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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public

, 20

Department of the Treasury Internal Revenue Service

For the 2016 calendar year, or tax year beginning

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.

, 2016, and ending

Inspection

В	Check if ap	of applicable C Name of organization Richman Family Foundation, Inc. D Employer identification number												
	Address ch	ess change Doing business as 52-1899221												
	Name char	nge	Number and street (or P O box if mail is not delivered to street address)	Room/suite		E Telephone number								
	Initial return	n	101 West Mount Royal Avenue		1	410-727-4828								
	Final return/t	terminated	City or town, state or province, country, and ZIP or foreign postal code											
	Amended r	eturn	Baltimore, MD 21201		l l	G Gross re	eceipts \$ 1,009,461							
	Application	pending	F Name and address of principal officer		H(a) Is this a gr	oup return for	subordinates? X Yes No							
	*	, J				•	s included? Yes No							
_	Tax-exemp	t status	X 501(c)(3)	527			a list (see instructions)							
<u></u>	Website:				H(c) Group									
ĸ			X Corporation ☐ Trust ☐ Association ☐ Other ► L Year	of formation			of legal domicile MD							
		Summ				111 -11-11	<u> </u>							
_				The Foun	dation was	created t	o carry out the							
ģ		Briefly describe the organization's mission or most significant activities. The Foundation was created to carry out the charitable, educational and religious purposes of The Associated Jewish Community Federation of Baltimore, Inc. (The Associated).												
auc		The Foundation makes grants to public charitable organizations in furtherance of the mission of The Associated.												
Activities & Governance			is box ► if the organization discontinued its operations or disp											
Š	1		of voting members of the governing body (Part VI, line 1a)		_	3								
O est			of independent voting members of the governing body (Part VI) in the control of the governing body (Part VI) is	lina (11) 1	1. Sel1	4								
Se			nber of individuals employed in calendar year 2016 (Part V, line k			5								
ξ	1		nber of volunteers (estimate if necessary)		اسا والمراسة	-6-	0							
Ċţ	1		elated business revenue from Part VIII, column (C), line 12	مرازند می از در این از از این از از این از این از از این از این از از این از از مسید	1/2/26 . SECRETARING AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT ASSESSMENT ASSESSMENT A	7a	6							
•	1		lated business teveride from Fait vill, column (c), line 12	Washington Committee	• •	7b								
	b N	iet unrei	ated business taxable income from Form 990-1, line 34 .	·	Prior Ye		Current Year							
			tions and grants (Dort VIII line 1h)	 -										
e	1		tions and grants (Part VIII, line 1h)	.	<u>]</u> .	,375,910	979,545							
Revenue	II .	_	service revenue (Part VIII, line 2g)			0								
	1		ent income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>		72,615	29,916							
_	1		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·:			0							
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line	1	448,525	1,009,461								
	1		nd similar amounts paid (Part IX, column (A), lines 1–3)	·		822,500	953,300							
	1		paid to or for members (Part IX, column (A), line 4)				0							
es	15 S		other compensation, employee benefits (Part IX, column (A), lines 5-	–10)			0							
Expenses	16a P		onal fundraising fees (Part IX, column (A), line 11e)				0							
ğ	b T		draising expenses (Part IX, column (D), line 25) ▶											
ш	17 C	other exp	penses (Part IX, column (A), lines 11a–11d, 11f–24e)			20,187	20,797							
	18 T	otal exp	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)			842,687	974,097							
		Revenue	less expenses. Subtract line 18 from line 12		605,838	35,364								
50	3			Beg	inning of Cu	rent Year	End of Year							
sets	20 T	otal ass	ets (Part X, line 16)		5	,272,405	5,864,064							
Y A	21 T	otal liab	ilities (Part X, line 26)	. [0	0							
Net Assets or	22 N	let asse	ts or fund balances Subtract line 21 from line 20		5	272,405	5,864,064							
P	art II	Signat	ture Block											
Uı	nder penaltie	es of perju	ry, I declare that I have examined this return, including accompanying schedules	and statemer	nts, and to th	e best of i	my knowledge and belief, it is							
tru	ie, correct, a	and comp	lete Declaration of preparer (other than officer) is based on all information of which	n preparer ha	is any knowle	edge	4							
	Ì	\				5/5	117							
Si	- 1	Sign	ature of officer		Dat	е	•							
He	ere		c B Terrill President											
		,	e or print name and title											
P	aid	Print/Ty	pe preparer's name Preparer's signature	Date		Check	If PTIN							
	eparer					self-em	ployed							
	se Only	Firm's r	name ►		Firm	's EIN ▶								
	_	Firm's a	nddress ►		Pho	ne no								
Ma	y the IRS	discus	s this return with the preparer shown above? (see instructions)	· · ·	· · ·		☐ Yes ☐ No							
Fo	r Paperwo	ork Redu	ction Act Notice, see the separate instructions.				Form 990 (2016)							

Part _s l	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.	
	The Foundation was created to carry out the charitable, educational and religious purposes of The Associated Jewish Comm	iunity
	Federation of Baltimore, Inc. (The Associated). The Foundation makes grants to public charitable organizations in furtherar	
	mission of The Associated	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
		☐ Yes 🏻 No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
		☐ Yes ※ No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, a expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations.	
	the total expenses, and revenue, if any, for each program service reported.	mons to others,
	the total expenses, and revenue, it any, for each program control reported.	
4a	(Code.) (Expenses \$ 953,300 including grants of \$ 953,300) (Revenue \$	
	Provide grants to public charitable organizations in furtherance of the mission of The Associated. Jewish Community Federa	
	CD L. I	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	Other program convices (Describe in Schedule O.)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 953 300	

