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Department of the Treasury

Internal Revenue Service

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)

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

OMB No 1545-0047

Open to Public Inspection

For the 2009 calendar year, or tax year beginning Check if applicable
Address change C Name of organization Richman Family Foundation, Inc. D Employer identification number Check if applicable Doing Business As 52-1899221 Name change print or Number and street (or P O box if mail is not delivered to street address) Telephone number Room/suite type. Initial return 101 West Mount Royal Avenue Specific City or town, state or country, and ZIP + 4 Terminated instruc-Baltimore, Maryland 21201-5708 G Gross receipts \$ Amended return F Name and address of principal officer Application pending H(a) Is this a group return for affiliates? Yes No H(b) Are all affiliates included? Yes No Tax-exempt status X 501(c) (3) ◀ (insert no) 4947(a)(1) or If "No," attach a list (see instructions) Website: ▶ H(c) Group exemption number ▶ Form of organization
☐ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation M State of legal domicile MD Part I Summary Briefly describe the organization's mission or most significant activities: Addresses charitable, educational, religious, humanitarian, health, cultural and social service needs of Activities & Governance the Jewish and secular community in furtherance of the charitable purposes of the supported organization. Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 3 Total number of employees (Part V, line 2a). 5 0 6 Total number of volunteers (estimate if necessary) 6 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. b Net unrelated business taxable income from Form 990-T, line 34. Prior Year **Current Year** 0 8 Contributions and grants (Part VIII, line 1h). 0 Program service revenue (Part VIII line 2g). 0 Investment income (Part Mill Shurb) (A), lines 3, 4, and 7d) Other revenue (Part Mill Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . Total revenue—and lines 8 through 11 (must equal Part VIII, column (A), line 12) 91.577 32,290 91,577 32,290 672,565 0 15 Salaries, other compensation employed benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25)▶ 14,331 12,190 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25). 2,341,546 684.755 19 Revenue less expenses Subtract line 18 from line 12 (2.249.969)(652,465) Assets or **End of Year Beginning of Current Year** 20 Total assets (Part X, line 16). <u>2,571,137</u> **2,584,525** Total liabilities (Part X, line 26) 0 0 Net assets or fund balances. Subtract line 21 from line 20 2.584.525 Signature Block Part II 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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here Marc B. /Terrill Vice President Type or print name and title Date Check if Preparer's identifying number Preparer's self-(see instructions) signature employed ▶ __ Paid Preparer's Firm's name (or yours EIN **Use Only** if self-employed), address, and ZIP + 4



Yes

| Pá | art III Statement of Program Service Accomplishments | rage & |
|----|---|------------|
| 1 | Briefly describe the organization's mission. Addresses charitable, educational, religious, humanitarian, health, cultural and social service needs the Jewish and secular community in furtherance of the charitable purposes of the supported organ | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the pnor 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 | If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amoun allocations to others, the total expenses, and revenue, if any, for each program service reported | |
| 4a | (Code.) (Expenses \$ 672,565 including grants of \$ 672,565) (Revenue \$ |) |
| | Grant making to benefit educational, religious, humanitarian, health cultural and social service need | |
| | | |
| | | |
| | | |
| 4b | (Code.) (Expenses \$ including grants of \$) (Revenue \$ | |
| | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
| | | |
| | | |
| | | |
| 4d | Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses ► 672,565 | |

| Pa | art IV Checklist of Required Schedules | | | |
|------------|---|--------|-----|------------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | ļ | X_ |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III. | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | Х | |
| • | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | | | |
| • | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | , x , | ` : | |
| • | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | | 3. |
| • | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | | | |
| • | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | İ | - |
| • | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X | ; ; | ` . | . % ^ : |
| 2 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 12 | | · · |
| 2 A | Schedule D, Parts XI, XII, and XIII. Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." completing Schedule D. Parts XI, XII, and XIII is optional. 12A | 12 | | _X |
| 3 | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | 13 | | Χ_ |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | _X |
| 5 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II. | 15 | | _X |
| 6 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> | 16 | | Х |
| 7 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 8 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 9 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. | 19 | | <u> </u> |
| 0 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | Χ_ |

Part IV

| Pa | rt IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|------------------|
| | | 1 | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | x | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | x |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | | × |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | X |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | х |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | L _X _ |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | _ | х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | V |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | 200 | | Χ_ |
| 27 | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | 26 | | Х |
| _, | substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | _ | Χ_ |
| С | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | _X_ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | X |
| | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | _X_ |
| | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | x | |
| | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | _ | Χ_ |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | <u></u> |
| | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| 38 | Part VI | 37 | | <u>X</u> _ |
| | 10. Treat. This form doe meta are required to complete defective of | 38 | X | |

| Pa | art V Statements Regarding Other IRS Filings and Tax Compliance | | | |
|----|--|-----|-----|--------------------|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | | |
| | U.S. Information Returns. Enter -0- if not applicable |] | | |
| b | | 1 | 1 | l |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| | gaming (gambling) winnings to prize winners? | 1c | X_ | ļ |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | l | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 | ļ | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | ļ | ļ |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see | | | |
| | instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by | | | <u> </u> |
| | this return? | 3a_ | | -X_ |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | - | - |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | 4. | | |
| | account)? | 4a | | -X |
| þ | 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. | | | |
| E | | 5a | | Х |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | $\hat{\mathbf{x}}$ |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding | | | ^ |
| C | Prohibited Tax Shelter Transaction? | 5c | | |
| ĥа | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 6a | | |
| ou | organization solicit any contributions that were not tax deductible? | | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| - | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | | | | |
| | and services provided to the payor? | 7a | | _X_ |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | _X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | | | |
| | benefit contract? | 7e | | <u>X</u> |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Χ |
| 9 | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | 7h | | |
| | required? | | | $\neg \neg$ |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | . | 1 | |
| | organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | • |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 4 | .] | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 1 | | |
| 11 | Section 501(c)(12) organizations. Enter: | ļ | (A) | , [|
| а | Gross income from members or shareholders | | - { | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | } | - |
| | amounts due or received from them.) | | | |
| | bookers to the land of the state of the stat | 12a | | |
| D | If "Yes." enter the amount of tax-exempt interest received or accrued during the year. 12b | | . 1 | F |

