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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

S Life	artment of the	he Treasury		assets less than \$ The organization may have to	1,250,000 at the en ouse a copy of this				ments		Ins	pection
			ar vear.	or tax year beginning			2009. a	nd ending				, 20
30 CC	Check if an	4	Please	C Name of organization					D Emp	lover ide	ntıficat	ion number
—i785	Address c		use IRS	Judi & Steven B. Fadei	r Family Foun	dation Inc			· ·	20799		
	Name cha	-	label or print or	Number and street (or P O box,	if mail is not delive	red to street add	ress)	Room/suite		phone nu		
	Initial retu	m	type	, ,			,					
S D	Terminate	d	See Specific	City or town, state or country, an					+			
` =	Amended		instruc-							up Exer	nption	
	Application		tions	Baltimore, Marvland 21				1	_	nber		
ა	• Sect	tion 501(c)(3)		zations and 4947(a)(1) none. mpleted Schedule A (Form 9		e trusts must	attach		unting Mer (specify		IXI Ca	sh
วก-ก ก								_		·	020172	tion is not
	8/ahai4							1			-	B (Form 990,
	Nebsit		abaat aa	-b. a-a) V 504(a) (2) .	4 (mand an)	4047/5\/1\ 55	☐ <u></u>	- 1	EZ, or 99		ledule	Б (ГОПП 990,
<u>J</u>	ax-exe			nly one) — 🔀 501(c) (3) ◀	•			_				
	Check •		_	zation is not a section 509(a)(3			_					\$25,000 A
				turn is not required, but if the						ete retu	<u>n</u>	
				9 to determine gross receipts, i						<u> </u>	f D	23,063
٢	art I			enses, and Changes i		or Funa Ba	alance	s (See th	e instru	ctions	TOT P	
	1	Contributio	ins, gifts	s, grants, and similar amou	unts received .				•	1		<u> 18,407</u>
	2	Program se	ervice r	evenue including governm	ent fees and co	ontracts				2		
	3	Membersh	ıp dues	and assessments .						3		
	4	Investment	tincom	е .					•	4		4,656
	5a	Gross amo	unt fror	m sale of assets other than	n inventory .		5a					
	b			r basis and sales expense	•		5b					
	С			n sale of assets other than		tract line 5b f	rom lin	e 5a) .		5c		0
ne	6			ivities (complete applicable parts of					▶ □			
ଦ୍ର Revenue	a			ot including \$		ntributions		,,	_	1 1		
, è	"	reported or	•			minodions	6a					
	L.		V-				6b			1 1		
<i>D</i>	b	Less direc	expen	ses other than fundraising	expenses	 		- 0-1				•
2	_ c			ss) from special events and		tract line ob i	1 _ 1	е ба) .	•	6c		0
	7a			entory, less returns and all	iowances .	•	7a					
3	b	Less cost	7 - 1			•	7b	·				_
	С	Gross profi	it of (lot	ss)-from sales of inventory	(Şubtract line 7	b from line 7	a)		•	7c		0
= =	8	Other rever	nue∤(de	escribe)	8		
z	9	Total reve	nue <u> Ac</u>	dd lines 1, 2, 3, 4, 5c, 6c, 7	c, and 8				<u>. ▶</u>	9		23,063
ಲಾ	10	Grants and	l similar	r amounts paid (attach sch	edule)				•	10		<u>24,850</u>
\Leftrightarrow	11	Benefits pa	id to or	for members						11		
200	12	Salaries, of	ther cor	mpensation, and employee	e benefits					12		
	13	Professiona	al fees	and other payments to inde	ependent contr	actors				13		
þe	14			utilities, and maintenance	-				_	14		
[]{{Expense	15			ons, postage, and shipping						15		
	16	• .		describe ► Bank/investr		ment fees			,	16		4,062
	17	•	-	Add lines 10 through 16						17		28,912
	18			for the year (Subtract line			•	· ·		18		(5,849)
Net Assets	19			d balances at beginning o			n (Δ\\ (must sare	e with	''' 		(3,043
SS	'3				4			_		19		270 270
Ϋ́		Other sheet	ga.c	reported on prior year's re net assets or fund balance	. (-1411-	AH.	n	ment #	1	-		370,279
Ž	20	Other chan	iges in i	net assets or fund balance	s (attach explai	nation) (VVV		100011 -	٠,	20		94,366
	21	Net assets	or fund	balances at end of year.	Combine lines	18 through 20) . 00	 61- F	. >	21	J - 6 F -	458,796
Ľ	art II	Balance	Snee	ts. If Total assets on line 2		are \$1,250,00	ou or m					
				(See the instructions for	⊬аπ (!.)			(A) Be	eginning of	<u> </u>		End of year
22		sh, savings,	, and in	vestments					370	,279 2		<u>458,796</u>
23		nd and build	_								23	
24	Otl	her assets (d	describe	e▶				_)			24	
25	To	tal assets .				•	•		370	279 2	25	<u>458,796</u>
26		tal liabilitie			 _			_) [26	<u> </u>
27	' Ne	t assets or	fund b	alances (line 27 of column	n (B) must agre	e with line 21			370	,279 2	27	458,796

