

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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

For the 2011 calendar year, or tax year beginning , 2011, and ending . 20 C Name of organization Yehuda & Anne Neuberger Foundation, Inc. D Employer identification number Check if applicable Doing Business As Address change 27-1040796 E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite Name change 101 West Mount Royal Avenue 410-727-4828 Initial return City or town, state or country, and ZIP + 4 ☐ Terminated Amended return Baltimore, MD 21201-5781 G Gross receipts \$ F Name and address of principal officer ☐ Application pending H(a) Is this a group return for affiliates? Yes H(b) Are all affiliates included? Yes No If "No." attach a list (see instructions) 501(c)(3) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or Tax-exempt status **⊳**⋑J Website: ▶ H(c) Group exemption number ▶ CFIK Form of organization 🔯 Corporation 🔲 Trust 🔲 Association 🔲 Other 🕨 Year of formation 2009 M State of legal domicile MD Part I Summary Briefly describe the organization's mission or most significant activities: The Foundation was created to carry out the charitable, educational and religious purposes of The Associated: Activities & Governance Jewish Community Federation of Baltimore, Inc. (The Associated). The Foundation makes grants to public charitable organizations in furtherance of the mission of The Associated. 2 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) Number of independent voting members of the governing body (Part VI, line 1b) . 4 4 5 5 Total number of individuals employed in calendar year 2011 (Part V. line 2a) 0 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b 0 Prior Year **Current Year** 1,183,050 0 8 Contributions and grants (Part VIII, line 1h) . 0 9 Program service revenue (Part VIII, line 2g) 3,518 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 53,262 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 1,186,568 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 53,262 13 383,100 284,500 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D) 120 251 b Other expenses (Part IX, column (A), lines 14a-11d, 11E 8,276 17 6,512 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 391,376 291,012 Revenue less expenses. Subtract line 18 from line 123 0 . 2012 19 795,192 (237,750)**Beginning of Current Year** End of Year 835,091 605,504 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 835,091 605,504 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (orger than officer) is based on all information of which preparer has any knowledge Sign Signature of officer ്ര Here Marc B. Terrill Secretary/Treasurer 2 Type or print name and title Preparer's signature Print/Type preparer's name Date Paid Check I If self-employed Preparer Firm's EIN ▶ Firm's name Use Only Firm's address 🕨 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🔲 No Form 990 (2011) For Paperwork Reduction Act Notice, see the separate instructions.

Part		ement of Program Service A		Part III	
1		cribe the organization's mission		-ait III	· · · · <u>L</u>
•				nd religious purposes of The Associ	ated:
				he Foundation makes grants to pub	
	charitable	organizations in furtherance	of the mission of The Associat	ed.	
		α			
2				e year which were not listed on the	☐ Yes ဩ No
_		escribe these new services on			
3	services?			in how it conducts, any program	☐ Yes No
		escribe these changes on Sche			
4	expenses.	Section 501(c)(3) and 501(c)(4	4) organizations and section 49-	f its three largest program services, a 47(a)(1) trusts are required to report or each program service reported.	
4a	(Code:) (Expenses \$	including grants of \$	284,500) (Revenue \$)
	Grant mal	king to benefit educational, re		ultural and social service needs.	

4b	(Code) (Expenses \$	including grants of \$) (Revenue \$	<u> </u>
	(0 - 1 -	\ T	:	\ (D)	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	••••		••••••		
			······································		
	-				
4d 	Other prog (Expenses	gram services (Describe in Sche \$ including gr		nue \$)	
	Total proc	gram service expenses	0		

Part	V 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 (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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,"			
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.		. ·	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<u></u>	X
þ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f		11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII			
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12a		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
14 a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		X
16	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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	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
19	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		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yoo" to line 200 did the organization ettach a count of its qualited financial statements to this return?	20h	 	

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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	\mathbf{X}_{\perp}	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	251		v
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		X
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		1
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

