Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

on' 2017

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990PF for instructions and the latest information

Open to Public Inspection

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OMB No 1545 0052

	FC	r cale	ndar	year 2017 or tax	year beginning		2017,	and ending				<u>-</u>
		TANI	A A N	ID MICHARI	DAVID EDSTEIN				A-	Employer Identification num	58Y	
1							В	31-1684510 Telephone number (see inst	ructions)	_		
		5410 EDSON LANE #300										
	ROCKVILLE, MD 20852							C If exemption application is pending, check here.				
-		Cha	alı al	that and	Hedrel return	The state of the state of	. (-		periumig, check here.	۱΄,
	G	Cite	CX all	that apply	Initial return Final return	Amended return		er public charity	D	1 Foreign organizations, chec	k here 💌 🏲]
				<u> </u>	Address change	Name change	'			2 Foreign organizations meeti	ng the 85% test, check	_
	H	Che	ck ty	pe of organization		(c)(3) exempl priv	/ale fo	undation d	[,	here and attach computatio		
		ſ	Sec	tion 4947(a)(1)	nonexempt charitable tr	usl Olher lax	able p	rivate foundation	Ε	If private foundation status	was terminated	_
	-1			value of all assets a		ounting method	X Ca	sh Accrual		under section 507(b)(1)(A)	check here	ل
		•	n Part	ll, column (c), line le	· L	Other (specify)	_	U !	F	If the foundation is in a 60		٦
	DE	► \$	n:T A			column (d) must	be on	cash basis)	Ĺ.,	under section 507(b)(1)(B)	check here	<u></u>
2		arti		nalysis of Re	total of amounts in	(a) Revenue as		(b) Net investmen	ıt 💮	(c) Adjusted net	(d) Disbursements	
4			CO	lumns (b), (c), a	ind (d) may not neces-	expenses per bo	oks	income .		income	for charitable purposes	
Y				rily equal the arr ee instructions))	nounts in column (a)						(cash basis only)	
'	_		1		s, etc., received (attach schedule)	500,0	000.	RETURNED	OF:	CALL TOPLES.CE	2330 FE ST. COTE-30	33
			2	Check ► d the found	dation is not required to attach Sch. 8	ELTER DO				所の言語の語がは現る	位的公司的经验	Ħ
(P)			3	finterest on savings and te	mporary cath investments	3,2	552	3,25		N/A		
Ö			4	Dividends and interest fro			317.	31		N/A	Charle to the transfer of the second	<u> </u>
<u> </u>				Gross rents					<u> </u>		SOUTH THE STATE OF	जी
SCANNED MAR			١.	Net rental income or (loss)		还是他思想的	£00°	には、自己には、自己には、自己には、自己には、自己には、自己には、自己には、自己	124	で変数が出来る。	计正式编出的第三人称单数	3
面		R		Net gain or (loss) from sa Gross safes price fo	de di assets not on line 10, , .	Le transport Alle Souls	-1.	NAME OF THE REPORT OF THE PARTY	<u> </u>	经证证证证	(1894年)	13
O		٧	٦,	assets on line 6a	3,000.	FOR REPORT		型的建设经济发		である。	AND THE COMMENT OF THE PARTY OF	블
\$		E N	g	Net short term capit	ome (from Part IV, line 2), al gain	不证证法证证		THE STATE OF THE PARTY.	0	REPLACED STREET		<u> </u>
岩		U	9	Income modification	s .			Care land			THE PARTY OF THE P	
6		E	10 a	Gross sales less returns and	1 .	经验证	Park (新见识。 发神像是中	T	化工艺的性性的	强型类群级。	ম্ব
ಲಾ				altowances Less Cost of		THE STATE OF THE PARTY OF THE P	(1) (1) (3) (1) (1) (3)	132 137 PHY CL 11	27.7	Sec. Som her sec. Sec.	STATES THE FILE OF THE	뙲
~_∙				goods sold		观学等证证证	707.7E		£ -=	是公司在建立	Control of the second	<u> </u>
呉			111	Gross profit or (loss) (attack Other income (attack		ļ		はできる。	21.23			-M
			''		EE STATEMENT 1	2.7	750.					4
			12	Total. Add lines 1		506,		3,56	59.		以为是是1000mm。 1000mm,	켪
			13		licers directors trustees, etc.		0.					_
			14	Other employee sala Pension plans emp	, ,							_
				Legal fees (attach s	•							
		Ô	t	Accounting fees (att	ach sch). SEE ST 2	5.	775.	5,77	15			_
		M	٠ (Other professional fees (a	allach sch) SEE ST 3		345.	1,34	15.			_
	9	֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	17	Interest								_
	8	Ť	18	Taxes (attach schedule)(s	· · · · · · · · · · · · · · · · · · ·							_
<u></u>	2 4	Ā	19	Depreciation (attach schedule) and deple		ļ			•			3
ğ	_	\ \ \	20	Occupancy	•						CONTRACTOR OF CONTRACTOR OF SAME	<u></u> 년
A	2 3	. E	21	Travel, conferences	=							_
œ.	<u>¥</u>	X	22	Other expenses (att								_
F. 6	٠ و	, P] 23	_	SEE STATEMENT 4	,	175.	17	75.			
1	-5	S E	24	Total operating and	administrative							_
, !	_	Š	25	expenses Add lines	1312 maka		295.	7,29	95.			_
,	4		25	Contributions gifts grant Total expenses and	•	502,0	JU2.	the reministration	36.67	PERSONAL PARTICIPAT	502,002	<u>.</u>
•	j		1 20	Add lines 24 and 25		509,2	ا . 297	7,29	95.	•	502,002	
-	· –		27	Subtract line 26 from		in the second		ANTHE BUTTON	(J.2)	CANTE MICHIGANIS	TOP TO THE PROPERTY OF THE PARTY OF THE PART	श्री
ڌ ∖	- t		a	Excess of revenue of and disbursements	over expenses	-2,5	270	PHE BASE			SEPTEMBER 1	<u> </u>
12	١		b	-	mo (if negative, enter -0-)	SECURIOR LANGE	2/12 2/13/2	messas in chilistically	<u>و، رود</u> . 0	CAN WE WE STATE OF THE STATE OF	The second second	<u>원</u>
17	•		1		e (if negative, enter 0).	在第2000年	张	ASSESSED OF THE PERSON OF THE		A MESCHERARING AND	THE TENENT CONTRACTOR	쁰
FIO7 7 7	B	BAA For Paperwork Reduction Act Notice, see inst					ĨĹ	TEEA0504L OF		7	Form 990-PF (2017	<u>고</u> 기)
1	-					N,	(W	N		•	Ani	•