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.

| Sec | tion A. Governing Body and Management | | - | |
|------------------|---|---------|---------------------------------------|----------|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body | | | |
| b | Enter the number of voting members that are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | Χ | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| _ | supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | Χ |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | X |
| 6 | Does the organization have members or stockholders? | 6 | Х | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members | | | |
| | of the governing body? | 7a | Х | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| • | the year by the following. | | | |
| а | The governing body? | 8a | Х | |
| | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached | | | |
| | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9a | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Inte | ernal | | |
| | enue Code.) | | | |
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | <u>X</u> |
| | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | | | |
| _ | affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the | | | |
| | form? | 11 | x | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | | | |
| | rise to conflicts? | 12b | | Х |
| _ | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| C | describe in Schedule O how this is done | 12c | x | |
| 13 | Does the organization have a written whistleblower policy? | 13 | | X |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| - | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | X |
| | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) | | 1/, % | N I |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | , , , , , , , , , , , , , , , , , , , | |
| | with a taxable entity during the year? | 16a | | Χ |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate | T | | |
| | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard | | | |
| | the organization's exempt status with respect to such arrangements? | 16b | | |
| Sec ⁻ | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ None | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c) | (3)s | only) | |
| | available for public inspection. Indicate how you make these available. Check all that apply. | - | - • | |
| | ☐ Own website ☒ Another's website ☒ Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of | of inte | rest | |
| | policy, and financial statements available to the public. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and recor | ds of | the | |
| | organization ► Marilyn Loux 101 W. Mt. Royal Avenue Baltimore, MD 21201 410-727-4828 | | | |

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- 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. 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 the organization did not co (A) | (B) | | | | | C) | | | (D) | (E) | (F) |
|---|--------------|-----|--------------------------------|---------------------------------|-------------|--------------|------------------------------|--------|--|--|--|
| Name and Title | Avera | | Posit | Position (check all that apply) | | | | | Reportable | Reportable | Estimated |
| | hours wee | per | Individual trustee or director | | | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| Arnold I. Richman | | | | | | | | | | | |
| President | 1 | - 2 | X | | X | | | _ | 0 | 0 | 0 |
| Marc B. Terrill | | | i | | | | | | İ | | |
| Vice President | 1 | - 2 | X | | X | | <u> </u> | | 0 | 477,859 | 38,736 |
| Alison L. Richman | | ^ | | | | | | ĺ | | | • |
| Treasurer/Secretary | 1 | - 2 | X | ⊢ | X | | <u> </u> | ┝ | 0 | 0 | 0 |
| Michael I. Friedman Director | 1 | - 2 | х | | | | j | | 0 | 174,985 | 4,624 |
| Jonathan Eisner | • | | | | | | | _ | | 17 1,000 | 1,02,1 |
| Director | 1 | - 2 | X | | | | | | l o | o | 0 |
| | | | | | | | | | | | |
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| Part VII Section A. Officers, Directors, Tru | | Emp | oloy | | | d Higi | hest | | | continued) |
|---|--|--------------------------------|-----------------------|---------------|--------------|------------------------------|-------------|--|--|--|
| (A) Name and title | (B) Average | Bociti | on 1 | - | C) | that app | | (D) Reportable | (E) | (F) |
| Name and the | hours per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| | | | | | | | | | | |
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| | | | | | | | - - | | | |
| | | | | | | | | | | |
| | | | | 7 | | | 1 | | | |
| 1b Total | | | L | 1 | | | • | 0 | 652,844 | 43,360 |
| 2 Total number of individuals (including but no reportable compensation from the organizat | | thos | se li | sted | 0 0 | ove) v | who | received mor | e than \$100,00 | 0 in Yes No |
| 3 Did the organization list any former officer, employee on line 1a? If "Yes," complete Sci | | | | | | | ee, | or highest co | mpensated | 3 X |
| 4 For any individual listed on line 1a, is the su the organization and related organizations grandividual | | | | | | | | | | 4 X |
| 5 Did any person listed on line 1a receive o services rendered to the organization? If "Y | r accrue c es," comple | ompe ete S | ensa che | ation dule | from from | om an | y u ch p | nrelated organ | nization for | 5 |
| Section B. Independent Contractors | | | | | | | | | | |
| Complete this table for your five highest concompensation from the organization. | npensated | ındep | enc | ient | COI | ntracto | ors t | hat received r | more than \$100 | 0,000 of |
| (A) Name and business addre | ess ——————————————————————————————————— | | | | | | | (B) Description of ser | vices | (C) Compensation |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total number of independent contractors (inc more than \$100,000 in compensation from to | luding but i | not lin | nite | d to | tho | se list | ed a | above) who re | ceived | |