Par	t III Statement of Program Service Accom	plishments (See the inst	ructions for Part II	l.)		Expenses
Wha	t is the organization's primary exempt purpose?					ured for section
	cribe what was achieved in carrying out the org					(3) and 501(c)(4)
	ner, describe the services provided, the number o	f persons benefited, and o	ther relevant infor	mation for		(a)(1)trusts, optional
each	n program title.				for ot	hers)
28	Attachment #2					
		·				
	(Grants \$ 24,850) If this amount	includes foreign grants, ch	eck here .	▶ 🗆	28a	24,850
29						
	(Grants \$) If this amount	includes foreign grants, ch	eck here	▶ 📙	29a	
30		·				
	(Grants \$) If this amount		eck here	▶ ∐	30a	
31	, ,					
	(Grants \$) If this amount	includes foreign grants, ch	eck here .	. ▶ Џ	31a	
	Total program service expenses (add lines 28a List of Officers, Directors, Trustees, and Key	through 31a)		And (Con the c	32	24,850
rai	t IV List of Officers, Directors, Trustees, and Key	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
	(a) Name and address	hours per week	(If not paid.	employee benefit	plans &	account and
A 4	LL	devoted to position	enter -0)	deferred compen	sation	other allowances
Ati	tachment #3					NI
			0	<u> </u>	lone	None
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Part	Other Information (Note the statement requirements in the instructions for Part V)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes			
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	34		X
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		ļ	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	25-		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35a 35b		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	36		X
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9	, ,		
b	Gross receipts, included on line 9, for public use of club facilities			;
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶	*		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	100		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed None		-	
42a	The organization's books are in care of ▶ Marilyn Loux Telephone no. ▶ 410.	369.9	216	
	Located at ► 101 West Mount Royal Avenue Baltimore, MD ZIP + 4 ► 2120)1 <u>-57</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		5.	T
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	40:	Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ □
			<u> </u>	
44	Did the apparient or maintain and design of the decided (600/cm) Ferri 200 months are related to the first		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		<u> </u>	
45	Form 990-EZ	44		X_
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		<u>_x_</u>
	For	n 99 ()-EZ	(2009)

Part VI

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 ar	347(a)(1) nonexempt o	onexempt cha charitable trusts	aritable trusts only. As must answer question	All section ons 46-49) 9b
	Did the organization engage in direct or indirect		vities on behalf	of or in opposition to	Yes	No
	candidates for public office? If "Yes," complete S	Schedule C, Part I			46	X
47	Did the organization engage in lobbying activitie	s? If "Yes," complete So	hedule C, Part II	l	47	X
48	Is the organization a school as described in section	on 170(b)(1)(A)(ii)? If "Ye	s," complete Sch	edule E	48	<u> </u>
49a	Did the organization make any transfers to an ex	xempt non-charitable rel	ated organizatio	n? . ,	49a	<u> </u>
	If "Yes," was the related organization a section 5				49b	<u> </u>
	Complete this table for the organization's five his employees) who each received more than \$100,					
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compens	(d) Contributions to employee benefit plans & deferred compensation	(e) Expe account other allow	and
None						
						_
						-
f	Total number of other employees paid over \$100	0,000			1	
	\$100,000 of compensation from the organizatio (a) Name and address of each independent contractor	-	"None."	(b) Type of service	(a) Compon	
None		paid more than \$100,000		(b) Type of Service	(c) Compens	auon
None						
						
				:		
				· · · · · · · · · · · · · · · · · · ·		
d	Total number of other independent contractors e	each receiving over \$100),000 . ►_			
	Under penalties of perjury, I declare that I have examin and belief it is true, correct, and complete Declaration	ed this return, including accom of preparer (other than officer)	panying schedules a is based on all inform	nd statements, and to the best nation of which preparer has a	of my knowle ny knowledge	edge
Sign Here	Signature of officer			4/29/10		
	'	ecretary		Date		
Paid	Preparer's signature	Date	Check if self- employed	Preparer's identifying num	nber (See instru	ctions)
Prepare Use Onl	y yours if self-employed),		Cinpoyed	EIN >		
May the	address, and ZIP + 4 Per IRS discuss this return with the preparer showr	ahove? See instruction		Phone no ►	Yes 🗍	No.
	The disease time retain with the property shows			For	m 990-EZ	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Inspection

. Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

<u>Ju</u> d	i &	Steven B.	Fader Family	Foundation, Inc.					22-392	20799		
Pai	t I	Reason	for Public Cl	narity Status (All o	rganizatı	ons mus	st compl	ete this	part) Se	e instru	ctions	
The	orga			dation because it is:								
1		A church, co	onvention of chu	rches, or association	of church	es descr	ıbed ın s	ection 1	70(b)(1)(<i>/</i>	A)(i).		
2		A school de	scribed ın sectio	n 170(b)(1)(A)(ii). (At	ttach Sch	edule E)						
3		A hospital of	r a cooperative I	nospital service organ	ization de	escribed i	in sectio	n 170(b)((1)(A)(iii).	•		
4			esearch organiza ime, city, and sta	ation operated in conj	junction v	vith a hos	spital des	cribed in	section	170(b)(1)(A)(iii). Enter t	he
5		_		the benefit of a colle omplete Part II.)	ge or uni	versity ow	vned or o	perated t	oy a gove	ernmental	unit described	n
6		A federal, st	ate, or local gov	ernment or governme	ental unit	described	d in secti	on 170(t	o)(1)(A)(v	·).		
7		-	•	receives a substantia (1)(A)(vi). (Complete	•	ıts suppo	rt from a	governm	ental unit	or from t	he general publi	С
8				in section 170(b)(1)	· ·	Complete	Part II.)					
9		An organizat	tion that normally	receives (1) more th	an 331/3 %	of its su	pport fror	n contribu	utions, me	embership	fees, and gros	s
				ed to its exempt functi								
				ent income and unrel after June 30, 1975.						511 tax)	from businesse	25
10		An organizat	tion organized a	nd operated exclusive	ely to test	for publi	c safety	See sec	tion 509((a)(4).		
11	X		=	ind operated exclusiv	-	-	-				to carry out th	е
		- •	•	olicly supported organ it describes the type o						•	• • •	on
		a 🛛 Type	. в □	Type II c	: 🗆 Tyı	oe III–Fur	nctionally	integrate	ed	d□	Type III-Othe	er.
е	X			ify that the organizat			-	-				
		persons other		n managers and other				•			•	
f			zation received, check this box	a written determinati	on from	the IRS t	hat it is	a Type I	, Type II,	or Type	III supporting	
9		_	st 17, 2006, has	the organization acce	pted any	gift or co	ontributio	n from ar	ny of the			
		(i) A persor	who directly or	indirectly controls, e				persons	describe	ed in (ii)		o
		(ii) A family	member of a pe	rson described in (i) a of a person described	above?						11g(ii) >	<u>(</u>
h			•	ition about the suppo	• • • • •						119(111)	<u> </u>
		e of supported	(ii) EIN	(iii) Type of organization	T	organization	<u> </u>	ou notify	(vi)	ls the	(vii) Amount of	_
(.,		janization	(.,, =	(described on lines 1-9	in col (i) la	sted in your	the organ	nization in	organizat	tion in col	support	
				above or IRC section (see instructions)	governing	document?		of your oort?		zed in the S?		
				,	Yes	No	Yes	No	Yes	No		
The /	\sso	ciated.Jewish										_
		ity Fed Balto	52-0607957	9	X		X		X			0
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Pa	Support Schedule for Org (Complete only if you chec) and 170(b)	(1)(A)(vi)
Sec	tion A. Public Support	NOG THE DOX	511 mie 6, 1, t	51 0 01 1 u.t 1.,			
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4		* * * *	\$3 \(\frac{3}{2}\) \(\delta\)	e diffe to the	* * *	
	tion B. Total Support	l	J	.I		I	I
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .	***	l j × \$		* * * *	* *	l
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	ere		d, third, fourth,	•	ar as a sectior	501(c)(3)
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line		· ·	I, column (f))		14	<u>%</u>
15	Public support percentage from 2008 Sch					15	<u>%</u>
16a	33% % support test—2009. If the organiand stop here. The organization qualifies 33% % support test—2008. If the organic	s as a publicly s	supported organ	nization			▶ □
b	box and stop here . The organization qua			•			⊳ □

	organization, check this box and stop here		<u> </u>	_
Sec	tion C. Computation of Public Support Percentage			
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%	_
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	_%_	_
16a	33 $\%$ support test—2009. If the organization did not check the box on line 13, and line 14 is 33 $\%$ 9 and stop here. The organization qualifies as a publicly supported organization			
b	33%% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 3 box and stop here. The organization qualifies as a publicly supported organization			J
17a	10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. To organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported	Explai	n in Part IV how the	
b 18	10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here E organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box.	xplain	n in Part IV how the	_
10	Fireate foundation. If the organization did not check a box off line 15, 16a, 16b, 17a, of 17b, check this be	JA alik		_