Form **990** (2011)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			age
	Check if Schedule O contains a response to any question in this Part V			. \sqsubset
4-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-1		
b C	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
·	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	.	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			İ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	 	 -
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		٠,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:	\$.		¥.
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	. 9 9	5 .	<u> </u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ou	and the state of t			v
b	organization solicit any contributions that were not tax deductible?	6a		X
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	* ^	- 3	* **
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		*	
	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		
C	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	ş	, ,,	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		- v
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	٠.	3 7 %	*
	organization, have excess business holdings at any time during the year?	8	<u> </u>	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	•	8 79 7	-
а	Did the organization make any taxable distributions under section 4966?	9a	<u></u>	<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	\$ ×	Ι.	. , .
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	3		0 1 E
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b],		~ • >
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	`	"	ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources			١.
40-	against amounts due or received from them)			<u> </u>
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			ĺ
а	Is the organization licensed to issue qualified health plans in more than one state?	420		<u> </u>
a	Note. See the instructions for additional information the organization must report on Schedule O.	13a	ļ	
b	Enter the amount of reserves the organization is required to maintain by the states in which	. ,	ř	*
	the organization is licensed to issue qualified health plans	, ,		, ,
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	and See ins	for a	"No" ions.					
	Check if Schedule O contains a response to any question in this Part VI			<u>X</u>					
Secti	on A. Governing Body and Management								
4.	The same of the sa		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b 2	Enter the number of voting members included in line 1a, above, who are independent . 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?								
3	Did the organization delegate control over management duties customarily performed by or under the direct	3	X	X					
4	supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6	X	Λ					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
8	stockholders, or persons other than the governing body?	7b	X						
	the year by the following:	* * *	4 (
а	The governing body?	8a	X						
þ	Each committee with authority to act on behalf of the governing body?	8b	X						
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.	9		X					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)						
40-	5 110		Yes	No					
10a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a		X					
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	*					
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	ž					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	X						
13	Did the organization have a written whistleblower policy?	13	21	X					
14	Did 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?		4	* *					
а	The organization's CEO, Executive Director, or top management official	15a		X					
b	Other officers or key employees of the organization	15b		X					
16a	and any and any and any and any and any								
•	with a taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the								
Casti	organization's exempt status with respect to such arrangements?	16b							
<u> </u>	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None								
18	List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)					
19	☐ Own website ☐ Another's website ☒ Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o and financial statements available to the public during the tax year.	f inter	est p	olicy,					
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Marilyn Loux 101 West Mount Royal Avenue Baltimore, MD 21201 410-727-4828	of the							

orm	990	(2011)	

Page 7

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.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

Check this box it fletther the organization ho	Tany Telate	u org	arriz) (2)	ompe	1136	led any curren	lt officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box, office or directo	unles er and	Pos leck is pe	ition more	than contrast th	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Yehuda Neuberger President	1.0	X		X				0	0	0
(2) Anne Neuberger	1.0	Λ		^	<u> </u>			0	0	0
Vice President	1.0	X		X				0	0	0
(3) Marc B. Terrill Secretary/Treasurer	1.0	X		x				0	501,678	37,917
(4) Bruce Sholk Director	1.0	x						0	0	0
(5) Genine Macks Fidler Director	1.0	X						0	0	0
(6) Laurence Katz Director	1.0	Х						0	0	0
.(7)	-									
(8)	+						-			
(9)	-							-		
(10)	-									
(11)			-							
(12)	 									
(13)				-			-			
(14)										

Part	VII Section A. Officers, Directors, Trus	stees, Key	Empl	oye	es, a	and	Highe	est	Compensated	Employees	(conti	inued)	_		
						C)									
	(A)	(B) ·	(40.5			ition	. than a		(D)	(E)			(F)		
	Name and title	Average					than one that so		Reportable	Reportab	le	other compensation			
		hours per					or/trus		compensation	compensation	n from				
		week (describe	익징	Ins	Q	8	육	8	from the	related organizatio	ons			าก	
		hours for	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-N				<i>"</i> "	
		related	Ctal	g		夏	98.5	֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֡֓֓֓֡֡֡֓֓֡֡֡֡	(W-2/1099-MISC)			_			
		organizations in Schedule	ੋੜ੍ਹੇ	al tr		ye	ğ	Į							
		O)	Ř	l trustee		"	ens:					0.50			
				ď			麗								
(15)															
3											ŀ				
(16)				-		_				-					
3		1									1				
(17)	· · · · · · · · · · · · · · · · · · ·				-	-					+				
<u> </u>															
(18)				-	-	-									
7		1									- 1				
(19)				-		-		-			-				
(13)		-													
(20)	-			-	H										
(20)		-									i				
(04)			-				-	_							
(21)											- 1				
10.01								_							
(22)															
(23)		}													
(24)			_												
					ŀ										
(25)															
		1													
1b	Sub-total		٠	_					0	501	,678		3	7,917	
C	Total from continuation sheets to Part	VII. Sectio	n A				_	•			,				
d	Total (add lines 1b and 1c)							•	0	501	,678		3	7,917	
2	Total number of individuals (including but					od :	ahove	<u>بر رد</u>	<u> </u>			n of		1,721	
	reportable compensation from the organi	zation ►		1030	ıısı	.cu e	30040	<i>-)</i> **	no received int	ne man yı	00,000	0 01			
													Yes	No	
3	Did the organization list any former of	ficer direc	tor c	r tr	uste	96	kev e	mn	lovee or high	est compe	nsate	d [% *	162	140	
	employee on line 1a? If "Yes," complete	Schedule J	for si	uch	indi	ividı	ıal	p	loyee, or ingi	cot compe	iioato	3	 	X	
4	For any individual listed on line 1a, is the									 anastian fo			 	\vdash	
•	organization and related organizations												***	. 4 %	
	individual	greater the	ан ф	JU,	000	': ''	16.	3,	complete Sch	edule 3 10	i Suci		¥.	* * * * !	
5	Did any person listed on line 1a receive of		· ·	ncol	lian	· ·			roloted erapsis			4	X	\$P 120	
•	for services rendered to the organization	If "Vac " c	omo	oto	Sch	الالا	n any	or e	related organiz	ation or inc	IIVIQUE			4	
Soction	n B. Independent Contractors		Unipi	CIC	OUI	icut	110 0 1	0/ 3	den person	· · · ·	· ·	5	<u>. </u>	X	
1				1					- ,, , -,-		212				
1	Complete this table for your five highest componentian from the organization.	compensate	ed inc	iepe	end	ent (contra	acto	ors that receive	d more tha	in \$10	0,000 o	·		
	compensation from the organization. Rep	ort compe	nsauc	on to	or tr	ie c	aiena	ar y	ear ending with	n or within	tne or	ganızatı	on's t	ax	
	year.					_		_							
	(A) Name and business add								(B)			(C)			
	Haire and business and								Description of se	rvices		Compen	sation		
None											-				
								L.							
								L							
2	Total number of independent contractor							th	ose listed abo	ve) who	*				
e	received more than \$100,000 of compens	sation from	the o	rgar	nizat	<u>tion</u>	_						3 %	, ,	