| Pa | irt V | III Statement of Revenue | | | | |
|------------------------------|---|--|----------------------|--|---|---|
| | `• ~ | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, gifts, grants | and other similar amounts | a Federated campaigns | 0 | | | · |
| | | Business Code | 1 % | ونقه | | , , , , , , , , , , , , , , , , , , , |
| Program Service Revenue | 2 a b c c c c c c c c c c c c c c c c c c | All other program service revenue | | | | |
| _ <u>r</u> | <u></u> | Total. Add lines 2a–2f | 0 | Santi de | *** | j |
| | 3 4 5 | Investment income (including dividends, interest, and other similar amounts) | 32,290 | | | 32,290 |
| | b | (i) Real (ii) Personal Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss) | 0 | | | Ž |
| | | Gross amount from sales of assets other than inventory Less cost or other basis | | | | |
| | c | and sales expenses . Gain or (loss) | 0 | | | |
| Other Revenue | 8a | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | | | | , |
|)the | | Less direct expenses b Net income or (loss) from fundraising events ▶ | 0 | | | |
| Ü | 9a b | Gross income from gaming activities See Part IV, line 19 a Less: direct expenses b | | | , | |
| | 10a | Net income or (loss) from gaming activities ▶ Gross sales of inventory, less returns and allowances a | 0 | 1 min | | |
| | | Less: cost of goods sold b Net income or (loss) from sales of inventory > | 0 | | <u>ú.b</u> .\ | |
| | | Miscellaneous Revenue Business Code | | | | |
| | 11a b c | All other revenue | | | | |
| | | All other revenue | 0 | ** **: | | |
| | | Total Revenue. See instructions | 32,290 | | | 32,290 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| | All other organizations must complete co | olumn (A) but are n | ot required to con | | , (C), and (D). |
|--------|--|-----------------------|------------------------------|---|---------------------------------------|
| | o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 672,565 | 672,565 | | |
| 2 | Grants and other assistance to individuals in the U.S See Part IV, line 22 | | | , | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | <u> </u> |
| 5 | Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 7 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| | Management | | | | |
| | | | | | |
| | Legal | | | | · · · · · · · · · · · · · · · · · · · |
| С | Accounting | | | · · · · | |
| d | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | | | + 3.53.51 ° | |
| f | Investment management fees | 12,190 | | 12,190 | |
| g | Other | | | | |
| 12 | Advertising and promotion | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | | |
| 13 | Office expenses | | · | | |
| 14 | Information technology | <u> </u> | . | | |
| 15 | Royalties | | | | - |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | , |
| 40 | | | | | |
| 19 | Conferences, conventions, and meetings . | | | | <u>-</u> |
| 20 | Interest | | | | _ |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization . | | | | |
| 23 | Insurance | | | | |
| | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| а | | | | | |
| b | | · | | | |
| c | | | | | |
| | | | | | |
| d | ••••• | | | · · · · · · · · · · · · · · · · · · · | <u> </u> |
| е | | | | | |
| f | All other expenses | | | | |
| | Total functional expenses. Add lines 1 through 24f | 684,755 | 672,565 | 12,190 | |
| | Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and | | | | |

| Pa | art X | Balance Sheet | | | |
|--------------------|----------------------|---|---|-------------|---|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | 1 | |
| | 2 | Savings and temporary cash investments | | 2 | <u> </u> |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, key | | | |
| i | | employees, and highest compensated employees. Complete Part II of | | | <u> </u> |
| | | Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete | , | | |
| | | Part II of Schedule L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| 189 | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | (10 Am | 9 | |
| | 10a | Land, buildings, and equipment: cost or 10a | | 130 | |
| | | other basis Complete Part VI of Schedule D | | 400 | · · · · · · · · · · · · · · · · · · · |
| | | Less: accumulated depreciation 10b | | 10c | 0 |
| | 11 | Investments—publicly traded securities | 0.574.407 | - | 0.504.505 |
| | 12 | Investments—other securities. See Part IV, line 11 | 2,571,137 | 12 | <u>2,584,525</u> |
| | 13 | Investments—program-related. See Part IV, line 11 | | 14 | |
| | 14 | Intangible assets | | 15 | |
| - 1 | 15 16 | Other assets. See Part IV, line 11 | 2 574 427 | | 2 504 525 |
| \dashv | | | 2,571,137 | 17 | 2,584,525 |
| | 17 | Accounts payable and accrued expenses | | 18 | |
| | 18 | Grants payable | | 19 | |
| - | 19 | Deferred revenue | | 20 | |
| ر س | 20 | Tax-exempt bond liabilities | | 21 | |
| 을 | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | - 1800 - 1845 - 1865 - 1800 - | | |
| ≣ | 22 | Payables to current and former officers, directors, trustees, key | | 1. 9 | , |
| Liabilities | | employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | | | | 23 | |
| i | 23 24 | Secured mortgages and notes payable to unrelated third parties | | 24 | · · · · |
| - 1 | 2 4 25 | Unsecured notes and loans payable to unrelated third parties Other liabilities. Complete Part X of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 0 | 26 | 0 |
| | | Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34. | | | 4 |
| Fund Balances | 27 | Unrestricted net assets | 2,571,137 | 27 | 2,584,525 |
| Bal | 28 | Temporarily restricted net assets | 2,011,101 | 28 | 2,00 1,020 |
| 힏 | 29 | Permanently restricted net assets | | 29 | · · · · · · · · · · · · · · · · · · · |
| ֡֡֞֜֞֡֓֡֡֡֞֜֜֡֡֡֡֡ | | Organizations that do not follow SFAS 117, check here ▶ □ | . 49. 1.61 | | |
| 5 | | and complete lines 30 through 34. | | <u>.,1</u> | · |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Net Assets | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| ا ک | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| <u>ē</u> | | Total net assets or fund balances | 2,571,137 | 33 | 2,584,525 |
| | 34 | Total liabilities and net assets/fund balances | 2.571.137 | 34 | 2.584.525 |

| Page | 1 | 2 |
|------|---|---|
| | | |

| Рa | rt XI Financial Statements and Reporting | | | |
|----|---|----|------|-------|
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | , ^, | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | Х |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | | Х |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | 2c | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in | | | |
| | Schedule O. | | | ٠ |
| đ | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were | | | ^2- , |
| | issued on a consolidated basis, separate basis, or both: | | | د د د |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | لسنا | 195 |
| 3a | 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? | 3a | | x |
| 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 | 3b | | |