19

orm 99	90 (2016)	_	ı	Page
Part.	IV Checklist of Required Schedules			
1	In the experience described in section E01(a)/2) or 4047(a)/4) (ather then a private foundation)? If "Vee"		Yes	No
'	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	\ \ \ \ \	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u>├</u>	^	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		х
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		X
	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,			$\overline{}$
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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		
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.			X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable	10		X
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	184 - 184 1	X
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	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		$\frac{\Lambda}{X}$
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	1		
b	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		<u>X</u>
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ļ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	175		
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
	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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		

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

Part ₂	Checklist of Required Schedules (continued)			
-	Deliver and the appearance of the second of		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 -	<u>X</u>
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	 -	├—
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	-	_^_	\vdash
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	}	x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			}
	employees? If "Yes," complete Schedule J	23	X	<u> </u>
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	1		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	251		l
20	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		X
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			Ì
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	} }		1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_ X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		_X
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		^	
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II			.,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u>X</u>
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ļ	_ X
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	<u>x</u>	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	3 <u>5</u> a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		37
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		X
	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,</i>			
	Part VI	37	1	v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	"		<u>X</u>
	19? Note. All Form 990 filers are required to complete Schedule O.	38	x	

Check if Schedule Contains a response or note to any line in this Part V The Check if Schedule Contains are response or note to any line in this Part V The Check if Schedule Contains are segonse or note to any line in this Part V The Check if Schedule Contains are segonse or note to any line in this Part V The Check if Schedule Contains are segonse or note to any line in this Part V The Check if Schedule Contains are segonse or note to any line in this Part V The Check if Schedule Contains are segons or note to any line in this Part V The Check if Schedule Check in the Check i		00 (2016)	_		Page
1a Enter the number reported in Box 3 of Form 1096. Enter -0 - if not applicable 1a 0 0 1b 0 0 1chter the number of Forms W-26 included in line 1a Enter -0 - if not applicable 1b 0 0 1chter the number of enomy with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 1c 1c 1c 1c 1c 1c 1	Part.				_
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-23 cinculated in lies ta Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a I a statements, filed for the calendar year ending with or within the year covered by this return 3 Statements, filed for the calendar year ending with or within the year covered by this return 3 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization that we unrelated businesses gross income of \$1,000 or more during the year? 3 Line of the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization account in a foreign country (such as a bank account, securities account, or other financial account? 4 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 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 Was the organization a party to a prohibited tax shelter transaction of the transaction? 5 Line 1 Yes, 1 time 5 Line		Check it Schedule O Contains a response of note to any line in this Part V		Yes	. L
b Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0 C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 0 If at least one is reported on line 2a, did the organization file all all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to -file fee instructions? Note in the sum of lines 1a and 2a is greater than 250, you may be required to -file fee instructions? Note in 1th sum of lines 1a and 2a is greater than 250, you may be required to -file fee instructions? Note in 1th sum of lines 1a and 2a is greater than 250, you may be required to -file fee instructions? Note in 1th sum of 1th sum of lines 1a and 2a is greater than 250, you may be required to -file fee instructions? Note in 1th sum of 1th sum	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u> </u>	+	+
c Dd the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendary year ending with or within the year covered by this return 2a of the Water of the Statements, field for the calendary leave and ending with or within the year covered by this return 2a of the Water of the Statements, field for the calendary leave, and the Payment of the Statements of the Statements (Fig. 1) and the organization was required to e-this (see instructions). 3b Dd the organization was unrelated business gross income of \$1,000 or more during the year? 3b If Yes,* has if filed a Form \$90.7 for this year? If Y/0.7 to Jine 3b, provide an explanation in Schedule 0. 3d At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country See instructions for fining 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? 5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes,* did the organization have an interest than \$100,000, and did the organization solicit any contributions that were not tax deductible as charable contributions? 5c Does the organization notify the during the state of the goods or services provided? 7c Dright the organization notify the donor of the value of the goods or services provided? 7d If Yes,* did the organization notify the donor of the value of the goods or services provided? 7d If Yes,* indicate the number of Forms 8282 filed during the year 9 Drift the organization received any funds, directly or indirectly, on a personal benefit contract? 7d If the organization received any funds, directly or ind	_		l		
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if al least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	С	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	1	l	l
Statements, filed for the calendar year ending with or within the year covered by this return by If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If Yes, Thas if filed a Form 990-T for this year? If Yor to line 3b, provide an explanation mschedule O 3a X X X Y X X X X X X		reportable gaming (gambling) winnings to prize winners?	1c	1	
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see anstructions) 1 bill 'Yes.' has it filed a Form 990-T for this year? "I' 'No' to line 3b, provide an explanation ms Chedule O. 1 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 over, a financial account in a financial accounts (FBAR) 2 Was the organization a party to a prohibited tax shelter transaction? If 'Yes,' did the organization file Form 8388-T? 2 Does the organization a party to a prohibited tax shelter transaction? If 'Yes,' did the organization that were not tax deductible as charitable contributions or gifts were not tax deductible? 2 Organization start are received eductible contributions under section 170(c). 3 Did the organization and party receive deductible contributions under section 170(c). 4 Did the organization and party received eductible contributions under section 170(c). 5 Did the organization and party received eductible contributions under section 170(c). 6 Did the organization and party to diverse the section of the section 170(c). 7 Did the organization and party to div	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3D off the organization have unrelated business gross income of \$1,000 or more during the year? 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)? 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) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization filing Form 8865-17 (If "Yes" to line 5a or 5b, did the organization file Form 8865-17 (If "Yes" to line 5a or 5b, did the organization file Form 8865-17 (If "Yes" to line 5a or 5b, did the organization file Form 8865-17 (If "Yes" to line 5a or 5b, did the organization file Form 8865-17 (If "Yes" to line 5a or 5b, did the organization file form 8865-17 (If "Yes" to line 5a or 5b, did the organization file form 8865-17 (If "Yes" to line 5a or 5b, did the organization file form 8865-17 (If "Yes", "did the organization shall are organization and the organization file form 8282? If "Yes," did the organization incling the donor of the value of the goods or services provided 7 to which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premium so na personal benefit contract? If the organization receive any funds, directly or indirectly, to pay personal benefi		Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		ļ	
3a	b		2b	<u> </u>	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 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 accounts) 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? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b 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 or gifts were not tax deductible? 6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 9 Did the organization is sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 10 If "Yes," indicate the number of Forms 8282 filed during the year 10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11 If the organization fund of qualified infellectual property, did the organization file form 899 as required? 12 If the organization fund of qualified infellectual property, did the organization file a Form 1098-C? 13 Section 501(c)(7) organizations. Enter: 14 Gross income from members or shareholders 15 Gross income from members or shareholders 16 Gross income from member	_			<u> </u>	<u> </u>
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 13b		· · · · · · · · · · · · · · · · · · ·			
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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	а	· · · · · · · · · · · · · · · · · · ·	13a		
the organization is licensed to issue qualified health plans	h		Ì	}	
	U	1	1	}	
	С	100			