Par	VIII	Statement of Rev	venue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts ts	1a	Federated campaigns	s 1a					3.5/3.5/3.
irar our	b	Membership dues .	1b		1			
S, G	С	Fundraising events .	1c		1			
Sift lar	d	Related organizations	s 1d		1			
iE,	е	Government grants (cor			1			
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, g]			Ì
혈美		and similar amounts not in	L]			1
ğ	g	Noncash contributions include				j		
	h	Total. Add lines 1a-1	<u>lf</u>	<u> ▶</u>	0			
Program Service Revenue	_			Business Code		<i>'</i>		
eve	2a		••					
e e	ь		••••					
Ş	C					-		
ဗိ	d							
Tall	e £	All other programs con						
ဥ်	g	All other program ser		L			<u> </u>	<u> </u>
	3	Total. Add lines 2a-2 Investment income	including divid	onds interest	0	* > \$	· · ·	** * * * * * * * * * * * * * * * * * * *
	•	and other similar amo			23,740			
	4	Income from investmen			23,740			
	5	Royalties						-
		riojanioo	(i) Real	(ii) Personal	4	* *	* *	* * * *
	6a	Gross rents			* * * *	(> 2 * 2 (* * * *	*** * ,
	b	Less: rental expenses			****	* * * * * * *	4 8 4	* * * *
	С	Rental income or (loss)	0	0	* * * * ·	~ * 3 * 6 5 * 6 · * 8 ;		* * * * * *
	d	Net rental income or		•	0			
	7a	Gross amount from sales of	(i) Securities	(ii) Other	\ 4 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	· · · · · · · · · · · · · · · · · · ·	4 .	. * * /
		assets other than inventory	274,997		, ,	****	2° 3 5	· · * * ·
	b	Less. cost or other basis			* *	` # ~ ! # ~	2 4 4	, , , , ,
		and sales expenses .	245,475		* *	* *	* * * *	* * * * * *
	С	Gain or (loss)	29,522	0	* 9 . :	* * *	* * * * * *	* * * *
	d	Net gain or (loss) .		<u> </u>	29,522			
une	8a	Gross income from fu	undraising		* · · · · · · · · · · · · · · · · · · ·	* * * * * * * * * * * * * * * * * * * *	*	* * * *
Other Reven		events (not including \$			* *	3		* *
Re		of contributions reporte	,			,	* 1	
her			· · · · a			. ,	, ,	.; '
ŏ	ь	Less: direct expenses					* * *	* \
	C	Net income or (loss) f		events . >	0		_	
	ya	Gross income from ga See Part IV, line 19 .			,		,	, `
	b	Less: direct expenses Net income or (loss) f			ļ			
	10a	Gross sales of in		villes	0			
	.va	returns and allowance						
	ь	Less: cost of goods s			{			
	c	Net income or (loss) f			0			
		Miscellaneous R		Business Code				
	11a							
	b							
	c			-				
	d	All other revenue .						
	e	Total. Add lines 11a-		•	0			
	12	Total revenue. See in			53,262	L		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question in this Part IX							
	not include amounts reported on lines 6b, 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 United States. See Part IV, line 21	284,500	284,500	,				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22		,	· ·				
3	Grants and other assistance to governments,			4				
	organizations, and individuals outside the United States. See Part IV, lines 15 and 16			* * * * * *				
4	Benefits paid to or for members				* 1			
5	Compensation of current officers, directors, trustees, and key employees				**************************************			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
7	Other salaries and wages				·- ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes			-				
11	Fees for services (non-employees).							
а	Management							
b	Legal	750		750				
С	Accounting							
d	Lobbying							
e	Professional fundraising services See Part IV, line 17							
f	Investment management fees	5,762	Butte Brail 1 1 1	5,762				
g	Other	3,102		5,702				
12	Advertising and promotion							
13	Office expenses				·			
14	Information technology	·						
15	Royalties							
16	Occupancy							
17								
18	Travel							
10	for any federal, state, or local public officials							
19								
	Conferences, conventions, and meetings .	 						
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization .							
23	Insurance	*						
24	Other expenses. Itemize expenses not covered	* * * * * * * * * * * * * * * * * * * *	* * * * .	* ,				
	above. (List miscellaneous expenses in line 24e. If		, , ,	. *				
	line 24e amount exceeds 10% of line 25, column			Ì	* * * .			
	(A) amount, list line 24e expenses on Schedule O.)				,			
a								
b								
C								
d								
е	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	291,012	284,500	6,512				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)							