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Managara and Abrahaman and and

Open to Public Inspection

| | | ne organizatio | | • | | | | | 1 ' ' | | ation number |
|--------|----------|----------------|--------------------|---|---------------|--|------------------|-------------------------------------|----------------|---------------------------|--------------------|
| | | | oundation, Inc | | | | | | 52-189 | | -1 |
| | rt I | | | Charity Status (All o | | | | _ | - | | ctions |
| _ | _ | | - | indation because it is: | - | | - | | | - | |
| 1 2 | _ | | | urches, or association | | | | section 1 |)(ד)(ם)טי | A)(I). | |
| 3 | _ | | | on 170(b)(1)(A)(ii). (A hospital service organ | | | | n 170/h) | /4\/A\/iii | | |
| 4 | _ | • | • | ation operated in con | | | | | | | MAMiii) Enter the |
| • | _ | hospital's n | ame, city, and s | tate: | - | | | | | | |
| 5 | | | | or the benefit of a colle Complete Part II) | ege or un | iversity o | wned or o | operated | by a gove | ernmental | unit described in |
| 6 | \sqcup | A federal, s | state, or local go | vernment or governme | ental unit | describe | d in sect | ion 170(| b)(1)(A)(\ | /). | |
| 7 | | | | ly receives a substanti)(1)(A)(vi). (Complete | | its suppo | ort from a | governm | ental uni | t or from t | he general public |
| 8 | | A communi | ty trust describe | d in section 170(b)(1 |)(A)(vi). | (Complete | e Part II) |) | | | |
| 9 | | - | | ly receives: (1) more th | | | | | | | |
| | | | | ed to its exempt funct | | | | | | | |
| | | | | ent income and unre | | | | | | 511 tax) | from businesses |
| | | | | n after June 30, 1975. | | | | | | | |
| 10 | _ | | | and operated exclusive | | | - | | | | |
| 11 | | _ | _ | and operated exclusive | • | | | | | | • |
| | | | | blicly supported orgar at describes the type | | | | | | | |
| | | а ⊠ Туре | | _ | | | | | | _ | |
| _ | | | | | • | pe III-Fu | • | _ | | | Type III-Other |
| е | | | | tify that the organizat on managers and othe | | | | | | | |
| | | | section 509(a)(| | i man on | e or more | publicly | supporter | u Olyaniz | auons des | scribed in Section |
| f | | | | • | | 45 - IDC 4 | | - T | T | T | III accommented to |
| • | | | n, check this box | a written determinati | on from | the IKS | inat it is | a iype i | , Type II | , or type | · — |
| ~ | | - | | the organization acce | ented ans | | ontributio | n from a | ny of the | | 🔀 |
| g | | ollowing pe | | the organization acce | spied any | y gilt or C | ontributio | ii iioiii ai | ny or the | | |
| | | . • | | r indirectly controls, e | ither alor | ne or toni | ether with | n nersons | e describ | ed in (ii) | Yes No |
| | , | | | rning body of the supp | | | | person | o describ | | 11g(i) X |
| | (| | | erson described in (i) | | | | • • • | | | 11g(ii) X |
| | | | | of a person described | | | | | | | 11g(iii) X |
| h | | | | ation about the suppo | | | | | | | |
| (i) N | | of supported | (ii) EIN | (iii) Type of organization | (iv) Is the | organization | (v) Did y | ou notify | (vi) | ls the | (vii) Amount of |
| | orgai | nization | | (described on lines 1–9 above or IRC section | | sted in your document? | | the organization in col (i) of your | | tion in col zed in the | support |
| | | | | (see instructions) | go | | | port? | | S? | |
| | | | | | Yes | No | Yes | No | Yes | No | |
| he A | ssoci | ated Jewish | | | ļ | | <u> </u> | | | | |
| omn | nunity | Fed Balto | 52-0607957 | 9 | X | | X | | X | | 130,000 |
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| | | | www.iniconsulation | | at to a | ,) (10 may 10 m | Personal Section | 20 20 and 1 | P. W. J. L. W. | Sa | |
| otal | | ` | | | | | | | 1 | | 130 000 |

| | (Complete only if you chec | cked the box | on line 5, 7, o | or 8 of Part I | /U(b)(1)(A)(N .) | ') and | 170(b) | (1)(A)(vi) |
|-----|---|-----------------------|--|--|---|--------------------|----------------------------|--------------------------|
| | ction A. Public Support | | | · | , | , | | |
| C | alendar 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 | of the sec 2 wilders | | ** ** | A A SAME SO THE SECTION OF | a aik v _*as1 | Course 3 385 | |
| 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) | | | | | | | |
| _6 | Public support. Subtract line 5 from line 4 | 189 3 18 4 3 5 | المراكبة الم | 1. 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | AND SHAPE | *** | \$ \$7°,5 | |
| | tion B. Total Support | | 1 | | | | | |
| C | alendar 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 . | 5 - 1 73 1 | | | AND COMMENT | <u></u> | <u> </u> | |
| 12 | Gross receipts from related activities, etc | (see instruction | ns) | | | 12 | | |
| 13 | First five years. If the Form 990 is for organization, check this box and stop he | re | <u></u> | | - | | | 501(c)(3) |
| Sec | tion C. Computation of Public Su | pport Percer | ntage | | | | | |
| 14 | Public support percentage for 2009 (line 6 | 3, column (f) div | vided by line 11 | , column (f)) | | 14 | | %_ |
| 15 | Public support percentage from 2008 Sch | edule A, Part II | , line 14 . | | | 15 | | <u> </u> |
| 16a | 33% % support test—2009. If the organization qualified | | | | | | | |
| b | and stop here. The organization qualifies 33% % support test—2008. If the organization qualifies box and stop here. The organization qualifies | zation did not ch | heck a box on l | ine 13 or 16a, a | | 31/3% | or more, | ► □ check this ► □ |
| 17a | 10%-facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circums" | 9. If the organi | ization did not cl stances" test, ch | heck a box on li neck this box an | ine 13, 16a, or indexional stop here. I | 16b, an Explain | nd line 14 i in Part I\ | |
| b | 10%-facts-and-circumstances test—2008. more, and if the organization meets the "facts-and-circumstan | icts-and-circumst | tances" test, che | eck this box and | d stop here E | xplain | ın Part IV | |
| 12 | Private foundation If the omanization did | | | | • • • | | | ictions |