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	<u>;</u>]		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar		l	
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent Did any officer director trustee or less amplicate here a family relationship as a hydrogen relationship with	<u>'</u>	1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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	ļ	X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	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			
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 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		
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?		_	
а	The organization's CEO, Executive Director, or top management official	15a	[X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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		
Section	on C. Disclosure	100	I	—
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	1 501(c)(3)s	only)
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest p	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	>	

Enrm	aan	(2016)	

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

X

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	ted organization compensated any current officer, director, or trustee								
		(C)								
(A)	(B))	Position					(D)	(E)	(F)
Name and Title	Average		(do not check more than one box, unless person is both an					Reportable	Reportable	Estimated
	hours per	officer and a director/trustee)						compensation	compensation from	amount of
	week (list any hours for	익힌	Ins	9	6	일본	Fo	from (related organizations	other compensation
	related	dre	Ē	Officer	y en	ples	Former	organization	(W-2/1099-MISC)	from the
	organizations	당표	9		Key employee	88		(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	3		yee	l mg	ļ	ļ		organizations
	Į	8	Institutional trustee		1	Highest compensated employee		[
	<u> </u>		"		-	e e	ļ			
(1) Marc B. Terrill	.25									
President and Public Director	40.0	X		X				0	802,129	92,056
(2) Arnold I. Richman	.25									
Vice President and Donor Director		Χ		X				0	0	0
(3) Alison L. Richman	.25					,		,		
Secretary/Treasurer and Donor Director		_X_		X			L	0	0	0
(4) Michael I. Friedman	.25					l	ļ		ļ	
Public Director		_X_	_		L_		L_	0	211,929	9,483
(5) Jonathan D. Eisner	.25					l				
Public Director		X	_			<u> </u>	l_	0	0	0
(6)										
(7)							-		,	
(8)					-		-			
(9)				-	_					
	1									
(10)	1									
							•			
(11)				!						
(12)							-			
	-					<u> </u>	_			
(13)	 									
(14)										
					l	j				

Form **990** (2016)

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees		nd F	lighe	st C	ompensated E	mployees	(continue	ed)		
	(A) Name and title	(B) Average hours per	Average box, unles				is both	n an	(D) Reportable compensation	(E) Reportable compensation from		am	(F) timated	
		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 organizati (W-2/1099-i	ions	comp fro orga and	other pensati om the anization related nization	on ed
(15)														
(16)								_						
(17)							_	-						
(18)														
(19)								-						
(20)						-		_		<u> </u>				
										·				
(22)														
								_						
								<u> </u>						
(24)														
(25)														
1b c	Sub-total . Total from continuation sheets to Part	VII, Sectio	n A		_			>	0		4,058			01,539
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organi		to th	ose	lıst	ed a	above	► e) w	ho received mo		4,058 00,000 (of	1(01,539
3	Did the organization list any former of		tor, o	r tr	uste	 ee,	key e	mp	loyee, or high	est compe	ensated		Yes	No
4	employee on line 1a? If "Yes," complete s For any individual listed on line 1a, is the							n a		ensation fr		3		X
•	organization and related organizations	greater that		50,	000	? #		s, "						ļ
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	mper	nsat	ion	fror	n any	un		ation or inc	dividual	4	_X	
Section	on B. Independent Contractors											5		X
1	Complete this table for your five highest of compensation from the organization. Replyear													ax
	(A) Name and business add	ress	•	_					(B) Description of se	ervices	C	(C) ompens	ation	
None														
				_										
2	Total number of independent contractor received more than \$100,000 of compensions.							th	ose listed abo	ve) who				

Form **990** (2016)