Part X Balance Sheet (A) (B) Beginning of year End of year 1 2 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Assets 7 8 8 9 Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation . . . 10b 10c b 0 Investments—publicly traded securities 11 245,475 11 0 Investments—other securities. See Part IV, line 11 12 589,616 12 605,504 13 Investments—program-related. See Part IV, line 11 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 835.091 16 605,504 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Payables to current and former officers, directors, trustees, key -labilities employees, highest compensated employees, and disqualified persons. 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 26 0 Organizations that follow SFAS 117, check here ▶ ☐ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 835,091 27 605,504 28 28 29 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 835,091 605,504 33 Total liabilities and net assets/fund balances 34 835,091 34 605,504

		•
Form	990	(2011)

Page **12**

Part	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	_		
	Check is conceded a contains a response to any question in this rate Xi			<u>X</u>
1	Total revenue (must equal Part VIII, column (A), line 12)		53	3,262
2	Total expenses (must equal Part IX, column (A), line 25)		291	1,012
3	Revenue less expenses. Subtract line 2 from line 1		(237	7,750)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		835	5,091
5	Other changes in net assets or fund balances (explain in Schedule O)			3,163
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))		605	5,504
Part				<u> </u>
			Yes	No
1	Accounting method used to prepare the Form 990: 🛛 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		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	7.7	 	×
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:			> · ·
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	\$53	\$16 ¢	
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	(2011)

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.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
Yehuda & Anne Neuberger Foundation, Inc.

Employer identification number
27-1040796

Par	t I Reason t	or Public Cha	rity Status (All orga	anization	s must c	omplete	this par	t.) See i	nstructio	ns.
The o			ation because it is: (Fo							
1			hes, or association of			ed in sec	tion 170((b)(1)(A)((i).	
2	A school desc	ribed in section	170(b)(1)(A)(ii). (Atta	ich Sched	lule E.)					
3 4	☐ A medical res	earch organization	spital service organiza on operated in conjun						(b)(1)(A)(i	iii). Enter the
5	☐ An organization		the benefit of a collect	ge or univ	versity ov	vned or o	perated	by a gov	ernmenta	I unit described in
_	•	o)(1)(A)(iv). (Con	•							
6 7	An organization	on that normally	nment or govemmenta receives a substantia)(A)(vi). (Complete Pa	al part of i	scribed in its suppo	sectior rt from a	170(b)(1 governm	1)(A)(v). nental uni	it or from	the general public
8	☐ A community	trust described in	n section 170(b)(1)(A)(vi). (Co	mplete Pa	art II.)				
9	receipts from support from	activities related gross investme	receives: (1) more that to its exempt function income and unrelater June 30, 1975. See	ons—sub ated busi	ject to ce iness tax	ertain exc able inc	eptions, ome (les:	and (2) is section	no more t	han 33 1/3% of its
10	☐ An organization	on organized and	d operated exclusively	to test fo	or public s	safety. Se	e sectio	n 509(a)	(4).	
11		on organized ar one or more pub	nd operated exclusive blicly supported organ describes the type of s	ely for th izations o	e benefit lescribed	of, to p	erform th on 509(a)	ne function (1) or se	ons of, or ction 509	(a)(2). See section
	a ⊠´Type			□ Тур			-		d [
е			that the organization							
	other than for	indation manage	ers and other than one	e or more	publicly	supporte	d organiz	ations de	escribed in	n 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 supp organization, check this box				e III supporting · · · · · □						
g	g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?									
			indirectly controls, eith				ersons d			Yes No
	(ii) A family m	nember of a pers	on described in (i) abo	ove?						11g(li) X
			a person described in							11g(iii) X
h	Provide the fo	llowing informati	on about the supporte	ed organiz	ation(s).					<u> </u>
(i) Name of supported organization		(ii) EIN	(iii) EIN (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) (iv) Is the organization in col (i) liste governing doc		sted in your	anization (v) Did you notify the organization in		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
		ļ	<u> </u>	Yes	No	Yes	No	Yes	No	
$(A)^{Th}$	ne Associated Jewish					}				_
	ommunity Fed. Balto	52-0607957	9	X		X		X	<u> </u>	None
(B)										
(C)										
(D)				-						
(E)										
Tota		** * 4 6	* > .			* .			,	

