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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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****A** For the 2009 calendar year, or tax year beginning July 1, 2009, 2009, and ending June 30, 20 10**B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organizationJill Fox Memorial Fund, Inc.

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

101 West Mount Royal Avenue

City or town, state or country, and ZIP + 4

Baltimore, Maryland 21201-5708**D** Employer identification number52-1167942**E** Telephone number**F** Group Exemption Number ☐

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method ☒ Cash ☐ Accrual
Other (specify) ►**I** Website: ►**J** Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 492,317**Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	405,498
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	19,795
	5a	Gross amount from sale of assets other than inventory	5a	67,024
	b	Less cost or other basis and sales expenses	5b	82,927
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	(15,903)
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
b	Less direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe ►)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	409,390	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	117,122
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	93,343
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	35
	16	Other expenses (describe ► Bank/investment management fees)	16	18,591
	17	Total expenses. Add lines 10 through 16	17	229,091
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	180,299
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	967,488
	20	Other changes in net assets or fund balances (attach explanation)	20	89,104
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	1,236,891

Part II **Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	980,408	22 1,244,474
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	980,408	25 1,244,474
26 Total liabilities (describe ► Accounts payable)	12,920	26 7,583
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	967,488	27 1,236,891

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

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Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	As per the mission statement attached, all assistance is paid directly to various medical vendors on behalf of qualified individuals. During the fiscal year approximately 320 checks were distributed to medical vendors on behalf of those that met the criteria. (Grants \$ 115,122) If this amount includes foreign grants, check here ☐	28a	115,122
29	Awards are given to individuals in recognition of the sustained leadership they have demonstrated in their work with non-profits (Grants \$ 2,000) If this amount includes foreign grants, check here ☐	29a	2,000
30	 (Grants \$) If this amount includes foreign grants, check here ☐	30a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here ☐	31a	
32	Total program service expenses (add lines 28a through 31a) ☐	32	117,122

[illegible]

Part V 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		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a 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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?		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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations Enter:		
a 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 ▶ ; section 4912 ▶ , section 4955 ▶		
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		X
c 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 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e 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		X
41 List the states with which a copy of this return is filed. ▶ None		
42a The organization's books are in care of ▶ <u>Marilyn Loux</u> Telephone no. ▶ <u>410.369.9216</u> Located at ▶ <u>101 West Mount Royal Avenue Baltimore, MD</u> ZIP + 4 ▶ <u>21201-5708</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
If "Yes," enter the name of the foreign country: ▶		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
If "Yes," enter the name of the foreign country ▶		
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 ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51

	Yes	No
46 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	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ▶

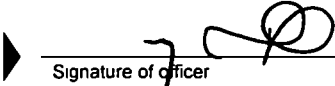
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶

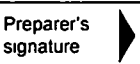
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer:  Date: 2/1/11

Marc B. Terrill President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature:  Date:
 Firm's name (or yours if self-employed), address, and ZIP + 4:
 EIN:
 Phone no:
 Check if self-employed: ☐

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2009

Open to Public Inspection

Name of the organization

Jill Fox Memorial Fund, Inc.

Employer identification number

52-1167942

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☒ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other

e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
The Associated Jewish Community Fed. Balto	52-0607957	9	X		X		X		None
Total									0

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section 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 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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar 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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section 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 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section 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						
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)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

**AGENCIES & PROGRAMS OF
THE ASSOCIATED JEWISH COMMUNITY
FEDERATION OF BALTIMORE**

BALTIMORE HEBREW INSTITUTE
AT TOWSON UNIVERSITY
410 704 7117
www.towson.edu/bhi

BALTIMORE JEWISH COUNCIL
410 542 4850
www.baltjc.org

THE LOUISE D. & MORTON J. MACKS
CENTER FOR JEWISH EDUCATION
410 735 5000
www.cjebaltimore.org

CHAI COMPREHENSIVE HOUSING
ASSISTANCE INC.
410 466 1990
www.chaibaltimore.org

CHANA COUNSELING HELPLINE AND
AID NETWORK FOR ABUSED WOMEN
410 234 0023
www.chanabaltimore.org