Par	VIII	Statement of Revenue								
		Check if Schedule (O contains a res	ponse or note to		Part VIII	· · · · · · · · · · · · · · · · · · ·	· · · · ·		
					(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 campaign								
Gra	b	Membership dues	<u>1b</u>							
fts, r An	C	Fundraising events .								
, <u>i</u> g i <u>e</u>	d	Related organizations Government grants (cor		 						
ons Sin	e f	All other contributions, g								
outiv her		and similar amounts not inc		979,545		E				
<u></u>	g	Noncash contributions inclu		629,545						
Col	h	Total. Add lines 1a-1	lf	▶	979,545					
Jue .	[Business Code						
ever	2a		~ ~							
e e	b			ļ				 		
Program Service Revenue	C			 						
Š	d							 		
gran	e f	All other program ser	vice revenue							
P	g	Total. Add lines 2a–2		•	0			<u> </u>		
	3	Investment income	(including divide	ends, interest,						
		and other similar amo	•	▶	(11,925)			(11,925		
	4	Income from investmen	it of tax-exempt bo	ond proceeds ►						
	5	Royalties	(i) Real	. Danier d						
	6-	Cross romts	(i) Real	(ii) Personal	1					
	6a b	Gross rents Less rental expenses	ļ 		1					
	C	Rental income or (loss)	0	0				}		
	d	Net rental income or		D	0					
	7a	Gross amount from sales of	(i) Securities	(ii) Other	-					
		assets other than inventory	41,841		ļ					
	b	Less cost or other basis			}	}				
j		and sales expenses				ł				
	C	Gain or (loss) .	41,841	0						
	d	Net gain or (loss) .		<i>,</i> >	41,841			41,841		
Other Revenue	8a	Gross income from fu events (not including \$								
ter Re		of contributions reported See Part IV, line 18	ed on line 1c) a							
ਰ		Less. direct expenses				1.				
		Net income or (loss) f Gross income from ga See Part IV, line 19		events >	0					
	ь	Less. direct expenses								
		Net income or (loss) f		vities . ►	0					
		Gross sales of in	ventory, less				· 			
	b	Less: cost of goods s	sold . b			j				
}	С	Net income or (loss) f	rom sales of inve	entory .	0					
		Miscellaneous F	Revenue	Business Code						
	11a									
ł	b							<u> </u>		
1	C	All all as granders						<u> </u>		
}	d	All other revenue Total. Add lines 11a-	 .	. •	-			 		
]	e 12	Total revenue. See II			1,009,461			29 916		

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. A	ll other organization	s must complete co	lumn (A)
	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 7b, b, 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.	953,300	953,300		
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				
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)				
9	Other employee benefits .				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	10.106			
f 9	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	19,126		19,126	
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	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If		{		
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O)	1.671		1.671	
a b	Bank fees & other investment expenses	1,671		1,671	
					
c d		+			
u e	All other expenses	+			
25	Total functional expenses. Add lines 1 through 24e	974.097	953,300	20,797	
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)	717,071	733,300	20,737	

Р	art X					
		Check if Schedule O contains a response or	r note to any line in this Pa	rt X (A)	; 	(B)
				Beginning of year		End of year
	1	Cash—non-interest-bearing		1		
	2	Savings and temporary cash investments .			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and				
]	trustees, key employees, and highest co	ompensated employees		_	
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified pers	•)	
	}	4958(f)(1)), persons described in section 4958(c)(3)(B), are			1	
	}	sponsoring organizations of section 501(c)(9) volunorganizations (see instructions) Complete Part II of Sche			-	····
ets	_		idule E .		7	
Assets	7	Notes and loans receivable, net Inventories for sale or use			8	
	8	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or	, ,		-	
		other basis Complete Part VI of Schedule D	10a			
	Ь	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line	11	5,272,405		5,864,064
	13	Investments—program-related. See Part IV, line	-	 	13	
	14	Intangible assets		· · · · · · · · · · · · · · · · · · ·	14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	5,272,405	16	5,864,064
	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 I			21	
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest compen				
E E		disqualified persons Complete Part II of Schedu			22	
<u>'</u>	23	Secured mortgages and notes payable to unrela	-		23	
_	24	Unsecured notes and loans payable to unrelated	·		24	
	25	Other liabilities (including federal income tax,	·		 - · -	
	23	parties, and other liabilities not included on lines				
	1	of Schedule D	·		25	
	26	Total liabilities. Add lines 17 through 25		0	26	0
<u> </u>		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔲 and			
nce	27	Complete lines 27 through 29, and lines 33 and Unrestricted net assets	a 34.	5,272,405	27	5,864,064
ala	28	Temporarily restricted net assets		3,272,403	28	3,804,004
8	29	Permanently restricted net assets			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 95 complete lines 30 through 34.				
Š	30	Capital stock or trust principal, or current funds			30	
Se	31	Paid-in or capital surplus, or land, building, or ed			31	
As	32	Retained earnings, endowment, accumulated in	come, or other funds .		32	
Net	33			5,272,405		5,864,064
_	34_	Total liabilities and net assets/fund balances	<u></u>	5,272,405	34	5,864,064
						Form 990 (2016)

_	4	
Page		4

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		1,00	09,461
2	Total expenses (must equal Part IX, column (A), line 25)	2		97	74,097
3	Revenue less expenses Subtract line 2 from line 1	3		3	35,364
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,27	72,405
5	Net unrealized gains (losses) on investments	5		25	56,295
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		5,56	54,064
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		_ <u></u> -	·	
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		1 1		
	If the organization changed its method of accounting from a prior year or checked "Other," exp	laın ın	1 1		1
	Schedule O				
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 comp	iled or	1 1	l	1 1
	reviewed on a separate basis, consolidated basis, or both		1 1	1	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				اـــا
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a	1 1		
	separate basis, consolidated basis, or both.		1 1	1	1 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		1 - 1	1	ľ
	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, exp	olain in	1 (1	
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f	OLU IN	_	}	
	the Single Audit Act and OMB Circular A-133?	46-	3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	yo ine idite	3b	- }	!
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	uits		000	
			Form	990	(2016)

