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Form **990**

LEGATIE WAY O'Y 2015

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

١_	For the 2	014 cale	ndar year, or tax year			, 2014	4, and endi	ng			, 20		
3	Check if ap	oplicable	C Name of organization	Richman Family	Foundation, Inc	_				Employ	er identificatio	n number	
] .	Address ch	nange	Doing business as						5	52-1899221 E Telephone number 410-727-4828			
	Name chan	nge	Number and street (or	PO box if mail is r	ot delivered to street a	dress)	Room/s	uite	E				
٦	Initial return	n	101 West Mount Roy	al Avenue					4				
_	Final return/t		City or town, state or p		nd ZIP or foreign postal	code							
_	Amended r		Baltimore, MD 2120		.				٥	Gross re	ceints \$	2,393,104	
_			F Name and address of p					Tu/-			subordinates?		
┙.	Application	n penaing	r Name and address of p	nncipai onicei							_	_	
								н(і	•		s included?		
	Tax-exemp	ot status	X 501(c)(3)	501(c) () ◄ (insert no)	47(a)(1) c	or <u>527</u>				ı lıst (see ınstru	ictions)	
	Website:		<u> </u>					H(e	c) Group e		number >	<u>_</u>	
		janization	X Corporation Trust	Association [_ Other ▶	L	Year of forma	ation 19	994	M State	of legal domic	le MD	
Pa	art I	Summ	ary								-· 		
	1 B	Briefly de	escribe the organizat	ion's mission o	r most significant	activitie	es The Fo	oundati	on was ci	reated to	carry out the	2	
9	cł	haritable	, educational and religi	ous purposes of	The Associated: Jev	ısh Cor	nmunity Fe	deratio	n of Balt	more, li	nc (The Asso	ociated)	
ā			dation makes grants to										
L I	~		is box ▶ 🗌 if the org									ts	
Š			of voting members of		•					3		5	
9			of independent votir		• •	-	 VI line 1h		•	4			
Activities & Governance			•	_	-			·) ·	•	5			
#			nber of individuals e		•	ran v, i	ine za)					0	
;			nber of volunteers (e		• •		•		•	6		3	
ĕ			elated business reve			H				7a	·		
	b N	let unre	lated business taxab	le income from	Form 990-T, line	34 📗				7B			
						1			Prior Yéa	(5 7]	Currer	nt Year	
a	8 C	Contribu	tions and grants (Pa	rt VIII, line 1h)		.	MAY MAY			22,730		2,299,809	
Revenue	9 P	rogram	service revenue (Pa	rt VIII, line 2g)		.	MAY MAY	Tr 23	CIUS	IOI		0	
Š			ent income (Part VIII,		es 3. 4. and 7d)		1			67.024		93,295	
2			venue (Part VIII, colu			nd 11e)	00	DEN	1 117	(7)		0	
			enue—add lines 8 thi						7	89-754		2,393,104	
							,-III-IO-I-L-y	Ī					
		, , , , , , , , , , , , , , , , , , , ,								76,000		704,500	
		Benefits paid to or for members (Part IX, column (A), line 4)										0	
es												0	
ns			onal fundraising fees	•								0	
Expenses	b T	otal fun	draising expenses (F	Part IX, column	(D), line 25) ▶								
ш	17 0	Other ex	penses (Part IX, colu	ımn ₋ (A), lines 1	1a-11d, 11f-24e)					10,461		15,044	
	18 T	otal exp	enses. Add lines 13	–17 (must equa	al Part IX, column (A), line	25)		5	86,461		719,544	
	19 R	Revenue	less expenses. Sub	tract line 18 fro	m line 12 .				1.9	03,293		1,673,560	
or Ses								Beginn	ing of Curr		End o	f Year	
Net Assets of Fund Balance	20 T	otal ass	sets (Part X, line 16)						3.5	12,073		5,314,843	
Bar	21 T		pilities (Part X, line 26			•				0		0,517,075	
ξĘ	22 1		ts or fund balances.	•	1 from line 20	•			2.5			5 214 942	
			ture Block	Subtract line 2	1 ITOTTI IIITE 20		•	L	3,3	12,073		5,314,843	
	irt II												
Uni	der penaltie	es of perju	ıry, I declare that I have ex lete Declaration of pro pa r	camined this return	including accompanyii	ng sched	ules and stat	ements, or has a	and to the	best of r	ny knowledge	and belief, it is	
	5, COITECT, 6	and comb	lete Deciaration of proper				Willion prepar			.gc	1./		
										514	112		
Sig		Sign	ature of officer						Date	•	•		
łе	re		rc B. Terrill	President									
		Тур	e or print name and title										
Pa	id	Print/Ty	pe preparer's name	Prep	arer's signature			Date		Check	T IF PTIN		
										self-em	_ ,		
	eparer	1	name 🕨						Firm's	EIN ▶		<u> </u>	
US	e Only		address >						Phone				
VI a	v the IRS		s this return with the	preparer show	n above? (see ins	truction	ns)		FILUM			Yes 🗌 No	
_						.,		<u></u>	•	<u> </u>		m 990 (2014)	
or	raperwo	or Real	ıction Act Notice, see	the separate in	รถ นับเบาเร้.							_	
											G	4 1	

Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	<u>· </u>
	,	
	The Foundation was created to carry out the charitable, educational and religious purposes of The Associated: Jewish Community Federation of Baltimore, Inc (The Associated). The Foundation makes grants to public charitable organizations in furtherance of the	·
	of The Associated	
	mission of the Associated.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	VI No
	If "Yes," describe these new services on Schedule O	7 140
	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	⊽ Na
	If "Yes," describe these changes on Schedule O.	A) NO
	Describe the organization's program service accomplishments for each of its three largest program services, as measured.	برط اممس
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	the total expenses, and revenue, if any, for each program service reported	Juicis,
	the total expenses, and foreing, in any, for each program sortion reported	
	(Code.) (Expenses \$ 704,500 including grants of \$ 704,500) (Revenue \$	١
	Provide grants to public charitable organizations in furtherance of the mission of The Associated: Jewish Community Federation	
	of Baltimore, Inc.	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)
	•	
	•••••••••••••••••••••••••••••••••••••••	
	•	
	•	
		·
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 704,500	