| Р | Support Schedule for Org (Complete only if you check | | | | a)(2) | · · · · · · · · · · · · · · · · · · · | |
|-----------|--|-------------------|-----------------|-------------------|-----------------|---------------------------------------|--------------|
| | ction A. Public Support | | | | | | |
| (| Calendar 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 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 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 | | | | | <u> </u> | <u> </u> |
| 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 | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6) | and the | | | | | |
| | tion B. Total Support | • | | | | | |
| C | alendar 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 | | | | | | |
| C | Add lines 10a and 10b | | | | | | |
| 11 | 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) | 33 00 45 S | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | | | | | | **** |
| 14 | First five years. If the Form 990 is for toganization, check this box and stop | here | | d, third, fourth, | • | | ```` |
| | tion C. Computation of Public Su | | | | | | |
| 15 16 | Public support percentage for 2009 (line Public support percentage from 2008 S | chedule A, Pa | rt III, line 15 | | | 16 | %_ % |
| | tion D. Computation of Investmen | | | 4 6 | | 47 | 0/ |
| 17 18 | Investment income percentage for 2009 | | | - | | 17 | <u>%</u> |
| 18 19a | Investment income percentage from 20 33% % support tests—2009. If the orga 17 is not more than 33% %, check this bo | anization did no | ot check the bo | x on line 14, ar | nd line 15 is m | ore than 33 1/3 % | 6, and line |
| b | 33% % support tests—2008. If the organiline 18 is not more than 33%%, check this | ization did not d | heck a box on | line 14 or line 1 | 9a, and line 16 | is more than 3 | 3 1/3 %, and |

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the omanization Employer identification number 52-1899221 Richman Family Foundation, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part li Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . 2d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► 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 Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, 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" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

| Schedule | D i | (Form | 990) | 2009 |
|----------|-----|-------|------|------|
| | _ | | ~~~ | 2000 |

| Pa | Organizations Maintain | ing Collections | of Art, H | listori | <u>cai Trea</u> | sures, or | Other Simila | ır Asse | ts (contir | าued) |
|---------|---|--|----------------------------|-----------------------|----------------------------|---|-----------------------|------------|--------------|-------------|
| 3 | Using the organization's acquisition collection items (check all that appl | | other reco | ords, c | heck any | of the follo | owing that are | a signif | icant use | of its |
| а | Public exhibition | | d | | | exchange | | | | |
| þ | Scholarly research | | е | | Other _ | | - | | | |
| С | Preservation for future genera | | | | | | | | | |
| 4 | Provide a description of the organiz Part XIV | ation's collections | and expl | ain ho | w they fu | rther the o | rganization's e | ∍xempt (| purpose ii | n |
| 5 | During the year, did the organization assets to be sold to raise funds rathe | solicit or receive do r than to be mainta | onations of lined as pa | fart, hi art of th | istorical tr ne organiz | easures, or zation's coll | other similar ection? | . [| Yes [|] No |
| Ра | rt IV Escrow and Custodial A IV, line 9, or reported an | | | | | tion answe | ered "Yes" to | Form 9 | 90, Part | |
| 1a | Is the organization an agent, trusted included on Form 990, Part X? | e, custodian or ot | her interm | ediary | for cont | ributions o | other assets | not . [| Yes [|] No |
| b | If "Yes," explain the arrangement in | Part XIV and con | nplete the | follow | ing table | _ | 1 | | | |
| | | | | | | | | Amou | <u>nt</u> | |
| C | | | | | | | - | | | |
| đ | Additions during the year | | | | | – | <u>d </u> | | | |
| e | Distributions during the year | | | | | — | e f | | | |
| 30 | Ending balance | | | | | | | | Yes | No |
| 2a b | If "Yes," explain the arrangement in | Part XIV. | | | | | | | | |
| Рa | rt V Endowment Funds. Co | (a) Current year | (b) Pno | | | o years back | (d) Three years | | | hack |
| _ | | | | or year | (C) 1W | U years back | (u) Tillee years | Dack (e |) Four years | Dack |
| 1a | Beginning of year balance | | | | | , , , , , , , , , , , , , , , , , , , | 4.35 | | 1. 1.16 | Take 1 |
| b C | Contributions | | | | | *************************************** | | | ****** | |
| d | Grants or scholarships | | | | | , , | 1.323 | | ~ | |
| u | Other expenditures for facilities | | | | j., | د ي عه څود ي | (N) (N) | * 32 % | | - |
| _ | and programs | | | | 2. | | | | | £12 ' |
| f g | Administrative expenses End of year balance | | | | | | | 1 | , | |
| 2 | Provide the estimated percentage of | f the year end bal | ance held | as: | | | | | | |
| а | Board designated or quasi-endowme | | % | | | | | | | |
| b | Permanent endowment ► | | | | | | | | | |
| | Term endowment ► | | | | | | | | | |
| 3a | Are there endowment funds not in the | possession of the | e organiza | tion th | at are he | ld and adm | inistered for th | ie | [x] | N |
| | organization by. | | | | | | | ্ব | Yes Ba(i) | No |
| | • • | | | | | | | · - | | |
| | | | | | | | | • – | a(ii) | <u>_</u> |
| 4 | If "Yes" to 3a(ii), are the related organism Describe in Part XIV the intended us | inizations listed a: ses of the organiz | s required ation's en | dowm | nedule r Shout toe | | | . L | 3b | |
| Pari | | | | | | | line 10 | | | |
| | Description of investment | (a) Cost or oth | 1 | | ost or othe | | Accumulated | 1 (4 | N Pook value | |
| | besarption of investment | (investm | | | sis (other) | | epreciation | ,, |) Book value | r |
| 1a | Land | | | | | | | | | |
| | Buildings | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | |
| | Equipment | | | | | | | | | |
| е | Other | | | | | | | | | |
| otai | . Add lines 1a through 1e (Column (d) | must equal Form 9 | 90, Part X. | colum | n (B), line | 10(c).) | • | | | |