SCHEDULE A (Form'990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

Inspection Employer identification number

							1 ' '	
		nily Foundation, Inc.					52-1899221	
Pai		Reason for Public Cha						ons
_		ation is not a private founda						
1		church, convention of churc						
2		school described in section		•			, ,	
3		hospital or a cooperative ho						
4		medical research organization		onjunction with a hos	pital desc	cribed in	section 170(b)(1)(A)	(iii). Enter the
_		spital's name, city, and stat						
5		organization operated for		college or university	owned c	or operate	ed by a government	tal unit described ir
		ction 170(b)(1)(A)(iv). (Com	•					
6		federal, state, or local gover						
7		organization that normally			port from	n a gover	nmental unit or fron	n the general public
	_	scribed in section 170(b)(1)		·				
8		community trust described i	•		•			
9		agricultural research organ						
		university or a non-land-gra	int college of agr	rculture (see instruction	ons) Ente	er the nar	ne, city, and state of	f the college or
		iversity.						
10	∐ An	organization that normally i ceipts from activities related	receives (1) mor	e than 331/3% of its si	upport fro	om contri	butions, membershi	p fees, and gross
	su	pport from gross investmen	t income and un	related business taxa	ble incon	re (less s	ection 511 tax) from	businesses
	ac	quired by the organization a	fter June 30, 197	75. See section 509(a	a)(2). (Co	mplete Pa	art III)	
11	☐ An	organization organized and	l operated exclus	sively to test for publi	c safety	See sec t	ion 509(a)(4).	
12		organization organized and						
		one or more publicly suppo						
	Ch	eck the box in lines 12a thro	ough 12d that des	scribes the type of sup	oporting o	organizatı	on and complete line	es 12e, 12f, and 12g
а	X	Type I. A supporting organ						
		the supported organization					the directors or trust	ees of the
		supporting organization Y	-					
b		Type II. A supporting organ						
		control or management of				persons	that control or man	age the supported
		organization(s) You must	-					
C		Type III functionally integ						ally integrated with,
		its supported organization(•		-	- ·	
d		Type III non-functionally i						
		that is not functionally integ						id an attentiveness
	_	requirement (see instructio	•	•		-		
е	X	Check this box if the organ						e II, Type III
_	_	functionally integrated, or 1	• •	tionally integrated sup	pporting (organizat	ion.	
f		r the number of supported of			• •			<u> </u>
<u>g</u>		ide the following information						
	(i) Nam	e of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
					162	140		<u> </u>
$(A) \stackrel{T}{\circ}$	he Asso	ociated. Jewish	50.0607057	•	1			
	ommun	ity Federation of Baltimore	52-0607957	9	<u>X</u>	 	167,000	0
(B)					!			
					 		 	
(C)					1			
					 			
(D)					1)	
			 		 	 	 	
(E)					l			

167,000

Total

Part II

	Part III If the organization fails to						
	ion A. Public Support					,	
Caler 1	idar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
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						
	idar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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					12	
13	First five years. If the Form 990 is for the	_			, or fifth tax yo	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her		<u> </u>	<u>.</u>		 	<u> </u>
	on C. Computation of Public Support			4 1 (0)			
14	Public support percentage for 2016 (line 6			1, column (f))		14	
15 16a	Public support percentage from 2015 Scholarship support test—2016. If the organization quality box and stop here. The organization quality	zation did not	check the box		nd line 14 is 33	15 3 ¹ /3% or more,	check this
b	33 ¹ / ₃ % support test—2015. If the organize this box and stop here. The organization of				-	ıs 33 ¹ /3% or m	ore, check ▶ □
17a	10% -facts-and-circumstances test—20 10% or more, and if the organization med Part VI how the organization meets the "forganization".	ets the "facts	s-and-circumst	ances" test, ch	neck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part VI how the organization m supported organization	tion meets th	ne "facts-and-o	circumstances"	' test, check t	this box and s	top here.
18	Private foundation. If the organization did	l not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Secti	ion A. Public Support	under the te	sts listed bei	ow, please co	ompiete Part	11.)	
	idar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2012	(0) 2013	(6) 2014	(4) 2015	(6) 2010	(i) iotai
•	received (Do not include any "unusual grants")		١				{
2	Gross receipts from admissions, merchandise		 		 		
	sold or services performed, or facilities			}	1	}	Ì
	furnished in any activity that is related to the			1	1		
,	organization's tax-exempt purpose		 	 	 		
3	Gross receipts from activities that are not an unrelated trade or business under section 513		1	1	1		
			 		 		
4	Tax revenues levied for the organization's benefit and either paid			1			
	to or expended on its behalf .		İ	1	1		
_	•		 	 			
5	The value of services or facilities		1	1	1		
	furnished by a governmental unit to the organization without charge		1		1		l
_	-		 	 	 	ļ	
6 7a	Total. Add lines 1 through 5 . Amounts included on lines 1, 2, and 3		 	 	 		<u> </u>
1 a	received from disqualified persons					,	
	·		 	 	 	ļi	
р	Amounts included on lines 2 and 3		1				
	received from other than disqualified persons that exceed the greater of \$5,000		1	l	[
	or 1% of the amount on line 13 for the year		Į	l	[
_	Add lines 7a and 7b			ļ	 -		
8	Public support. (Subtract line 7c from						
U	line 6)		1				
Secti	on B. Total Support			L	L	L.—	
	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	(4) 2012	(5) 2010	(0) 2014	(d) 2010	(6) 2010	(i) rotai
10a	Gross income from interest, dividends,		 				
	payments received on securities loans, rents,		}			1	
	royalties and income from similar sources						
b	Unrelated business taxable income (less		<u> </u>	 			
-	section 511 taxes) from businesses					ì	
	acquired after June 30, 1975 .			1		ľ	
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					Ì	
12	Other income. Do not include gain or						
	loss from the sale of capital assets		Į į	[
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	e organizatioi	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop hei		<u> </u>	·			□
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line 8			3, column (f))		15	%
16	Public support percentage from 2015 Sch		_ 	· · ·	<u></u>	16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2016 (I			•	nn (f))	17	%
18	Investment income percentage from 2015					18	%
19a	331/3% support tests—2016. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2015. If the organiz						
	line 18 is not more than 331/3%, check this t		_	•			
20	Private foundation. If the organization die	d not check a	box on line 14,	, 19a, or 19b, c	heck this box	and see instruc	ctions 🕨 🔲