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	<u>X</u>	 -
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	X	
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>x</u>
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? If "Yes," complete Schedule C, Part II	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	5		<u> </u>
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? <i>If</i> "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		х
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, VIII, 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		i
b	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	х	X
c	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	Λ	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		
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	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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		<u>X</u>
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			_X
20 a		19 20a		$\frac{X}{X}$
-	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990	(2014)

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Part	Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			140
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21	X	.,,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	<u>.</u>	X
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a		24d 25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		х
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)	78 v		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
C	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 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
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</i> "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		X
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		x
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note . All Form 990 filers are required to complete Schedule O	38	х	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1a 0	<u>'</u> *.	Fry.	}.,,
b c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		*
C	reportable gaming (gambling) winnings to prize winners?	- Y	inaidenne.	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	t '	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	12.5	\$##. 1	
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).	-		
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" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		,	
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		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the]		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۱		
7	gifts were not tax deductible?	6b		
7 a	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		х
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			·
•	sponsoring organization have excess business holdings at any time during the year?	8		
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	100		**
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders 11a	<u> </u>		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	ļ		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	_	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	,	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		,	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	<u> </u>		
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.			ions			
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		. X			
Secti	on A. Governing Body and Management						
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		Yes	No			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	· · ^ • ^»,	2 2 2				
b 2	Enter the number of voting members included in line 1a, above, who are independent 1b 1 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
	any other officer, director, trustee, or key employee?	2	x				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
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				
7a	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?						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		71				
а	The governing body?	8a	X				
b	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	1		\vdash			
	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 Reven	ue C	ode)				
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	<u> </u>			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<u>i</u>	- 3				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b					
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					
13	Did the organization have a written whistleblower policy?	13		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?		· ¾				
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	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
	with a taxable entity during the year?	16a		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						
	organization's exempt status with respect to such arrangements?	16b					
	on C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► None						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	າ 501(c)(3)s	only)			
19	Own website Another's website Vipon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, and			
20	financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and re	cordo	_				
	Marilyn Loux 101 West Mount Royal Avenue Baltimore, MD 21201 410-727-4828	COIUS.					

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee
(A) Name and Title	(B) Average hours per	(do n	ot ch	Pos neck ss pe	C) ition more	e than o	one n an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Marc B Ternil	.25									
President and Public Director	40.0	X		X				0	618,142	81,967
(2) Arnold I Richman	25						_		510,112	<u> </u>
Vice President and Donor Director	†	x		X				0	0	0
(3) Alison L. Richman	25								-	
Secretary/Treasurer and Donor Director	†	X		X				0	0	0
(4) Jonathan Eisner	.25								-	
Public Director	1	x						0	0	0
- (5) Michael I. Friedman	25									
Public Director	40.0	x						0	201,067	4,245
(6)										
(7)										
(8)	T									
(9)										
(10)										
(11)										
(12)					-			_		· - · ·
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees	s, ar	nd F	lighes	st C	ompensated E	mployees (continue	d)	
	(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	Pos eck s pe	rson	than one than one that the than of the theorem.	an ee)	(D) Reportable compensation from	(E) Reportable compensation related	n from	(F) Estimated amount of other	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N	ons	compe from organ and r	ensation in the lization elated zations
(15)											1.		
(16)													<u></u>
(17)												•	
(18)		, , , , , , , , , , , , , , , , , , ,											
(19)													
(20)											-		
(21)											+		
(22)													
											+		
(24)													
(25)		,											
			<u>.</u>							01/	200		06.212
1b c	Sub-total	VII, Sectio	n A				•		0		9,209		86,212
d	Total (add lines 1b and 1c) Total number of individuals (including but		to th	ose	e list	ed	above	▶ ≥) W	ho received m		9,209 00,000 c	of	86,212
	reportable compensation from the organ									_			Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete						-	emp	oloyee, or high	est compe	nsated	3	X
4	For any individual listed on line 1a, is the organization and related organizations												
5	individual									zation or inc	 dividual	4	X
Section	for services rendered to the organization on B. Independent Contractors	rir yes, c	сотр	ete	SCI	ieat	ile J i	ors	such person	· · · ·		5	<u> X</u>
1	Complete this table for your five highest compensation from the organization Repyear.												
	(A) Name and business add	iress							(B) Description of s	ervices	C	(C) ompens	ation
None								_		_			
								_					
2	Total number of independent contractor received more than \$100,000 of compen							th	nose listed ab	ove) who			

