The books are in the care of ▶ **CHRISTY WILKERSON, PO BOX 535788, GRAND PRAIRIE, TX 75053**

Telephone No. ▶ **800-856-7060** FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box . . . . . ▶  . If it is for part of the group, check this box . . . . ▶  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11-15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2018 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|  |           |    |
|--|-----------|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ |
| c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.       | <b>3c</b> | \$ |

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

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

**Statement of Program Service Accomplishments**

**2018 PG01**

Name(s) as shown on return

MAOZ, INC

Your Social Security Number

51-0210369

**FORM 990-PART III(A)**

Statement #4

Statement of Service Accomplishment

**PROGRAM SERVICE CODE**

**PROGRAM SERVICE EXPENSES**

\$731350

**GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE**

\$0

**PROGRAM SERVICES REVENUE**

\$882366

**EXPLANATION**

MAOZ TRAINS AND EQUIPS BOTH ARAB AND JEWISH PASTORS, AND OTHER COMMUNITY LEADERS, FOR THE PURPOSE OF PROMOTING MESSIANIC JUDAISM.

**Statement of Program Service Accomplishments****2018 PG01**

Name(s) as shown on return

MAOZ, INC

Your Social Security Number

51-0210369

**FORM 990-PART III(B)**

Statement #4

## Statement of Service Accomplishment

**PROGRAM SERVICE CODE****PROGRAM SERVICE EXPENSES**

\$453890

**GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE**

\$0

**PROGRAM SERVICES REVENUE**

\$882365

**EXPLANATION**

MAOZ UNDERWRITES A LOCAL ISRAELI CONGREGATION WHICH CONDUCTS CONGREGATIONAL ACTIVITIES THROUGHOUT THE WEEK, INCLUDING WEEKLY SABBATH MEETINGS, CHILDREN'S CLASSES, HOLIDAY FELLOWSHIPS, ONE-ON-ONE BIBLE TRAINING, AS WELL AS GROUP BIBLE STUDIES, HUMANITARIAN AID, AND, SMALL WEEKLY GROUP MEETINGS.

**Federal Supporting Statements**

**2018 PG02**

Name(s) as shown on return

Tax ID Number

MAOZ, INC

51-0210369

**FORM 990, PART VI, SECTION C, LINE 17**

**STATEMENT #017**

**States where a copy of this Form 990  
is required to be filed:**

Alaska  
Colorado  
Georgia  
Tennessee  
Virginia  
Washington  
Wisconsin

Name(s) as shown on return

FEIN

MAOZ, INC

51-0210369

## PAGE 9, PART VIII, LINE 1F

| <u>Description</u>                         | <u>Amount</u>              |
|--|----------------------------|
| <u>FREEWILL GENERAL CONTRIBUTIONS</u>      | <u>\$ 2,442,097</u>        |
| <u>TEMORARILY RESTRICTED CONTRIBUTIONS</u> | <u>1,928,658</u>           |
| <b>Total:</b>                              | <b><u>\$ 4,370,755</u></b> |

## PART IX, LINE 24E, OTHER EXPENSES, MANAGEMENT AND GENERAL

| <u>Description</u>                   | <u>Amount</u>           |
|--------------------------------------|-------------------------|
| <u>MARKET LOSS ON SECURITIES</u>     | <u>\$ 56,467</u>        |
| <u>ISRAEL CURRENCY EXCHANGE LOSS</u> | <u>6,612</u>            |
| <b>Total:</b>                        | <b><u>\$ 63,079</u></b> |