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Secti	on A. All Supporting Organizations			
			Yes	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		X	
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 12a or 12b 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		X
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		X
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).			
ь	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?	5a 5b		X
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	 	_X_
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		X
9a	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 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	8		X
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		X
С	Did a disqualified person (as defined in line 9a) 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		<u>X</u>
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
_	supporting organizations)? If "Yes," answer 10b below.	10a		<u>X</u>
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		J

Part .	Supporting Organizations (continued)			,
	the discount of the first of th		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		-	1
а	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b	 	X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	 	$\frac{\lambda}{X}$
	on B. Type I Supporting Organizations			
			Yes	No
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 in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, 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.	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	X	
Secti	on C. Type II Supporting Organizations			 -
			Yes	No
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).	1_		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity.		struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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.			
а	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> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	g tru nızat	st on Nov 20, 1970 (explores must complete Sect	ain in Part VI) See ions 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		
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)
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		
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 int	egrated Type III supportin	ng organization (see

Part.	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
Sect	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets			
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 whice (provide details in Part VI) See instructions	th the organization is res	sponsive	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	<u> </u>		
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI) See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a_				
b_				
c	From 2013 .			
d_	From 2014 .			
<u>e</u>	From 2015 .			
f_	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
<u> </u>	Applied to 2016 distributable amount		······································	
<u>i</u> _	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7 \$			
	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2016 distributable amount			
<u>c</u> _	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions		0	
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions	<u> </u>		0
7 	Excess distributions carryover to 2017. Add lines 3j and 4c	0		
8	Breakdown of line 7			
a_	5 2040			
b	Excess from 2013			
<u>C</u>	Excess from 2014			
<u>d</u> _	Excess from 2015	ļ		
e	Excess from 2016			

Schedule A (I	Form 990 or 990-EZ) 2016 Page
Part.VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2t 3a, and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
Part IV, Sec	ction A, Line 6 -
The Suppor	ted Organization works to preserve and enhance Jewish life. It addresses charitable, educational, religious, humanitarian,
health, culti	aral and social service needs of the Jewish community locally, nationally in Israel and throughtout the world.
In furtheran	ce 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 philanthropic pursuits and
enhance bot	th the Jewish and general communities in keeping with the Jewish tradition of repairing the world
All grants a	re made to tax-exempt charitable organizations registered with the Internal Revenue Service
Part IV, Sec	ction B, Line 2 -
Grants to or	ganizations, other than the Supported Organization, are made at the discretion of the Board of the Supporting
Organizatio	n and are made in furtherance of the mission of the Supported Organization to support Jewish, cultural, educational
and social ju	ustice work.
	·
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

SCHEDULE D (Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on 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.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

OMB No 1545-0047

2016

Name o	r the organization		Employer identification number
Richm	an Family Foundation, Inc.		52-1899221
Pai	t l Organizations Maintaining Donor Adv		ds or Accounts.
	Complete if the organization answered	"Yes" on 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		<u></u>
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	e organization's exclusive legal contro	l? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gran	t funds can be used
	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or fo	r any other purpose
	conferring impermissible private benefit?		· · · · 🔲 Yes 🗀 No
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		
•	, , ,	• • • • • • • • • • • • • • • • • • • •	a brokensa Urrina arkantila indan
	Preservation of land for public use (e.g., recrea		
	Protection of natural habitat	☐ Preservation of	a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easement	is	
c	Number of conservation easements on a certified h		
d	Number of conservation easements included in		
u			
2	Number of conservation easements modified, trans		
3	tax year ►	sierred, released, extinguished, or term	inated by the organization during the
_			
4	Number of states where property subject to conse		
5	Does the organization have a written policy re-		-
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspect	ung, handling of violations, and enforcing c	onservation easements during the year
)		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing c	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	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		
	organization's accounting for conservation easeme	_	and diatomones that accompce the
Pari			Other Similar Assets
r ar	Complete if the organization answered '		Oulei Sillilai Assets.
			
та	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	FAS 116 (ASC 958), to report in its r	evenue statement and balance sheet
	works of art, historical treasures, or other similar	assets held for public exhibition, edi	ucation, or research in furtherance of
	public service, provide the following amounts relati		
	(i) Revenue included on Form 990, Part VIII, line 1	•	> \$
	(ii) Assets included in Form 990, Part X		· · · • • •
a	If the organization received or held works of art,	historical tragguras or other similar	accete for financial gain provide the
2	following amounts required to be reported under S		
	•	·	
	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> •

Part VI	Land, Buildings, and Equipment	τ

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
C	Leasehold improvements				
d	Equipment				
е	Other				
Total	. Add lines 1a through 1e. (Column (d) must of	equal Form 990, Part I	X, column (B), line 10	Oc.) ▶	

	Complete if the organization (a) Description of security or ca		(b) Book value		hod of valuation
	(including name of security		(b) Book value		of-year market value
• •	I derivatives			ļ	
	neld equity interests		•		
(3) Other			5.064.064		
(B)	nent-Jewish Community Investment I	unds	5,864,064	End-of-year marke	t value
(C)				 	
(D)				1	
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col (B) line 1:	2.) ▶	5,864,064		
Part VIII	Investments—Program Re				
	Complete if the organization	answered "Yes" on	Form 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investme	ent	(b) Book value		hod of valuation -of-year market value
(1)					
(2)					
(3)					·
(4)					
(5)				ļ	
(6)					
(7)					
(8)					
(9)	b) must equal Form 990, Part X, col. (B) line 1:	₹1 ▶			
Part IX	Other Assets.	., <u> </u>		L	
r art ix	Complete if the organization	answered "Yes" on	Form 990. Part IV. lin	e 11d. See Form	990. Part X. line 15.
	- January Control of the Control of	(a) Description	<u> </u>	<u> </u>	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)	·				
(7)	· <u></u>				
(8)					
(9)	mn (b) must equal Form 990, Part	Y col (R) line 15)			
Part X	Other Liabilities.	A, COI. (B) III le 15.) .	 	<u> ▶</u>	
FaitA	Complete if the organization	answered "Ves" on	Form 990 Part IV lin	a 11a or 11f Sag	Form 990 Part Y
	line 25.	answered res on	TOTTI 950, Tare IV, IIII	e 11e 01 711. 0ee	FI OIIII 990, I dit A,
 ſ.	(a) Description of liability	(b) Book val	lue		
(1) Federal ır	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
		ı			
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 r uncertain tax positions. In Part XIII,			 	