	90 (201	Statement of Reve	enue		 			Page 9
		Check if Schedule C		ponse or note to	any line in this	Part VIII .		
i					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns						
Gra	b	•	<u>1b</u>					
ts, An	С	Fundraising events	. <u>1c</u>					
ia i	d	Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts	e f	Government grants (con All other contributions, gi						
ř. ře	'	and similar amounts not inc		2,299,809				
돌	g	Noncash contributions includ		2,299,809				
Cor	h	Total. Add lines 1a-1		•	2,299,809			
			·	Business Code	2,2>,00>			
ven	2a							
æ	b							
Program Service Revenue	С							
	d							
Гаш	e	All other program con						
rog	f g	All other program sen Total. Add lines 2a–2		. •	0			<u></u>
_	3	Investment income						
		and other similar amo		. >	7,991			7,991
	4	Income from investment	t of tax-exempt be	ond proceeds ▶	,			1,,,,,,
	5	Royalties .		. ▶				
			(i) Real	(ii) Personal	X 4/4 1		~	
	6a	Gross rents			*			
	b	Less rental expenses			**	>	* "	*
	C .	Rental income or (loss)	0	0				
	d 7a	Net rental income or (Gross amount from sales of	i) Securities	(ii) Other	0		_	
	/ a	assets other than inventory	85,304	(ii) Guilei	ļ.	ÿ * *		
	b	Less: cost or other basis	05,504			•		
		and sales expenses				*	_	¥ ~4
	С	Gain or (loss)	85,304	0	<u> </u>			
		Net gain or (loss)		•	85,304			85,304
anue	8a	Gross income from fu events (not including \$	ındraising					
Other Revenue		of contributions reporte	·					
the	L	See Part IV, line 18	· a					•
ō		Less direct expenses Net income or (loss) fi		events ►				
		Gross income from ga See Part IV, line 19		events	U			
	ь	Less direct expenses						
		Net income or (loss) fi		vities ►	0			
	10a	Gross sales of in returns and allowance						
	ь	Less: cost of goods s						
	c	Net income or (loss) for	rom sales of inve	entory . ►				
		Miscellaneous R	evenue	Business Code				
	11a							
	b			ļ				

2,393,104

All other revenue

e Total. Add lines 11a–11d

Total revenue. See instructions

d

Part IX	Statement	of Functi	ional Ex	penses
---------	-----------	-----------	----------	--------

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	III other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respon				. 0
	t include amounts reported on lines 6b, 7b, , 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 domestic organizations				
_	and domestic governments See Part IV, line 21	704,500	704,500		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members 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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1			
9	Other employee benefits				
10 11	Payroll taxes				
''a	Management				
b	Legal				·
С	Accounting				.
d	Lobbying				
е	Professional fundraising services See Part IV, line 17			*	
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	14,009		14,009	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21 22	Payments to affiliates	_			
23	Depreciation, depletion, and amortization 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				
	(A) amount, list line 24e expenses on Schedule O.)				
a					
b					
G					
d e	All other expenses Miscellaneous	1,035		1,035	
25	Total functional expenses. Add lines 1 through 24e	719,544	704,500	15,044	
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)	719,344	704,300	13,044	

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa			<u>.</u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
S	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ą	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D			~
	b	Less. accumulated depreciation 10b		10c	0
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	3,512,073	12	5,314,843
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	···	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,512,073		5,314,843
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	 	18	
	19	Deferred revenue	 	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		~	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and	S		
jab		disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties .		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0		
s	20	Organizations that follow SFAS 117 (ASC 958), check here ► 🗓 and complete lines 27 through 29, and lines 33 and 34.			
ŭ	27	Unrestricted net assets	3,512,073	27	5,314,843
ala	28	Temporarily restricted net assets	3,312,073	28	5,511,615
9	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
Š	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund .	·	31	
As	32	Retained earnings, endowment, accumulated income, or other funds	··· ·· - ·	32	
let	33	Total net assets or fund balances	3,512,073		5,314,843
~	34	Total liabilities and net assets/fund balances	3,512,073		5,314,843

					J -
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,39	3,104
2	Total expenses (must equal Part IX, column (A), line 25)	2		71	9,544
3	Revenue less expenses Subtract line 2 from line 1	3		1,67	73,560
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4	-	3,51	2,073
5	Net unrealized gains (losses) on investments	5		12	9,210
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	_	5,31	4,843
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 🗵 Cash 🔲 Accrual 🔲 Other	-	-		İ
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	olain ir	'	•	ĺ
_					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both	illea oi	「		ļ
	·		*		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
D	Were the organization's financial statements audited by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were audite	, d on a	2b		X
	separate basis, consolidated basis, or both.	u on a	1		#
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	oreight	,		1
C	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex				
	Schedule O	Didni ii	'		,
3a		forth in	,		
- u	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 under	ao the			1
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b		
			Forr	n 990	(2014)

SCHEDULE A (Form 990 or 990-EZ)

Richman Family Foundation, Inc.

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.

OMB No 1545-0047

52-1899221

2014

Open to Public Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Employer identification number Name of the organization

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

The o	organization is not a private founda	ition because it i	is. (For lines 1 through	11, ched	ck only or	ne box.)	
1	A church, convention of churc		•			•	
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 7	=						
8	☐ A community trust described i	n section 170(b)(1)(A)(vi). (Complete I	Part II)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	to its exempt int income and	functions—subject to unrelated business	certain taxable i	exceptioi ncome (l	ns, and (2) no more ess section 511 tax	than 331/3% of its
10	An organization organized and	operated exclusion	sively to test for public	c safety	See sect i	on 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11a	l organizations d	lescribed in section 5	09(a)(1) o	r section	509(a)(2). See section	on 509(a)(3). Check
а	▼ Type I A supporting organize the supported organization(sorganization You must companization You must companize the Young You will be a supporting organization organization. The Young You will be a supporting organization organization organization organization organization.) the power to re	egularly appoint or ele	•		• • • • •	
b	☐ Type II. A supporting organic control or management of the organization(s) You must control	e supporting org	ganization vested in th				
С	Type III functionally integra its supported organization(s)						r integrated with,
d	☐ Type III non-functionally integrated that is not functionally integrated requirement (see instructions)	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
ē	Check this box if the organiz functionally integrated, or Ty						, Type III
f	Enter the number of supported of	organizations .					1
g	Provide the following information	about the supp	oorted organization(s)				<u></u>
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you docu	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		_
(A) T	The Associated: Jewish Community Federation of Baltimore 52-0607957 9 X 169,000						0
(B)							
(C)							
(D)							
(E)							
Tota	I				,	169,000	0

supported organization .