Pa	rt III Support Schedule for Orga (Complete only if you checke				a)(2)		Page 3
	tion A. Public Support				·		
Ca	alendar year (or fiscal year beginning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
2	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		 				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b			47: 18 345 et et			
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support						
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		The second second second	Company of the compan	mgg Tu Sewelengu Tu u m		
13	Total support. (Add lines 9, 10c, 11, and 12)						
4	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>		•	ear as a section	· · · · · · -
	tion C. Computation of Public Su	·	-				
5 6	Public support percentage for 2009 (lin Public support percentage from 2008 S		•	•	• •	15	<u>%</u>
	tion D. Computation of Investmen] 10]	%
17	Investment income percentage for 200			d by line 13, co	olumn (f)) .	17	%
18	Investment income percentage from 20	008 Schedule A	A, Part III, line	17		18	%
19a	331/3 % support tests—2009. If the orga 17 is not more than 331/3 %, check this bo	ox and stop h e	e re . The organi	zatıon qualifies	as a publicly	supported orgar	nization 🕨 🗆
b	33% % support tests—2008. If the organ line 18 is not more than 33%%, check this						

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

Schedule A (F	orm 990 or 990-EZ)	2009				Page 4
Part IV	Supplement Part II, line 1	al Information 7a or 17b, and	n. Complete this d Part III, line 1	s part to provide the 2. Provide any othe	e explanations required r additional information	by Part II, line 10; See instructions

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Attachment #3

IRS Form 990-EZ

Part IV -- List of Officers, Directors, Trustees, and Key Employees

JUDI AND STEVEN B. FADER FAMILY FOUNDATION, INC. 22-3920799

PUBLIC MEMBER

THE ASSOCIATED 101 W. Mount Royal Avenue Baltimore, MD 21201

PUBLIC DIRECTORS

Michael I. Friedman THE ASSOCIATED 101 W. Mount Royal Avenue Baltimore, MD 21201

Nancy R. Kutler THE ASSOCIATED 101 W. Mount Royal Avenue Baltimore, MD 21201

Marc B. Terill THE ASSOCIATED 101 W. Mount Royal Avenue Baltimore, MD 21201

OFFICERS

President Judi Fader
Vice President Steven B. Fader
Treasurer Marc B. Terrill
Secretary Michael Friedman

Judi & Steven B. Fader Family Foundation, Inc. TIN - 22-3920799
December 31, 2009

Form 990-EZ, Part I, Line 20

Market Gain 94,366

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

The Foundation was created to carry out the charitable, educational and religious purposes of The Associated: Jewish Community Federation of Baltimore. The Foundation makes grants to public charitable organizations in furtherance of the mission of The Associated.

Judi & Steven B. Fader Family Foundation, Inc. TIN - 22-3920799

IIN - 22-3920799 December 31, 2009

Form 990-EZ, Part III, Line 28

Organization	Address	Market Gain	Amount
Jewish Community Cemetery Association	707 North Broadway Baltımore, MD 21205	Operating support	\$5,000
Elijah Cummings Youth Program in Israel, Inc.	P.O. Box 43025 Baltimore, MD 21236-0025	Operating support	900
Birthright Israel Foundation	100 Raoul Wallenberg Place, SW Washington, DC 20024 Operating support	Operating support	1,000
McDonogh School, Inc.	c/o Reznick Grp, PC 500 E Pratt St, #200 Balto, MD 21202 Operating support	12 Operating support	5,000
U.S. Holocaust Mernorial Museum	P. O. Box 380 Owings Mills, MD 21117	Operating support	5,000
Kennedy Krieger Institute	33 East 33rd Street, 7th Floor New York, NY 10016-5354	Operating support	1,250
American Cancer Society - MD	P.O. Box 15059 Baltimore, MD 21282	Operating support	1,000
Jews for Judaism	5750 Park Heights Avenue Baltımore, MD 21215	Operating support	1,000
Nikki Perlow Foundation. Inc.	P.O. Box 7054 Wilmington, DE 19803	Operating support	5.000