Par	t XI	Reconciliation of Revenue per Audited Financial Staten		•	Retur	n.
	T-4-1	Complete if the organization answered "Yes" on Form 990,			T - T	
1		revenue, gains, and other support per audited financial statements			1	
2		unts included on line 1 but not on Form 990, Part VIII, line 12.		Į.	1 1	
а		inrealized gains (losses) on investments			4 1	
b		ited services and use of facilities			4 1	
С		veries of prior year grants		<u> </u>	1 1	
d		r (Describe ın Part XIII.)				
е		lines 2a through 2d			2e	
3		ract line 2e from line 1		· · · · · · ·	3	
4		unts included on Form 990, Part VIII, line 12, but not on line 1:	ļ	ĺ	1 1	
а		tment expenses not included on Form 990, Part VIII, line 7b] [
b		r (Describe ın Part XIII.)		<u> </u>		
С		ines 4a and 4b			4c	·
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part	XII	- · · · · · · · · · · · · · · · · · · ·		•	er Retu	ırn.
		Complete if the organization answered "Yes" on Form 990,				
1	Total	expenses and losses per audited financial statements			1	
2		unts included on line 1 but not on Form 990, Part IX, line 25:			1 1	
а		ted services and use of facilities] [
b	Prior	year adjustments	2b]	
C	Other	r losses	2c] [
d	Other	r (Describe in Part XIII)	2d			
е	Add I	ines 2a through 2d			2e	
3		act line 2e from line 1	: .		3	
4		unts included on Form 990, Part IX, line 25, but not on line 1:	-{		1	
а		tment expenses not included on Form 990, Part VIII, line 7b			}	
b	Other	(Describe in Part XIII.)	4b	<u></u>		
С		ines 4a and 4b			4c	
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li	ne 18.)	<u> </u>	5	
	XIII	Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar				
2; Par	t XI, lin	es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	t to pro	vide any additional in	nformation	on
~						

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

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

2016	sen to Public
Ø	Onen

OMB No 1545-0047

▶ Attach to Form 990.

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

Inspection

% □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance Employer identification number <u>6</u> □ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 52-1899221 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) For Paperwork Reduction Act Notice, see the Instructions for Form 990. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (b) EIN 1 (a) Name and address of organization Richman Family Foundation, Inc. (1) See Attachment #1 or government Name of the organization Part ! Part II 3 <u>ල</u> **£** 3 9 E **®** 9 5 (12)

Schedule I (Form 990) (2016)

Schedule (Form 990) (2016)

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

Part III can be duplicated if additional space is needed	Il space is needed				•
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-					
2					
က					
4					
co.					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2,	the information re	equired in Part I, lin	ie 2, Part III, column (b),	(b), and any other additional information.	onal information.
Grants are reviewed to ensure that they are permissible and in accord with applicable laws and regulations.	ın accord with applic	able laws and regulation	ns.		
The Foundation will request and receive periodic reports and updates from the grantees regarding how grants are utilized, and takes such	nd updates from the gr	antees regarding how g	rants are utilized, and ta	kes such	
information into account in considering future grant awards.	, cá				
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
					Schedule I (Form 990) (2016)

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Richman Family Foundation, Inc

Part I Questions Regarding Compensation

Employer identification number

52-1899221

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use		İ	1
	☐ Travel for companions ☐ Payments for business use of personal residence	1		1
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees	1		•
	☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)	ì	1)
])
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		Ì	}
	explain	1b	<u> </u>	<u> </u>
_		}	<u> </u>	<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all]	l
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	1	Ì	1
	iar	2	<u> </u>	 -
2	Indicate which, if any, of the following the filing organization used to establish the compensation of the			l
3	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a	1		
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	į .	i	
	☐ Compensation committee ☐ Written employment contract			1
	☐ Independent compensation consultant ☐ Compensation survey or study			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee	ļ		
		1		ĺ
4	During the year, did any person listed on 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?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		_X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
		1		
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	}]	1	
	compensation contingent on the revenues of.			
а	The organization?	5a		<u>X</u>
þ	Any related organization?	5b		_X
	If "Yes" on line 5a or 5b, describe in Part III.]]]	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
6	compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		$\frac{x}{x}$
	If "Yes" on line 6a or 6b, describe in Part III.			
			į	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7	Ţ	Х
8	Were any amounts reported on 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		1	
	ın Part III	8	-	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	a l	Į.	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(I)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(B) Breakdown of W-2 and/r		(B) Breakdown of		C compensation			: [į
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	(C) Ketirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(r) Compensation in column (B) reported as deferred on prior
				compensation				Form 990
	ε							
1 Marc B. Terrill	E	474,128	75,000	253,001	009'09	31,456	894,185	150,000
	<u> </u>							
2 Michael I. Friedman	€	211,929	0	0	8,400	1,083	221,412	0
	E							
9	(E)							100
	8							
4	€				1	111111111111111111111111111111111111111	1	
	€							
5	E							
	€							
9	<u> </u>							
	€							
7	<u>e</u>							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(1)							
8	(ii)							
	€							
6	(ii)							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(i)							
10	(ii)							
	\equiv							
11	€							
	€							
12	€							
	€							
13	E							
	€							
14	€							
	Θ							
15	E							
	€							
16	€						11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Schedule J (Form 990) 2016