| Part VII Investments—Other Securities | s. See Form 990, Part X | (, line 12. | |
|--|-------------------------|--|----------------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of value Cost or end-of-year m | |
| Financial derivatives | | | |
| Closely-held equity interests | | | |
| Other M&T Bank - Consolidated Investments | 2 584 525 | end-of-year market value | |
| | 2,004,020 | Cha or year market value | |
| | | | |
| | | | |
| | | | |
| | | <u> </u> | |
| | | | |
| T-1-1 (0-1(1) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ Part VIII Investments—Program Relate | | line 12 | Albert Market (1995) |
| Part VIII Investments—Program Relate (a) Description of investment type | (b) Book value | i | votion. |
| (a) Description of investment type | (b) Book value | (c) Method of valu Cost or end-of-year ma | |
| | | | |
| The second secon | | | |
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| | | -77 | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ | | | |
| Part IX Other Assets. See Form 990, Pa | rt X, line 15. | | 2400 |
| | (a) Description | | (b) Book value |
| | ··· | | |
| | | | |
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| | ··· | | |
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| | | | |
| otal. (Column (b) must equal Form 990, Part X, col (| B) line 15) | | |
| Part X Other Liabilities. See Form 990, I | Part X, line 25. | | |
| . (a) Description of liability | (b) Amount | | |
| ederal income taxes | | | f^{\pm} |
| | | | |
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| | | | 被外交的 |
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| | | | |
| otal. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | | | |

2. FIN 48 Footnote In Part XIV, 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.

| | D (Form 990) 2009 | | <u> </u> | Page 4 |
|------------------------------|---|---|------------|----------|
| Part 2 | | | | |
| | otal revenue (Form 990, Part VIII, column (A), line 12) | | 1 | 32,290 |
| | otal expenses (Form 990, Part IX, column (A), line 25) | | 3 | 684,755 |
| | xcess or (deficit) for the year. Subtract line 2 from line 1 | | 4 | (652,465 |
| | | | 5 | 665,853 |
| _ | onated services and use of facilities | | 6 | |
| | vestment expenses | | 7 | |
| | nor period adjustments | | 8 | |
| | ther (Describe in Part XIV.) | | 9 | 665,853 |
|) E | otal adjustments (net) Add lines 4 through 8 | hine lines 3 and 9 | 10 | 13,388 |
| art > | | | 1 | urn |
| | otal revenue, gains, and other support per audited financial stateme | | 1 | |
| | nounts included on line 1 but not on Form 990, Part VIII, line 12 | nts | • | |
| | et unrealized gains on investments | 2a | \$ 5 | |
| | onated services and use of facilities | · | , | |
| | ecoveries of prior year grants | <u> </u> | | |
| | her (Describe in Part XIV.) | | | |
| | Id lines 2a through 2d | | 2e | |
| | btract line 2e from line 1 | | 3 | |
| | nounts included on Form 990, Part VIII, line 12, but not on line 1: | | 3 | |
| | restment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| | her (Describe in Part XIV.) | 4b | 7 ! | |
| | d lines 4a and 4b | | 4c | |
| To | tal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lin | e 12) | 5 | |
| art X | III Reconciliation of Expenses per Audited Financial S | Statements With Exper | ses per Re | eturn |
| То | tal expenses and losses per audited financial statements | | 1 | |
| An | nounts included on line 1 but not on Form 990, Part IX, line 25: | | 18. | |
| a Do | nated services and use of facilities | 2a | _] ,] | |
|) Pri | or year adjustments | 2b | | |
| : Otl | ner losses | 2c | _ | |
| I Otl | ner (Describe in Part XIV.) | 2d | ¥.~ | |
| | d lines 2a through 2d | | 2e | |
| Au | btract line 2e from line 1 | | 3 | |
| | | 1 1 | | |
| Su | nounts included on Form 990, Part IX, line 25, but not on line 1: | i l | 2 | |
| Su An | estment expenses not included on Form 990, Part IX, line 25, but not on line 1: | 4a | | |
| Su Am Inv Oti | estment expenses not included on Form 990, Part VIII, line 7b . ner (Describe in Part XIV.) | 4a 4b | | |
| Su Am Inv Oti Ad | estment expenses not included on Form 990, Part VIII, line 7b . | 4b | 4c | |