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

Schedule A (Form 990 or 990-EZ) 2011

Part	(Complete only if you checked the Part III. If the organization fails to	e box on line	5, 7, or 8 of	Part I or if the	organization	failed to qua	· ,
Secti	on A. Public Support	-quality article	51 110 10010 110	ica belevi, pi	case comple	c r art iii.)	
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					(-,	(7,10.0.)
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)	明····································	· · · · · · · · · · · · · · · · · · ·	はなる できない はない ない はない ない はない ない な		* * * * * * * * * * * * * * * * * * *	
6	Public support. Subtract line 5 from line 4.	ν ν ν ,	* *	1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	» 3 / ·		L
	on B. Total Support dar year (or fiscal year beginning in) ▶	(-) 2007	(1-) 0000	4-1,0000	44) 0040	(1) 0044	
7	Amounts from line 4	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
8	Gross income from interest, dividends,			<u>. </u>			
Ū	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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the			third fourth	or fifth tax ve	12	501(c)(3)
	organization, check this box and stop her	e					▶ [
Secti	on C. Computation of Public Support			-			
14	Public support percentage for 2011 (line 6,			1, column (f))		14	%
15 16a	Public support percentage from 2010 Sche 331/2% support test—2011. If the organiz box and stop here. The organization quality	zation did not	check the box		l line 14 is 33 ¹		
b	33½% support test—2010. If the organicheck this box and stop here. The organic	ization did no	t check a box	on line 13 or	16a, and line		or more,
17a	10%-facts-and-circumstances test—201 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts-a acts-and-circur	and-circumstan mstances" test	ces" test, chec	k this box and tion qualifies a	stop here. E s a publicly sup	ine 14 is xplain in
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organizati Explain in Part IV how the organization me supported organization	ion meets the eets the "facts	"facts-and-cire	cumstances" to ances" test. Th	est, check this	box and sto	and line op here.
18	Private foundation. If the organization did	I not check a t	box on line 13,	16a, 16b, 17a	or 17b, check	this box and s	

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 or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	in the organization falls to qualify	under the tet	oto notea belo	w, picase coi	inpicto i ait i	.,	
	on A. Public Support	(-) 2007	(F) 0000	(-) 0000	(4) 0040	1 () 0044	
Calen 1	dar year (or fiscal year beginning in) Fifts, grants, contributions, and membership fees	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	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				<u>-</u>		
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 7a	Total. Add lines 1 through 5 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						
С	Add lines 7a and 7b		}			· I	
8	Public support (Subtract line 7c from line 6.)			po en d Bren de d			
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6			3			
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.)	# # A	, , ,		* * *	9 / 4 . ** * * * * * * *	
14	First five years. If the Form 990 is for the organization, check this box and stop he					ar as a section	
	on C. Computation of Public Suppo						
15	Public support percentage for 2011 (line 8						%
16	Public support percentage from 2010 Sch	edule A, Part I	II, line 15	<u> </u>	<u> </u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2011						<u>%</u>
18	Investment income percentage from 2010					18	<u>%</u>
19a	331a% support tests—2011. If the organ 17 is not more than 331a%, check this box						
ь	33 ¹ / ₂₈ % support tests—2010. If the organi						
	line 18 is not more than 331/3%, check this I	box and stop h	ere. The organi	zation qualifies	as a publicly s	upported organiz	zation 🕨 🔲
20	Private foundation. If the organization di	d not check a l	box on line 14,	19a, or 19b, cl	heck this box a	and see instructi	ons ▶ 🗌

SCHEDULE D (Form 990)

Supplemental Financial Statements

201

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Employer identification number Yehuda & Anne Neuberger Foundation, Inc. 27-1040796 Part I 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) . . 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) 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 Total number of conservation easements 2a b 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 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 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, 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 170(h)(4)(B) ☐ Yes ☐ No 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X

Par	Organizations Maintaining	Collections of	Art, Histo	orical	Treasures	, or Ot	her Similar .	Assets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and o	ther record	ls, che	ck any of th	e follov	ving that are a	a significant use of its
а	☐ Public exhibition		d [Lo	an or excha	nae pro	ograms	
b	☐ Scholarly research		e [
C	☐ Preservation for future generatio	ns		_				
4	Provide a description of the organizat XIV.		and explai	n how	they further	the org	janization's ex	cempt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be maint	ained as pa	art of th	ne organizatı	on's co	llection? .	· Yes No
	line 9, or reported an amoun	t on Form 990,	Part X, lin	e 21.	_			Form 990, Part IV,
	Is the organization an agent, trustee, included on Form 990, Part X?					ions or	other assets	not Yes No
b	If "Yes," explain the arrangement in Pa	art XIV and compl	lete the foll	owing	table [.]			Amount
C	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amour							. Yes No
b	If "Yes," explain the arrangement in Pa		C	•••		• •		103 _ 110
Par		ete if the organi	zation ans	wered	"Yes" to F	orm 9	90 Part IV li	ne 10
		(a) Current year	(b) Pnor		(c) Two year		(d) Three years b	
1a	Beginning of year balance				+ ` ' ' ' '			
b	Contributions							
c	Net investment earnings, gains, and				 			* 4 4 4 7
_	losses							
d	Grants or scholarships				 			* * * * * * * * * * * * * * * * * * *
e	Other expenditures for facilities and programs							
								