instructions .

	le A (Form 990 or 990-EZ) 2014	·					Page 2
Part	Support Schedule for Organiza (Complete only if you checked the						•
	Part III. If the organization fails to						any unuel
Secti	on A. Public Support	quality array	<u> </u>				
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
	on B. Total Support		,	1			
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
11	Total support. Add lines 7 through 10			÷			
12	Gross receipts from related activities, etc		ons)	•		12	.,,
13	First five years. If the Form 990 is for the organization, check this box and stop he	re .	<u> </u>	d, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3) ▶ □
	on C. Computation of Public Suppo						
14	Public support percentage for 2014 (line			11, column (f))	•	15	<u>%</u>
15 16a	Public support percentage from 2013 Sci 331/3% support test—2014. If the organi box and stop here. The organization qua	zation did not	check the box		d line 14 is 33		
b	33 ¹ / ₃ % support test—2013. If the organ check this box and stop here. The organ					e 15 is 33 ¹ /3%	
17a	10% -facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the "to organization	ets the "facts- facts-and-circ	and-circumstaumstaumstances" tes	inces" test, ch st. The organiz	eck this box ai ation qualifies	nd stop here. as a publicly s	Explain in supported .
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza						

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

	if the organization rails to quality	under the te	Sta liated bei	ow, picase ce	inpicte i ait	··· <i>j</i>	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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		1				
4	Tax revenues levied for the						
-	organization's benefit and either paid		1				
	to or expended on its behalf .						
_	•		-			<u> </u>	
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		1				
	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		1				
	line 6)	` .					
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,		1				
	payments received on securities loans, rents,						
	royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		1				
	acquired after June 30, 1975 .						
С	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 VI.)		[
13	Total support. (Add lines 9, 10c, 11,		 	 -	1		
. •	and 12)	1	1				
14	First five years. If the Form 990 is for the	L ne organization	n's first secon	d third fourth	or fifth tax v	ear as a sectio	n 501(c)(3)
• •	organization, check this box and stop he			ia, iiiia, ioarii			•
Secti	on C. Computation of Public Suppor				 	<u> </u>	<u> </u>
15	Public support percentage for 2014 (line			13. column (fi)		15	%
16	Public support percentage from 2013 Scl		-			16	
	on D. Computation of Investment In			· · ·	<u> </u>	1.0	
17	Investment income percentage for 2014 (v line 13 colu	mn (fl)	17	%
18	Investment income percentage from 2013	•	• • •	•	(//	18	/ %
	33½% support tests—2014. If the organ				nd line 15 is n		
19a	17 is not more than 331/3%, check this box						
	331/3% support tests—2013. If the organiz		=	•		-	
b	line 18 is not more than 331/3%, check this						
		•	-	•		•	
20	Private foundation. If the organization di	A HOL CHECK A	DUX UII III IE 14	', i3a, Ul 13D, (いいせいれ けがら かりメ	and see mistru	ictions 🕨 🗌

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Cooki	an A All Supporting Organizations	ait v		
Secti	on A. All Supporting Organizations		l Vaa	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	NO
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		-
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		X
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	***	*	\$.^
	Part VI.	6	X	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)	8		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		X
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		X
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		Х
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		X
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to			

determine whether the organization had excess business holdings)

10b

11 Has the organization accepted a gift or contribution from any of the following persons? 1 A person who directly or indirectly controls, either alione or together with persons described in (b) and (c) below, the governing body of a supported organization? 1 A family member of a person described in (a) above? 2 A 35% controlled entity of a person described in (a) above? 3 A family member of a person described in (a) above? 4 Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe how the powers to appoint and/or remove directors or trustees are all times during the tax year? If "No," describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year? 2 Did the organization operate for the benefit of any supported organization of the rith and the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year? 4 I Were a majority of the organization of the supported organization of the propagation or trustees of each of the organization or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization, organization was vested in the same persons that controlled or managed the supported organization's propagation organization's provided organization's supported organization's tax year. (1) a written notice describing the type and amount of support provided during the prior tax year. (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organiz		ic A (I dilli doc di doc 12/201)			aye e			
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1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described in (2), did the organization's supported organization's have a significant voice in the organization's investment policies and in directing the use of the organization's supported organizations played in this regard Section E. Type III Functionally-Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) and "The organization satisfied the Activities Test. Complete line 2 below. 2 In the organization satisfied the Activities Test. Complete line 2 below. 3 The organization satisfied the Activities Test. Complete line 2 below. 4 The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions) and explain how thes	Sacti		2	<u> X</u>				
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that these activities constituted substantially all of its activities.			22	ļ				
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	b	·	La	<u> </u>	 -			
of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	_							
reasons for the organization's position that its supported organization(s) would have engaged in these								
activities but for the organization's involvement			2b					
3 Parent of Supported Organizations. Answer (a) and (b) below.	3							
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	а							
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	h		3a					
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			3b		ļ			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E					
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3	4				
5 Depreciation and depletion	5				
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7		<u></u>		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		. ;	•		
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d		. =		
e Discount claimed for blockage or other factors (explain in detail in Part VI)		* ,			
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d	3				
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by 035	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount		**************************************	Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	*			
2 Enter 85% of line 1	2	•••	_		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4 Enter greater of line 2 or line 3	4				
5 Income tax imposed in prior year	5	11 "Ž F Q			
6 Distributable Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	,			
7 Check here if the current year is the organization's first as a non-functionall instructions)	y-in	tegrated Type III supporting	organization (see		