COUNCIL ON JEWISH DAY
SCHOOL EDUCATION
410 735 5000

THE DARRELL D. FRIEDMAN INSTITUTE FOR
PROFESSIONAL DEVELOPMENT AT THE
WEINBERG CENTER
410 843 7560
www.thedfi.org

EDWARD A. MYERBERG SENIOR CENTER
410 358 6856
www.myerbergseniorcenter.org

HEBREW BURIAL AND
SOCIAL SERVICES SOCIETY
410 653 8900

HEBREW FREE LOAN ASSOCIATION
410 466 9200 Ext. 216
www.hebrewfreeloan.org

HILLEL-GOUCHER COLLEGE
410 337 6545
www.goucher.edu/hillel

HILLEL-JOHNS HOPKINS UNIVERSITY
410 516 0333
www.hopkinshillel.org

HILLEL-TOWSON UNIVERSITY
410 704 4671
www.towsonhillel.org

HILLEL-UNIVERSITY OF MARYLAND
BALTIMORE COUNTY
410 455 1329
www.umbchillel.org

HILLEL-UNIVERSITY OF MARYLAND
COLLEGE PARK
301 422 6200
www.hillelmd.org

JEWISH CEMETERY ASSOCIATION
410 727 4828

JEWISH COMMUNITY CENTER
OF GREATER BALTIMORE
Weinberg Park Heights
410 542 4900
Rosenbloom Owings Mills
410 356 5200
www.jcc.org

JEWISH COMMUNITY SERVICES
410 466 9200
www.jcsbaltimore.org

JEWISH MUSEUM OF MARYLAND
410 732 6400
www.jewishmuseummd.org

JEWISH VOLUNTEER CONNECTION
410 843 7490
www.jvcbaltimore.org

LEVINDALE HEBREW GERIATRIC CENTER
AND HOSPITAL*
410 466 8700
www.lifebridgehealth.org

MARYLAND/ISRAEL DEVELOPMENT CENTER
410 767 0681
www.marylandisrael.org

THE PEARLSTONE CONFERENCE
AND RETREAT CENTER
410 429 4400
www.pearlstonecenter.org

SHEMESH
443 529 1600

SINAI HOSPITAL OF BALTIMORE*
410 601 9000
www.lifebridgehealth.org

NATIONAL AGENCIES

THE AMERICAN JEWISH JOINT DISTRIBUTION
COMMITTEE INC.
212 687 6200
www.jdc.org

THE JEWISH AGENCY FOR ISRAEL
NORTH AMERICA SECTION
212 339 6005
www.jafi.org.il

THE JEWISH FEDERATIONS OF NORTH AMERICA
212 284 6500
www.jewishfederations.org

**We are Associated.
ARE YOU?**

**Levinale Hebrew Geriatric Center and Hospital and Sinai Hospital are constituent partner agencies that do not receive an allocation from THE ASSOCIATED Annual Campaign*

Attachment # 1

Jill Fox Memorial Fund, Inc.
TIN - 52-1489357
Fiscal Year Ended June 30, 2010

52-1167942

Form 990-EZ, , Part 1, Line 20

Market Gain (Loss)

89,104

Form 990-EZ, Part III - Primary Exempt Purpose

The Fund provides grants for individuals with unmet medical and healthcare needs not paid for by medical insurance, government agencies, health associations, public or personal resources. The assistance is paid directly to medical vendors on behalf of the qualified individuals.

Form 990-EZ, Part I Line 12

Form 990-EZ, Part VI

The Jill Fox Memorial Fund has no employees, but utilizes the fulltime services of an employee who is employed through by their supported organization, The Associated: Jewish Community Federation of Baltimore, Inc. (The Associated). Through this arrangement, the Jill Fox Memorial Fund reimburses The Associated for salary expense.

Jill Fox Memorial Fund, Inc.

52-1167942

IRS Form 990-EZ

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

Donor Member Directors

Lewis A. Bernard, Jr.
THE ASSOCIATED
101 W. Mount Royal Avenue
Baltimore, MD 21201

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

Allan T. Hirsh, Jr.
THE ASSOCIATED
101 W. Mount Royal Avenue
Baltimore, MD 21201

Allan T. Hirsh, III
THE ASSOCIATED
101 W. Mount Royal Avenue
Baltimore, MD 21201

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

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

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

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

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

Public Member Directors

Jimmy Berg
THE ASSOCIATED
101 West Mount Royal Avenue
Baltimore, MD 21201

B. Stanley Cohen, M.D.
THE ASSOCIATED
101 W. Mount Royal Avenue
Baltimore, MD 21201

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

Jacob J. Cohen, CPA
THE ASSOCIATED
101 W. Mount Royal Avenue
Baltimore, MD 21201

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

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

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

Norris Horwitz, M.D.
THE ASSOCIATED
101 W. Mount Royal Avenue
Baltimore, MD 21201

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

Jill Fox Memorial Fund, Inc.

52-1167942

IRS Form 990-EZ

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

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

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

Marc Terrill
THE ASSOCIATED
101 W. Mount Royal Avenue
Baltimore, Maryland 21201

Officers

Marc Terrill – President

Shirley F. Scholder – Vice President

Charles Goldberg – Secretary

Sally Palmbaum – Treasurer

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