f	Administrative expenses		 		 			
g	End of year balance		<u> </u>		<u> </u>			4 22 A 2
2	Provide the estimated percentage of the	ie current year en	id balance	(line 1g	a, column (a)) held a	as:	
a	Board designated or quasi-endowmer		%					
b	Permanent endowment ►	%						
Ç	Temporarily restricted endowment ▶							
_	The percentages in lines 2a, 2b, and 2							
За	Are there endowment funds not in the	possession of th	e organiza	tion tha	at are held a	nd adn	ninistered for t	the
	organization by:							Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							. 3a(ii)
b	If "Yes" to 3a(ii), are the related organized	zations listed as r	equired on	Sched	ule R? .			. 3b
4	Describe in Part XIV the intended uses							
Part	VI Land, Buildings, and Equip	ment.See Forr	n 990, Pa	rt X, lir	ne 10.			
	Description of property	(a) Cost or of (investm		•	or other basis other)		Accumulated preciation	(d) Book value
1a	Land				_	×		
b	Buildings		<u> </u>					
C	Leasehold improvements		<u> </u>					
d	Equipment							
е	Other		+					
Total.	Add lines 1a through 1e. (Column (d) n		990. Part X	colum	n (B). line 10	O(c).)		
					,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1-77		i

Part VII	Investments—Other Securities	s. See Form 990, Part X, I	line 12.	
(Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year n	uation narket value
(1) Financia	l derivatives			
	held equity interests	0		
(3) Other				
	T Bank - Consolidated Investments		End-of-year market value	
(B) CRP	Opportunity Fund L.P.	279,489	End-of-year market value	
(C)	·			
(D)				
(E) (F)				
(G)				
(H)				
(1)				
	(b) must equal Form 990, Part X, col. (B) line 12) ▶	605,504	* `	4
Part VIII	Investments—Program Relate		line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of val	luation
	., .	(,,	Cost or end-of-year m	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)	<u> </u>			
_(7)				
(8)				
(9)				
(10)	(b) must equal Form 990, Part X, col (B) line 13)			*
Part IX	Other Assets. See Form 990, P.		* * * * * *	
I alt IX		(a) Description		(b) Book value
(1)				(0) 2001. 12.00
(2)				
(3)		· · · · · · · · · · · · · · · · · · ·		
(4)				
(5)				
(6)				
(7)				
(8)				
_(9)				
(10)	4) 45 000 8 44	1.50.11.15.		
	umn (b) must equal Form 990, Part X, o		<u> ▶</u>	 _
Part X	Other Liabilities. See Form 990 (a) Description of liability	(b) Book value		
	l income taxes	(b) Book value	v & h	\$ 4
(2)	· moonio caxoo		*	
(3)				
(4)	· · · · · · · · · · · · · · · · · · ·			
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total, (Column	(b) must equal Form 990, Part X, col (B) line 25) ▶		*	

	e D (Form 990) 2011		Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to A		ments
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1
2	Total expenses (Form 990, Part IX, column (A), line 25)		2
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3
4	Net unrealized gains (losses) on investments		4
5	Donated services and use of facilities		5
6	Investment expenses		6
7	Prior period adjustments		7
8	Other (Describe in Part XIV.)		8
9	Total adjustments (net). Add lines 4 through 8		9
10	Excess or (deficit) for the year per audited financial statements Combine		10
Part	XII Reconciliation of Revenue per Audited Financial Statem		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		349 H
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	· · · · · · · · · · · · · · · · · · ·	. 3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)		
c	Add lines 4a and 4b		. 4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
	XIII Reconciliation of Expenses per Audited Financial Staten		<u> </u>
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	L	
С	Other losses		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		. 3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		45 2
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
C	Add lines 4a and 4b		. 4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.) 5
Part	XIV Supplemental Information		
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII Iditional information		

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

ment of the Treasury

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2011 Open to Public Inspection