Part		<u>8) Supporting Organi</u>	zations (continued)_	
Secti	on D - Distributions	Current Year		
1_	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets		<u> </u>	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7_	Total annual distributions. Add lines 1 through 6	_		
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions			 -
9_	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<u> </u>	441	****
Se	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
_3	Excess distributions carryover, if any, to 2014:			
<u>a</u>	;			
b	1	<u>*</u>		
C		·		
d				
e	From 2013	\$ 8	*	
<u>f</u>	Total of lines 3a through e			
g	Applied to underdistributions of prior years	* .	•	
<u>h</u>	Applied to 2014 distributable amount	· ·		
<u> </u>	Carryover from 2009 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f.			* *
4	Distributions for 2014 from Section D, line 7. \$			
	Applied to underdistributions of prior years			*
<u>a</u> b	Applied to underdistributions of prior years Applied to 2014 distributable amount	:		î."
C	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
3	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)	,		
6	Remaining underdistributions for 2014. Subtract lines 3h			
•	and 4b from line 1 (if amount greater than zero, see			
	instructions)	· 🐆	s.	
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a		-		<u> </u>
b	1			
c	1			
d	Excess from 2013			
e	Excess from 2014			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
Part IV, Section B, Line 2 -
Grants to organizations, other than the Supported Organization, are made at the discretion of the Board of the Supporting
Organization and are made in furtherance of the mission of the Supported Organization to support Jewish, cultural, educational
and social justice work.
Part IV, Section B, Line 6 -
The Supported Organization works to preserve and enhance Jewish life. It addresses charitable, educational, religious
humanitarian, health, cultural and social service needs of the Jewish community locally, nationally in Israel and throughout
the world. In furtherance of that mission, the Supported Organization encourages families to establish supporting
organizations in partnership with it, in order to engage interested donors and succeeding generations in nationally,
philanthropic pursuits and enhance both the Jewish and general communities in keeping with the Jewish tradition of repairing
the world All grants are made to tax-exempt charitable organizations registered with the Internal Revenue Service
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SCHEDULE D (Form 990)

Supplemental Financial Statements

► 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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name o	the organization		Employer identification number
Richma	in Family Foundation, Inc.		52-1899221
Par	Organizations Maintaining Donor Adv	vised Funds or Other Similar Fun	ids or Accounts.
	Complete if the organization answered '	"Yes" to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets h	eld in donor advised
	funds are the organization's property, subject to th		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the benefit conferring impermissible private benefit?	fit of the donor or donor advisor, or f	nt funds can be used or any other purpose
Part	Conservation Easements.	•	
	Complete if the organization answered '		
1	Purpose(s) of conservation easements held by the	• • • • • • • • • • • • • • • • • • • •	
	Preservation of land for public use (e.g., recreating	· ·	
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easement		
С	Number of conservation easements on a certified h	, ,	——————————————————————————————————————
d	Number of conservation easements included in		
_	-		
3	Number of conservation easements modified, trans	sferred, released, extinguished, or terr	minated by the organization during the
	tax year >		
4	Number of states where property subject to conse		
5	Does the organization have a written policy reg		•
_	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, in	aspecting, and enforcing conservation	easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation ease	ements during the year
_	▶ \$		470 (1) (4) (7) (7)
8	Does each conservation easement reported on line		
	and section 170(h)(4)(B)(ii)?		-
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text of		nancial statements that describes the
	organization's accounting for conservation easeme		
Part			Other Similar Assets.
	Complete if the organization answered '		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f		
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide the following amounts relat	r assets held for public exhibition, ed	
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(i) Revenue included in Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art following amounts required to be reported under S	, historical treasures, or other similar SFAS 116 (ASC 958) relating to these it	r assets for financial gain, provide the tems:
а	Revenue included in Form 990, Part VIII, line 1 .		• \$
b	Assets included in Form 990, Part X		> \$

Part	Organizations Maintaining	Collections of A	۱rt, His	torical 1	Treasures,	or Othe	er Similar Ass	ets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and oth	ner reco	rds, chec	k any of the	followin	g that are a sig	nificant use of its
а	☐ Public exhibition		d	☐ Loan	or exchange	e progran	ns	
b	☐ Scholarly research		е	☐ Othei	r			
С	☐ Preservation for future generations							
4	Provide a description of the organization XIII.	on's collections a	nd expla	ain how t	hey further t	he organ	ization's exemp	ot purpose in Part
5	During the year, did the organization s	aliait ar raaaiya e	donation	a of ort	biotomool tro	20011500	or other armilar	
_	assets to be sold to raise funds rather	than to be maintai						
Part	IV Escrow and Custodial Arrai	ngements.					-	
	Complete if the organization and 990, Part X, line 21.	answered "Yes"	to Forr	n 990, P	art IV, line	9, or rep	oorted an amo	unt on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X? .	custodian or othe						
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	te the fo	llowing to	able:		Λm	ount
_	Designing belongs					4.	700	
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 amount						-	
	If "Yes," explain the arrangement in Pa	rt XIII. Check here	e if the ex	kplanatio	n has been p	provided	in Part XIII .	· · · · <u> </u>
Par	V Endowment Funds.				N	40		
	Complete if the organization						. 	(-) F
		(a) Current year	(D) Pri	or year	(c) Two years	back (a)	Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	e current vear en	d balanc	e (line 10	r column (a)	held as:		
- a	Board designated or quasi-endowmen			o () o	,, 00.0 (0)	,		
h	Permanent endowment ▶	%	- 10					
C	Temporarily restricted endowment ▶	′°						
·	The percentages in lines 2a, 2b, and 2d		n%					
3a	Are there endowment funds not in the			zation th	at are held a	and admir	nistered for the	
- Ou	organization by:	p000000.0	o organi		a. a. o o. a			Yes No
	(i) unrelated organizations							3a(i)
	.,					• •		3a(ii)
h	If "Yes" to 3a(ii), are the related organizations							3b
4	Describe in Part XIII the intended uses							00
Part								-
r ar c	Complete if the organization		to For	n 990 F	Part IV line	11a Se	e Form 990 P	art X line 10
	Description of property	(a) Cost or oth			or other basis		cumulated	(d) Book value
	Description of property	(investme		, , ,	other)		eciation	(u) BOOK Value
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
e	Other		-					
Total	Add lines 1a through 1e. (Column (d) m	ust equal Form 99	0. Part	X. columi	(B), line 10	c.)		