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 part 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 attributable 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 \$218,648 vested and was paid during the year.
This amount is included in Form 990, Part VIII, Column E and Schedule J, Part II, Column Bin. Fifty thousand dollars
was deferred and 1s included on Form 990, Part VII, 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) 2016

SCHEDULĘ 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

Richn	chman Family Foundation, Inc. 52-1899221							
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 noncash co			
1 2	Art—Works of art							
3 4 5	Art—Fractional interests . Books and publications Clothing and household goods							
6 7 8	Cars and other vehicles . Boats and planes Intellectual property							
9 10 11	Securities—Publicly traded . Securities—Closely held stock . Securities—Partnership, LLC, or trust interests	X	60 securities	629,545	Fair market	t value		
12 13	Securities—Miscellaneous Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other .							
15 16 17 18	Real estate—Residential Real estate—Commercial Real estate—Other Collectibles							
19 20 21	Food inventory . Drugs and medical supplies Taxidermy							
22 23 24 25	Historical artifacts Scientific specimens . Archeological artifacts Other ► ()							
26 27 28	Other ► () Other ► () Other ► ()							
29	Number of Forms 8283 received which the organization completed				29		V	
30a	During the year, did the organizat 28, that it must hold for at least the to be used for exempt purposes f	nree years t	from the date of the initial			30a	Yes	X
ь 31	If "Yes," describe the arrangemen Does the organization have a contributions?		stance policy that require	es the review of any no	onstandard	31	X	
32a	Does the organization hire or use contributions?	e third part	les or related organization	•	II noncash	32a		Х
33	If "Yes," describe in Part II If the organization didn't report an describe in Part II	amount in	column (c) for a type of pro	perty for which column (a) i	s checked,			

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Rame of the organization

Employer identific

Open to Public Inspection

Name of the organization Employer identification number			
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	Alison L Richman		
have a family relationship.			
Line 6 - The organization has two classes of members, a Public Member-The Associated: Jewish Commun	ity Federation 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 adopted.			
Line 11a - The Form 990 and supporting schedules are distributed to the officers and directors upon completion for			
review prior to filing			
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 complies			
with the conflict of interest policy of The Associated.			
Line 15 - Marc B Terrill participates in a nonqualified deferred compensation plan. \$218,648 vested and	was paid during the year.		
This amount is included in Form 990, Part VIII, Column E and Schedule J, Part II, Column Biii. Fifty thousand	and dollars		
was deferred and is included on Form 990, Part VII, 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			
Line 19 - The organization makes its governing documents and financial statements available to the public	upon request.		

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Part I

E

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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

2016

OMB No 1545-0047

Inspection "

sbout Schedule R (Form 990) and its instructions is at www.irs.gov/form990.
n about
■ Information
▲

(f) Direct controlling entity **Employer identification number** 52-1899221 (e) End-of-year assets (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN (if applicable) of disregarded entity Richman Family Foundation, Inc Name of the organization

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. Part II

0							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(b)(13) ed
						Yes	2
(1) The Associated: Jewish Community Federation of Baltimore, Inc.							
101 W. Mt. Royal Avenue Baltimore, MD 21201	Exempt Organization	Maryland	501(c)(3)	7	Z/A		×
(2)							
(6)							
(4)							
(5)							
(9)							
(2)							}
						_	

Schedule R (Form 990) 2016

(I) Section 512(b)(13) controlled (k) Percentage ownership ž 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? ŝ (h) Percentage Yes ownership amount in box 20 (i) Code V~UBI of Schedule K-1 (Form 1065) end-of-year assets (g) Share of (h) Disproportionate ŝ allocations? (f) Share of total income Yes (g) Share of end-ofyear assets (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) (state or foreign country) (c) Legal domicile (d)
| Direct controlling entity (b) Primary activity (c)
Legal
domicile
(state or
foreign
country) (b) Primary activity (a) Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization N/A N/A Part III Part IV **E** Ξ 2 Ξ ව 9 **£** ල € 9 9 E 3 2

Schedule R (Form 990) 2016

2016	n 990)	For	Schedule R (Form 990) 2016			
						(9)
	ı					(5)
						(4)
						(3)
						(2)
						(1)
,ed	int invol	ј атоп	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
<u>ş</u>	eshok	n th	ships and transactic	uding covered relation	omplete this line, incl	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.
××		15				 r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s)
×		5				q Reimbursement paid by related organization(s) for expenses
\sim		우				p Reimbursement paid to related organization(s) for expenses
	×	9				o Sharing of paid employees with related organization(s)
< ×		=				 Tendinalize of services of membership of remaining solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
×		= ,				
×		¥				k Lease of facilities, equipment, or other assets from related organization(s)
×		=				j Lease of facilities, equipment, or other assets to related organization(s)
×		¥				
< ×		<u>.</u> €				y care of assets to refated organization(s)
\times		=				f Dividends from related organization(s)
< >		2 4				Loans or loan guarantees by related organization(s)
< :		<u>2</u> ;				
{	×	요				
$ \times $		1a				a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
] in-Iv?	izations listed in Parts	or more related orgar	
8	Yes					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) (d) (e) (f) (g)	9	(0)	Ð	(e)	(£)	(6)	Ξ	3	9	3
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant	2	Share of	Share of	Disproportionate		General or	Percentage
		(state or roreign country)	unrelated, excluded from tax under	section 501(c)(3) organizations?	total income	end-ot-year assets	allocations?	of Schedule K-1	managing partner?	ownership
			sections 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)										
(6)	<u></u>									
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