OMB No 1545-0047

Name of the organization							Employer identification number
Yehuda & Anne Neuberger Foundation, Inc.	dation, Inc.					27-1040796	0796
Part I General Information on Grants and Assistance	າ on Grants anc	l Assistance					
1 Does the organization maintain records to substantiate the are the selection criteria used to award the grants or assistance?	ain records to sub award the grants	stantiate the amor	unt of the grants or	assistance, the g	rantees' eligibility fo	mount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	e, and 🖂 Ves 🗆 No
2 Describe in Part IV the organization's procedures for monitori	nization's procedu	res for monitoring	ng the use of grant funds in the United States.	ids in the United S	States.]
Part II Grants and Other Assistance to Governmen Form 990, Part IV, line 21, for any recipient that can be duplicated if additional space is needed	ssistance to Go ne 21, for any readditional space	overnments and cipient that received is needed	Organizations	in the United S 5,000. Check th	tates. Complete if is box if no one rec	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. Part II can be duplicated if additional space is needed	rered "Yes" to han \$5,000. Part II
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) The Women's Nerwork for Sungle Parens 224 Avenue Brooklyn NY 11230	20-5555166	501(c)(3)	175,000				Operating support
.(2) American Israel Public Affairs Committee 53-0217164	£53-0217164	501(c)(3)	25,000				Operating support
.(3) Bnat Jasob Shaara Zion Congregation	52-0618349	501(c)(3)	25,000				Operating support
(4) Computer Sciences for the Blind 2132 84th Street Brooklyn NY 11214	11-3430665	501(c)(3)	25,000				Operating support
(5) Institutes of Technology. PO Box 3887 New Hydes Park NX 11040	30-0193720	501(c)(3)	20,000				Operating support
(6) Fisher House Foundation 1401 Rockville Pike Rockville, MD 20852	11-3158401	501(c)(3)	2,000				Operating support
(7) Iraq & Afghanistan Veterans of America 292 Madison Ave. New York. NY 10017	20-1664531	501(c)(3)	5,000				Operating support
(8) Foundation for the Defense of Democracies 13-4174402 1726 M Street, NW Wash. DC 20036	13-4174402	501(c)(3)	3,500				Operating support
.(9) KIPP: Ujuma Village Academy	52-2342513	501(c)(3)	1,000				Operating support
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1 501(c)(3) and go	vernment organiza	tions listed in the li	ne 1 table			6
	organizations listed	in the line 1 table					0

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

Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-					
2					
3					
4					
5					
9					
		:			
Part IV Supplemental Information. Complete this part		vide the information	required in Part I, li	to provide the information required in Part I, line 2, and any other additional information.	tional information.
Grant requests are reviewed for consistency with the mission and purposes of the Foundation and the Supported Organization and to determine	he mission and pu	rposes of the Found	dation and the Suppo	orted Organization and to	determine
that the making of a grant to the grantee organization will not violate any applicable law or Internal Revenue regulation.	ion will not violat	e any applicable law	or Internal Revenue	regulation.	
The Foundation will request and receive periodic reports from the grantee giving updates as to how the grant money was utilized	eports from the g	rantee giving update	s as to how the gran	t money was utilized.	
The Foundation Board will use this information when considering future grant requests from the grantee.	hen considering fi	ıture grant requests	from the grantee.		

Schedule I (Form 990) (2011)

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization

Employer identification number Yehuda & Anne Neuberger Foundation, Inc. 27-1040796

ган	Questions Regarding Compensation			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form		Yes	No
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use	. *	4	1
	☐ Travel for companions ☐ Payments for business use of personal residence	3		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			~
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)	,,,		. *
		, .	-	* ,
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment	<i>></i> €		\$, ~ 4
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,	1b		<u> </u>
_	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?			
	and the decree and the decree director, regarding the nems checked in line 14:	2	4 🚓	- 7
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the		5.4	200
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a		3.4	9 7
	related organization to establish compensation of the CEO/Executive Director. Explain in Part III.	, <u>, , , , , , , , , , , , , , , , , , </u>	**	
	☐ Compensation committee ☐ Written employment contract	4 :	*	(\$ -78
	☐ Independent compensation consultant ☐ Compensation survey or study		, ,	
	☐ 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:	5.5		
a	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	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	~	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		* د	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.	\$ -3 \$ -2	, , ,,,	
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:	é	gan.	
а	The organization?	5a	, ***	X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.	\$ ^ C ₃	, å	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	i 4		jay e s
	compensation contingent on the net earnings of:	* *	,	Ø.
а	The organization?	6a		X
b		6b		X
7	If "Yes" to line 6a or 6b, describe in Part III.	<u> </u>	٧,	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
۰	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	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 Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III			37
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	8		X
	Regulations section 53.4958-6(c)?	ا و ا		

Schedule J (Form 990) 2011

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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) for each listed individual must equal the total amount of Form 990. Part VII. Section A, line 1a. applicable column (D) and (E) amounts for that individual.

Note: I he sum of columns (B)(I)-(III) 1	Tor ea	ch listed individual m	ust equal the total am	ount of Form 990, PE	III VII, Section A, IINe	ia, applicable columi	ı (U) and (E) amount	s for that individual.
(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (F) Total of columns (F) Compensation		(B) Breakdown c	of W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported as deferred in prior Form 990
	€							
1 Marc B. Terrill	€	416,259	75,000	10,419	008'6	29,714	541,192	0
	€							
2	(1)							0
	(1)							
3	(E)							
	(1)							
4	(E)							
	(1)							
·s	€							
	€							
ဖ	€		7					
	€							
7	€	7				**************************************		
	(1)							
8	(II))
	(
6	(II)							
	(I)							
10	(
	€							
11	(II)							
	€							
12	€							
	€							
13	(
	€	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
14	€							
	€							
15	€							
	€							
16	(II)							
	1							