SCHEDULE 1 (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" to Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

OMB No 1545-0047

Open to Public

2 □ Schedule I (Form 990) 2009 (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Employer Identification number ☐ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete If the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 52-1899221 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, (d) Amount of cash grant (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 3 Enter total number of other organizations
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable Part I General Information on Grants and Assistance the selection criteria used to award the grants or assistance? (p) EIN Richman Family Foundation, Inc. Attachment #1 1 (a) Name and address of organization or government Name of the organization Part II

Attachment #1

Richman Family Foundation, Inc. TIN - 52-1899221 December 31, 2009

Schedule I

| (a)Name and address of organization Jewish Women International 2000 M Street, NW, #720 Washington, DC 20036 | (b)EIN # 52-6040641 | (c) IRC section 501 (c)(3) | (d)Amount 3,750 | (h)Purpose of grant General support |
|---|------------------------|-------------------------------|----------------------------|--|
| CHAI 5721 Park Heights Avenue Baltimore, MD 21215 | 23-7097000 | 501 (c)(3) | 5,300 | General support |
| Hand in Hand American Friends of the Center P.O. Box 80102 Portland, OR 97280-1102 | 93-1269590 | 501 (c)(3) | 5,000 | General support |
| The American Jewish Joint Distribution Committee 711 3rd Avenue New Yor, NY 10017 | 13-1656634 | 501 (c)(3) | 4,000 | General support |
| American Jewish World Service 45 West 36th Street New York, NY 10018 | 22-2584370 | 501 (c)(3) | 6,000 | General support |
| Family Tree, Inc. 2108 N. Charles Street Baltimore, MD 21218 | 52-1110645 | 501 (c)(3) | 6,000 | General support |
| Temple Oheb Shalom 7310 Park Heights Avenue Baltimore, MD 21208 | | 501 (c)(3) | 10,000 | General support |
| The Park School P.O. Box 8200Brooklandville, MD 21022 | 52-0591625 | 501 (c)(3) | 37,800 | General support |
| University of Maryland Baltimore County Foundation 1000 Hilltop Cırcle Baltimore, MD 21250 | 52-1125663 | 501 (c)(3) | 20,000 | General support |
| Johns Hopkins University 3400 North Charles Street Baltimore, MD 21218 | 31-1678679 | 501 (c)(3) | 75,000 | General support |
| Institute for Christian & Jewish Studies 956 Dulaney Valley Road Baltimore, MD 21204-2633 | 52-1531016 | 501 (c)(3) | 45,715 | General support |
| Johns Hopkins University 3400 North Charles Street Baltimore, MD 21218 | 31-1678679 | 501 (c)(3) | 208,000 | General support |
| American Visionary Art Museum 800 Key Highway Baltimore, MD 21230 | 52-1608934 | 501 (c)(3) | 1,000 | General support |
| THE ASSOCIATED: JCFB 101 W. Mount Royal Avenue Baltimore, MD 21201 | 52-0607957 | 501 (c)(3) | 50,000 | Captial support |
| University of Maryland Baltimore Foundation 660 W. Redwood StreetBaltimore, MD 21201 | 31-1678679 | 501 (c)(3) | 40,000 | General support |
| Chesapeake Bay Foundation 6 Herndon Avenue Annapolis, MD 21403 | 52-6065757 | 501 (c)(3) | 75,000 | General support |
| THE ASSOCIATED: JCFB 101 W. Mt. Royal Avenue Baltimore, MD 21201 | 52-0607957 | 501 (c)(3) | 80,000 \$672,565 | General support |

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009

Part III Grants al

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|--------------------------|-----------------------------------|---|--|
| | | | | | | |
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| Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, | te this part to pro | ovide the informatio | in required in Part I | | and any other additional information. |
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| | | | | | | Schedule I (Form 990) 2009 |

SCHEDULE J (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Richman Family Foundation, Inc.

Part I Questions Regarding Compensation

Inspection **Employer Identification number** 52-1899221

| | | | Yes | No |
|----|---|------------|--------------|---|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | بر بار پر | |
| | ☐ First-class or charter travel ☐ Housing allowance or residence for personal use | | | |
| | ☐ Travel for companions ☐ Payments for business use of personal residence | | | |
| | ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees | | 44 | , |
| | ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef) | | . : | |
| | | *** | 4 | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | *** | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all | | | |
| | officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | |
| | | 27.14 | · .K., | * |
| 3 | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. | | | |
| | Compensation committee | 1 - 1 | | • |
| | Independent compensation consultant | | ر ن | |
| | ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee | | | - |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. | % - | ě | ٠. |
| а | Receive a severance payment or change-of-control payment? | 4a | | X |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | X | |
| C | | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | , |
| | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. | 1 . 1 | | Į |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | 14 | des . | |
| а | The organization? | 5a | | X |
| | Any related organization? | 5b | | X |
| - | If "Yes" to line 5a or 5b, describe in Part III. | | | |
| 6 | | gight. | 1 - 17 /2 | <i>[i, j, j, j, j, j, j, j, j, j, j, j, j, j,</i> |
| а | The organization? | 6a | | X |
| b | Any related organization? | 6b | | X |
| | If "Yes" to line 6a or 6b, describe in Part III. | | | |
| | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed | | | |
| | payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | Χ |
| | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was | | | |
| | subject to the initial contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes," describe | | | |
| | in Part III | 8 | | Χ |
| | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | q | | |