Part VII	Investments - Other Securities				
	Complete if the organization an	swered "Yes" to Fo	orm 990, Part IV, line	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	ory	(b) Book value	1 ' '	thod of valuation of-year market value
(1) Financial		· · · · · · · ·			
• •	eld equity interests	· · · · · · · ·			
• • • • • • • • • • • • • • • • • • • •	& T Bank - Consolidated Investments		5,314,843	End-of-year marke	t value
(A)					
(B) (C)					
(D)					
(E)				-	
(F)					
(G)					
(H)					
) must equal Form 990, Part X, col (B) line 12) ▶		5,314,843	-	
Part VIII	Investments—Program Relate				
	Complete if the organization an	swered "Yes" to Fo	· ·		
	(a) Description of investment		(b) Book value		thod of valuation -of-year market value
(1)					
(2)					
(3)					
(4)					
(5) (6)					
(7)					
(8)					
(9)					
	o) must equal Form 990, Part X, col (B) line 13) ▶	•			
Part IX	Other Assets.				
	Complete if the organization an		orm 990, Part IV, line	e 11d. See Form	
		(a) Description			(b) Book value
(1)					
(3)				 	
(4)					
(5)			•		
(6)					
(7)				<u> </u>	
(8)					
(9)		1 (5) !! (5)	<u> </u>		
	nn (b) must equal Form 990, Part X,	col. (B) line 15.)		· · · · · •	
Part X	Other Liabilities. Complete if the organization and	swered "Yes" to Fo	orm 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
	line 25.	(b) Book value			
(1) Federal in	(a) Description of liability	(b) Book value	·		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	15 000 B 11 1/B 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	n) must equal Form 990, Part X, col (B) line 25)		A	-1- f	
	uncertain tax positions. In Part XIII, prositions und				