Schedule J (Form 990) 2011

Page 3

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Open to Public ► Attach to Form 990 or 990-EZ. Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Yehuda & Anne Neuberger Foundation, Inc.	27-1040796
Form 990 Part VI, Section A,	
Line 2 - There are family relationships among the Donor Members and Directors. Ye	chuda Neuberger and
Anne Neuberger have a family relationship.	
Line 6 - The organization has two members, a Public Member- The Associated: Jewis	h Community Federation of
Baltimore, Inc. and Donor Members consisting of Yehuda Neuberger and Anne Neuberg	ger.
Line 7a - The members appoint the Board of Directors. The Public Member appoint	s the majority and the
Donor Members appoint the remainder.	
Line 7b - Amendments to the Bylaws must be ratified by the Member before they are	adopted.
Line 11a - The Form 990 and supporting schedules are distributed to the officers and	directors upon
completion for review prior to filing.	
Form 990 Part VI, Section B,	
Line 12c - The supported organization monitors and enforces compliance of the conf	lict 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.	
Line 19 - The organization makes its governing documents, conflict of interest policy	and financial statements
available to the public upon request.	
Form 990 Part XI,	
Line 5 - Other changes in net assets or fund balance is comprised of net unrealized ga	ins/losses.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Yehuda & Anne Neuberger Foundation, Inc.

Related Organizations and Unrelated Partnerships

► See separate instructions. ► Attach to Form 990.

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

	5.	
<u>. </u>	olic	_
	Puk	tior
	to	oec
<u>N</u>	en	Su
• •	Ö	

OMB No 1545-0047

27-1040796

Employer identification number

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity ŝ × 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.) Yes (f)
Direct controlling
entity N/A (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Total income 6 (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501(c)(3)(c)
Legal domicile (state
or foreign country) A (b) Primary activity Fundraising (b) Pnmary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (1) The Associated: Jewish Community Federation of Baltimore, Inc. 101 W. Mt. Royal Avenue Baltimore, MD 21201 (a) Name, address, and EIN of disregarded entity (a) Name, address, and EIN of related organization (3) (4) Part I Part II € 3 9 8 3 9 € 9 9

Schedule R (Form 990) 2011

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.) Part III

(a) Name, address, and EIN Of related organization	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	(g) Share of end-of- year assets	(h) Disproportionale allocations?	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	or Percentage g ownership
(1) N/A							Yes No		Yes	0
(2)				<u> </u>						
(3)				-						
(4)										
(9)										
(9)	ļ 									
(2)										
Part IV Identification of Related Organizations Taxable a line 34 because it had one or more related organizat	zations Ta	xable as a Corp	is a Corporation or Trust (Complete if the organization ations treated as a corporation or trust during the tax year.)	Trust (Corrporation or	mplete if t r trust dur	the organizang the tax	ation answ year.)	s a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, ions treated as a corporation or trust during the tax year.)	Form 990, F	art IV,
(a) Name, address, and EIN 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	(g) Share of end-of-year assets	(h) Percentage ets ownership
(1) N/A										
(2)						-				
(3)										
(4)										
(9)						-				
(9)										
(2)										
									Schedule R (F	Schedule R (Form 990) 2011

Schedule R (Form 990) 2011

Part V Transactio

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35,	Yes" to Form 990, Part IV,	line 34, 35, 35a, or 36.)	36.)
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
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?	e related organizations listed	in Parts II-IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			. 1a X
b Gift, grant, or capital contribution to related organization(s)			1b X
c Gift, grant, or capital contribution from related organization(s)			1c X
d Loans or loan guarantees to or for related organization(s)			X ×
e Loans or loan guarantees by related organization(s)	•		1e
f Sale of assets to related organization(s)	•		. If X
g Purchase of assets from related organization(s)			1g X
h Exchange of assets with related organization(s)			1h X
i Lease of facilities, equipment, or other assets to related organization(s)			11 X
			. X
 R Performance of services or membership or fundraising solicitations for related organization(s) 			*
l Performance of services or membership or fundraising solicitations by related organization(s)			- 1
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			. 1m
n Sharing of paid employees with related organization(s)			1n X
			10 X
p Reimbursement paid by related organization(s) for expenses			No. Linesky
d Other transfer of cash or property to related organization(s)			7.
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	1- X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	e this line, including covered	relationships and trans	saction thresholds.
	(2)	(c)	(p)
Name of other organization	Transaction type (a-r)	Amount involved	Method of determining amount involved
(1) The Associated: Jewish Community Federation of Baltimore, Inc.	1b & 1n	5,329	FMV
(2)			
(3)			
(4)			
(9)			
(9)			
		Schec	Schedule R (Form 990) 2011

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.

(a) (b) (c) (d) (e) (g)	a	(2)	(p)	(0)	€ ;	(6)	€	0		(K)
Name, address, and EIN of entity	Primary activity	(state or foreign	recominant income (related, incelated excluded	section 501(c)(3)	Share of total income	Share of end-of-year assets	uisproportionate allocations?	amount in box 20	managing	Percentage
		(fa)	from tax under	organizations?				(Form 1065)		
			section 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)										
(3)										
(4)										
(9)		:								
(9)										
(2)					:					
(8)										
(6)										
(10)										
(11)										
(12)										
(13)						į				
(14)	-1						,			
(15)										
(16)										
								Sch	edule R (Fo	Schedule R (Form 990) 2011