Schedule J (Form 990) 2009

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| | (B) Breakdown o | (B) Breakdown of W.2 and/or 1009-MISC compensation | Company | | | | |
|---------------------|--------------------------|---|--|---|---|---|---|
| (A) Name | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | (C) Ketirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
| | (i) | | | | | | |
| Marc B. Terrill | (ii) 402,859 | 75,000 | | 15,000 | 38,736 | 531,595 | 537,155 |
| | | | | | | | |
| Michael I. Friedman | (ii) 174,985 | | | | 4,624 | 179,609 | 182,884 |
| | (1) | | | | | | |
| | (ii) | 1 | 1 | 1 | * * * * * * * * * * * * * * * * * * * | | |
| | (i) | | | | | | |
| | (ii) | 1 | 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 | | | |
| | (i) | | | | | | |
| | (11) | | 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 | # # # # # # # # # # # # # # # # # # # | 1 | |
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|) | (ii) | | | | # | 1 | : : : : : : : : : : : : : : : : : : : |
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|) | (ii) | | | | | | 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| | (6) | | | | | | |
|) | (ii) | | | | | ************************************** | 1 |
| | | | | | | Sche | Schedule J (Form 990) 2009 |

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

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

Inspection

Employer identification number

52-6044319 Marjorie Cook Foundation, Inc. Part VI, Section A, line 2 - There are family relationships among the Donor Members and Directors. Arnold I. Richman and Alison L. Richman are husband and wife. Part VI, Section A, line 6 - The organization has two members; a Public Member - The Associated: Jewish Community Federation of Baltimore, Inc. and Donor Members consisting of Arnold I. Richman and Alison L. Richman. Part VI, Section A, line 7a - The Members appoint the Board of Directors. The Public Member appoints the majority and the Donor Members appoint the remainder Part VI, Section A, line 7b - Amendments to the Bylaws must be ratified by the Members before they are adopted. Part VI, Section A, line 11a - The Form 990 and supporting schedules are distributed to the officers and directors upon completion for review. Part VI, Section B, line 12c - The supported organization monitors and enforces compliance of the conflict of interest policy by regularly reviewing the Board of Directors, its actions and the investment of assets to ensure that it complies with the conflict of interest policy. Part VI, Section C, line 19 - The organization makes its governing documents, conflict of interest policy and financial statements available to the public upon request.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Richman Family Foundation, Inc.

Part I

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

See separate instructions.

Attach to Form 990.

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OMB No 1545-0047

Employer Identification number Inspection

(f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) 52-1899221 (e) End-of-year assets Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Total income (c)
Legal domicile (state
or foreign country) Primary activity (a)
Name, address, and EIN of disregarded entity

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity |
|---|-------------------------|---|----------------------------|--|-------------------------------|
| The Associated: Jewish Community Federation of Baltimore 101 W. Mt. Royal Avenue Balto. MD 52-0607957 | Fundraising | MD | 501(c)(3) | 6 | A/Z |
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Part II

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Schedule R (Form 990) 2009

Schedule R (Form 990) 2009

Part III

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

| | | | | | | / | | | | |
|--|---|---|-------------------------------|--|---------------------------------|---|---------------------------------------|-----------------------------------|--|--------------------------------|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | | (g) Share of end-of-year assets | (h) Disproportionate allocations? | Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | |
| | | | | | | | | | | Tes No |
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| Part IV Identification of Ine 34 because | Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) | nizations lore relate | Taxable as a C | le as a Corporation or Trust (Complete if the organization and initiations treated as a corporation or trust during the tax year.) | rust (Comple poration or tru | te if the organst | Inization answe tax year.) | ered "Yes" | to Form 990, Pa | , ≥ , |
| (a) Name, address, and EIN of related organization | of related organization | | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp. S corp, or trust) | (f) Share of total income | | (9) Share of end-of-year assets | (h) Percentage ownership |
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Schedule R (Form 990) 2009

Part V

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| d "Yes" to Form 990, Part IV, line 34, 35, or 36.) |
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| | | (2) |
| 139,185 | 1b & 1n | (1) The Associated: Jewish Community Federation of Baltimore |
| (c) Amount involved | (b) Transaction type (a–r) | (a) Name of other organization |
| and transaction thresholds. | relationships | 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered |
| 19 X X | | q Other transfer of cash or property to other organization(s) |
| 10 X | | p Reimbursement paid by other organization for expenses |
| 10 X | | o Reimbursement paid to other organization for expenses |
| Y X | | n Sharing of paid employees |
| # # # * | | Sharing of facilities, equipment, mailing lists, or other assets |
| × = | · · · · · · · · · · · · · · · · · · · | I Performance of services or membership or fundraising solicitations by other organization(s) |
| ×× F * | | j Lease of facilities, equipment, or other assets from other organization(s) |
| 1 | | |
| - | · · · · · · · · · · · · · · · · · · · | i Lease of facilities, equipment, or other assets to other organization(s) |
| th X | | h Exchange of assets |
| 1g X | | g Purchase of assets from other organization(s) |
| * × | | f Sale of assets to other organization(s) |
| 16 X | | e Loans or loan guarantees by other organization(s) |
| X ; | | |
|)) | | |
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| 18 × | | |
| • | in Parts II-IV? | 1 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? |
| Yes No | | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. |

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

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.

| | (b) (c) (d) | (9) | | - Jac | rsilips. | 5 | | } | |
|----------------------------------|------------------|----------------------------|--|---------------------|-----------------------|-------------------------------|---|---|------------------------------------|
| Name, address, and EIN of entity | Primary activity | | Are all no | d'orec | (e) Chara at | E (| | _ | Ξ |
| | | (state or foreign country) | section 501(c)(3) organizations? | (3) (3) (ons? | end-of-year assets | Disproportionate allocations? | s? amount in box 20 of Schedule K-1 (Form 1065) | | General or managing partner? |
| | | | Yes | No | | Yes No | - | | Yes |
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