Part	The state of the s	-	Return.
	Complete if the organization answered "Yes" to Form 990, P		T
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:	l = 1	
а	Net unrealized gains (losses) on investments	2a	4
b	Donated services and use of facilities	2b	4
С	Recoveries of prior year grants		4
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		4
b	Other (Describe in Part XIII.)	<u> </u>	<u> </u>
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part	XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, P		er Return.
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		1
2	Donated services and use of facilities	ا مو ا	
a	Prior year adjustments	2a	4
b	·	2b	-
C	Other losses	2c 2d	4
d e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3
a		4a	
b	Other (Describe in Part XIII.)		_
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b	o; Part V, line 4, Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	to provide any additional in	nformation.
		•••••	
			~~~~~~~
		•	

# SCHEDULE (Form 990)

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047 2014

> ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

Open to Public Inspection

Employer identification number Department of the Treasury Internal Revenue Service Name of the organization

Richn	Richman Family Foundation, Inc.	52-1899221	
Pan	Part   General Information on Grants and Assistance		
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	assistance, and	
	the selection criteria used to award the grants or assistance?	· · X Yes □ No	
8	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States		
Part	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990,	ion answered "Yes" to Form 990,	- ا
	Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	þe	

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	(e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Attachment #1							
(2)		-					
(3)		-					
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and go	vernment organiza	itions listed in the li	ine 1 table			71
S Enter total number of other organizations listed in the line i table	ganizations lister	in the line I table					0
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructior	is for Form 990.					Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014)

Part III

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

Schedule I (Form 990) (2014) (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) The Foundation will request and receive periodic reports and updates from the grantees regarding how grants are utilized, and takes such information (d) Amount of non-cash assistance Grants are reviewed to ensure that they are permissible and in accord with applicable laws and regulations. (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients _ into account in considering future grant awards (a) Type of grant or assistance Part IV က S ဖ

# **SCHEDULE J** (Form 990)

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2014 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Inspection **Employer identification number** Name of the organization 52-1899221 Richman Family Foundation, Inc.

Part	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 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items		Yes	No
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ 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 or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		·
		_		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee ☐ Written employment contract			
	☐ 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			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?	4b 4c	X	V
С	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III	#C		X
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
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:	***	*	
а	The organization?	5a		X
b	Any related organization?	5b		X
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		X.
b	Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.	6b_		X
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	- <del></del>	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	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Schedule J (Form 990) 2014

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.

(F) Compensation in column (B) reported as deferred in prior Form 990 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. 701,562 205,312 (E) Total of columns (B)(i)–(D) 1,232 22,767 (D) Nontaxable benefits 60,653 3,013 (C) Retirement and other deferred compensation 65,656 0 (iii) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation (ii) Bonus & incentive compensation 201,067 (I) Base compensation €€ ΞΞ  $\in \Xi$ E€ ⊕ ⊕ ≘≘ ΞΞ ΞΞ ≘≘  $\in$ ΞΞ ≘≘ ≘≘ €€ ≘≘ €€ (A) Name and Title 2 Michael I. Friedman 1 Marc B. Terrill က S 9 _ œ G, 9 7 13 5 9 14 Ę

Schedule J (Form 990) 2014

Page 3

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Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this par for any additional information.
The Directors of the Richman Family Foundation, Inc. receive no compensation for their services. However two of the
Directors are employed by the supported entity, The Associated: Jewish Community Federation of Baltimore, Inc. (The Associated)
All of the compensation and benefits listed are paid by The Associated, none of it is attributed to the service as a Director
and/or Officer of the Foundation.
Part I, Line 4b
Marc B Terrill participates in a nonqualified deferred compensation plan. No amounts were paid out during the year (2014).
Fifty thousand dollars was deferred and is included on Form 990, Part VIII, Column F and Schedule J, Part II, Column C.
A new five-year contract was executed for Marc B. Terrill beginning January 1, 2013. The terms and conditions of the
deferred compensation plan are outlined in the contract with The Associated
Schedule J (Form 990) 201

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

	an Family Foundation, Inc.			52-189922	1			
Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests			-				
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles						•	
7	Boats and planes .							
8	Intellectual property							
9	Securities—Publicly traded	X	13 Items	2,299,809	Fair market v	alue		
10	Securities—Closely held stock .		<u></u>				_	
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic			•				
	structures			- 11 - 2				
14	Qualified conservation contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial .							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens .							
24	Archeological artifacts .							
25	Other ► ()							
26	Other ► ()		· · · · · · · · · · · · · · · · · · ·					
27	Other ► ()			<del></del>				
28	Other ► ( )	h						
29	Number of Forms 8283 received which the organization completed							
	which the organization completed	FUIII 0203	o, Fait IV, Donee Acknowled	agement	29		V	NI.
00-	Down the control did the control		h				Yes	NO
30a	During the year, did the organizat	tion receive	by contribution any prope	erty reported in Part I, lines	1 through			
	28, that it must hold for at least the to be used for exempt purposes it			ontribution, and which is n	ot requirea			ļ
	• • •		e notating period? .	• • •	•	30a		X
24	If "Yes," describe the arrangemen		tanca naliau that rac	a the remain of any	n otomala			
31	Does the organization have a contributions?	ун ассер	tance policy that require	s the review of any no	n-standard	-		
320	Does the organization hire or use	a third sa-	ice or related properties		dl nana	31	X	<u> </u>
32a	contributions?	e uma part	ies oi reialeu organization	s to solicit, process, or se	ai noncash			
<b>L</b>	If "Yes," describe in Part II	•	•			32a	ļ	X
33	If the organization did not report a	n amount in	column (c) for a type of pro	nerty for which column (a)	is chacked			
55	describe in Part II.	ii amount III	column (c) for a type of pro	perty for willer column (a)	o checkeu,			

Part II	the organization of both. Also complete this part for any additional information.
Part I, line	9b In 2014 there was two contributions made during the year which included 13 publically traded stocks
that were do	onated. Our policy is to liquidate upon receipt of the stock.
~	
<del>-</del>	

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2014

Employer identification number

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Richman Family Foundation, Inc.	52-1899221
Form 990 Part VI, Section A,	
Line 2 - There are family relationships among the Donor Members and Directors Arnold I. Richman and A	Alison L Richman
have a family relationship.	
Line 6 - The organization has two members, a Public Member-The Associated: Jewish Community Federa	tion of Baltimore, Inc. and
Donor members consisting of Arnold I. Richman and Alison L. Richman	
Line 7a -The Members appoint the Board of Directors The Public Member appoints the majority and the	Donor Members
appoint the remainder	
Line 7b - Amendments to the Bylaws are subject to change or rescission by the Members before they are a	dopted.
Line 11a - The Form 990 and supporting schedules are distributed to the officers and directors upon compl	etion for
review prior to filing.	
Form 990, Part VI, Section B,	
Line 12c - The supported organization monitors and enforces the potential of any conflict of interests	
by regularly reviewing the Board of Directors, its actions and the investment of assets to ensure that it compl	ies
with the conflict of interest policy of The Associated.	
Line 15 - Marc Terrill participates in a nonqualified deferred compensation plan. No amounts were vest	ed during the year (2014),
however \$50,000 was deferred and is included on Form 990, Part VII, Column F and Wchedule J, Part II, Co	olumn C A new five-year
contract was executed beginning January 1, 2013. The terms and conditions of the deferred compensation pl	lan are outlined
in the contract with The Associated.	
Line 19 - The organization makes its governing documents and financial statements available to the	
public upon request	
Form 990 Part IX, Line 24e All other expenses,	
Bank fees - \$1,002	
Other investment expense - \$33	

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Richman Family Foundation, Inc.

Partl

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

Open to Public

2014

Inspection

OMB No 1545-0047

Employer Identification number

52-1899221

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

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2014 (f)
Direct controlling
entity No × Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Yes (f)
Direct controlling
entity (e) End-of-year assets ۷ X (e)
Public charity status
(if section 501(c)(3)) (d) Total income ~ (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501(c)(3) (c)
Legal domicile (state
or foreign country) MD (b) Primary activity Exempt organization (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (1) The Associated: Jewish Community Federation of Baltimore, Inc (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization 101 W. Mt. Royal Avenue Baltimore, MD 21201 (3) Part 4 (5) 9 (2) 4 3 2 (2) € ପ 9

Schedule R (Form 990) 2014

(I) Section 512(b)(13) controlled entity? (k) Percentage ownership ŝ Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. (j) General or managing partner? ž (h) Percentage ownership Yes amount in box 20 of Schedule K-1 (Form 1065) Code V-UBI (g) Share of end-of-year assets (h)
Disproportionate
allocations? ŝ (f) Share of total Yes ıncome (g) Share of end-of- [ (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicite
(state or foreign country) (d)

Direct controlling entity (b) Primary activity (c) Legal domicile (state or foreign country) Primary activity (a)
Name, address, and EIN of related organization (1) N/A (a)
Name, address, and EIN of related organization Ν Α Part III Part IV Ξ 2 3 4 9 8 ව **æ** (2) 9 9 5 8

Schedule R (Form 990) 2014

Page 3

Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Schedule R (Form 990) 2014

Part V Transactio

m 990) 2014	Schedule R (Form 990) 2014			
				(9)
				(5)
				(4)
				(3)
				(2)
				(1)
int involved	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a–6)	(a) Name of related organization
esholds.	ships and transaction th	uding covered relation	omplete this line, inc	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.
××				<ul> <li>r Other transfer of cash or property to related organization(s)</li> <li>s Other transfer of cash or property from related organization(s)</li> </ul>
××	1 1			<ul> <li>p Reimbursement paid to related organization(s) for expenses</li> <li>q Reimbursement paid by related organization(s) for expenses</li> </ul>
×				o Sharing of paid employees with related organization(s)
××	<u>+</u>			<ul> <li>m Performance of services of membership of fundraling solicitations by related organization(s)</li> <li>n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</li> </ul>
×	: : :			
×			_	k Lease of facilities, equipment, or other assets from related organization(s)
××	= <del>  =</del>			Lease of facilities, equipment, or other assets to related organization(s)
×				
×				g Sale of assets to related organization(s)
×	-			f Dividends from related organization(s)
×		•		e Loans or loan guarantees by related organization(s)
×			•	d Loans or loan guarantees to or for related organization(s)
×	<u>ء</u>			c Gift, grant, or capital contribution from related organization(s)
×	<del>2</del>			
×				a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
_		nizations listed in Parts	or more related orda	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-V?
Yes No				Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.

# Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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)	a a		(D)	(e)		(6)	æ	€	0	(8)
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant	Are all partn		Share of	Disproportionate	Code V—UBI		Percentage
		(state of loteign	uncome (related, unrelated, excluded from tax under	501(c)(3) organizations?	IS?	assets	allocations	of Schedule K-1 (Form 1065)	managing partner?	diusian
			sections 512-514)	Yes No	10		Yes No		Yes No	
(1)										
(2)									_	
(3)										
(4)		-								
(5)		-								
(9)				-						
(7)										
(8)										;
(6)										
(10)										
(11)	<b>1</b>									
(12)										
(13)		- :								
(14)										
(15)										
(16)										
								Sche	dule R (For	Schedule R (Form 990) 2014

Richman Family Foundation, Inc.

TIN - 52-1899221

Schedule I, Part II - Grants and Other Assistance to Domestic Organizations December 31, 2014

Organization Name	Address	EIN	IRC section	Amount	Purpose of grant
American Visionary Art Museum	800 Key Highway	52-1608934	501(c)(3)	\$5,000.00	Operating support
Baltimore Symphony Orchestra	Baltimore, MD 21230 1212 Cathedral Street	52-0629696	501(c)(3)	\$40,000.00	Operating support
CASA de Maryland, Inc.	Baltimore, MD 21201 8151 15th Ave. Hyattsville, MD 20783	52-1372972	501(c)(3)	\$7,500.00	Operating support
CHAI	5809 Park Heights Avenue Baltimore, MD 21215	23-7097000	501(c)(3)	\$5,000.00	Operating support
Chesapeake Bay Foundation	6 Herndon Avenue Annapolis, MD 21403	52-6065757	501(c)(3)	\$81,000.00	Operating support
Family Tree, Inc.	2108 N. Charles Street Baltimore, MD 21218	52-1110645	501(c)(3)	\$6,000.00	Operating support
Foundation for Baltimore Leadership School for Young Women		26-2221540	501(c)(3)	\$35,000.00	Operating support
Institute for Christian & Jewish Studies	956 Dulaney Valley Road Baltımore, MD 21204-2633	52-1531016	501(c)(3)	\$10,000.00	Operating support
Jewish Community Center OM	3506 Gwynnbrook Ave. Owings Mills, MD 21117	52-0619002	501(c)(3)	\$5,000.00	Operating support
Johns Hopkins Hospital	401 N. Broadway Baltimore, MD 21205	52-0591656	501(c)(3)	\$20,000.00	Operating support
Johns Hopkins University	3400 North Charles Street Baltimore, MD 21218	31-1678679	501(c)(3)	\$50,000.00	Operating support
Kennedy Krieger Institute	707 North Broadway Baltımore, MD 21205	52-1734695	501(c)(3)	\$20,000.00	Operating support
Northeastern University	360 Huntington Avenue Boston, MA 02115	04-1679980	501(c)(3)	\$5,000.00	Operating support
Pearlstone Retreat Center	5425 Mt. Gilead Road Reisterstown, MD 21136	43-2080719	501(c)(3)	\$7,500.00	Operating support
St. Mary's Seminary and University	5400 Roland Avenue Baltimore, MD 21210	52-1052508	501(c)(3)	\$50,000.00	Operating support
Temple Oheb Shalom	7310 Park Heights Avenue Baltimore, MD 21208	52-0643033_	501(c)(3)	\$55,000.00	Operating support
The Associated	101 W. Mt. Royal Avenue Baltimore, MD 21201	52-0607957	501(c)(3)	\$119,000.00	Operating support
The Associated	101 W. Mt. Royal Avenue Baltimore, MD 21201	52-0607957	501(c)(3)	\$50,000.00	Capital support
The Park School	2425 Old Court Road Pikesville, MD 21208-3430	52-0591625	501(c)(3)	\$40,000.00	Operating support
University of Maryland Baltimore County Foundation	1000 Hilltop Circle Baltimore, MD 21250	52-1125663	501(c)(3)	\$20,000.00	Operating support
University of Maryland Baltimore Foundation Lexington St	620 W. Lexington Street 2nd Fl Baltimore, MD 21201-1508	31-1678679	501(c)(3)	\$60,000.00	Operating support