Par	t III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	276,882.
2	Enter amount from Part I, line 27a	2	-2,979.
3	Other increases not included in line 2 (ilemize)	3	
4	Add lines 1, 2, and 3	4	273, 903 ⁻ .
5	Decreases not included in line 2 (itemize) SEE STATEMENT 8	5	2,289.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	271,614.

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	MICHAEL DAVID EPSTEIN	at Incomo		31-1684510	Page 3
	Losses for Tax on Investment e the kind(s) of property sold (for example)) How acquired	(C) Date acquired	(d) Date sold
(a) List and describ 2 story brick warel	P — Purchase D — Donation	(mg . day, yr)	(mo , day, yr)		
	HEALTH & HIGHER EDUCAT	IONAL	P	9/30/02	7/03/17
					- · · · · · · · · · · · · · · · · · · ·
<u>c</u>					
е	(D.Daggarding allowed	(a) Cook or other begin		(b) Carp or	(locs)
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or ((e) plus (f) m	
a 5,000		5,	001.		-1.
b					
c					
d					
е			_		
Complete only for assets show	wing gain in column (h) and owned by	the foundation on 12/31/69		(I) Gains (Col	
(i) FMV as of 12/31/69	as of 12/31/69	(k) Excess of col. (i) -over col. (j), if any		jain minus col (k), b an -0-) or Losses (fr	
a					-1.
b	1				
c					
d					
e					
2. Constal and and anomal of the		enter in Part I, line 7			
2 Capital gain net income or (no	et capital loss).	er 0 in Part I, line 7	2	ļ	-1.
3 Net short-term capital gain or	(loss) as defined in sections 1222(5) a	and (6)			
If gain, also enter in Part I, lir	ne 8, column (c). See instructions. If (l	loss), enter -0-			
in Part I, line 8.	••		3	<u> </u>	0.
Part V Qualification Und	er Section 4940(e) for Reduce te foundations subject to the section 4	ed Tax on Net Investme	ent Incom	e	
	this part blank ection 4942 lax on the distributable am lify under section 4940(e). Do not com		period?	Yes	X No
	in each column for each year, see the		any entries	* . **	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asse	ls	(d) Distribution (col (b) divided	
2016	509,865.	257	539.		1.979758
2015	490,795.		678.		1.084203
2014	541,037.	1,026			0.527011
2013	566,590.	1,411,			0.401514
2012	507, 350.	1,870			0.271183
		······································			
2 Total of line 1, column (d)			2		4.263669
Average distribution ratio for number of years the foundation	the 5 year base period – divide the to on has been in existence if less than 5	ital on line 2 by 5 0, or by the	. 3		0.852734
·	iritable-use assets for 2017 from Part		4		
4 Enter the net value of noncha	ייווסטוקישטק מששבוש ועו צעון וועוון הפונ	X, line 5	··· · -•	 	<u>254,319.</u>
5 Multiply line 4 by line 3			. 5		216,866.
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b)		6		
7 Add lines 5 and 6.			7		216,866.
8 Enter qualifying distributions	from Part XII, line 4		, 8		502,002.
	than line 7, check the box in Part VI,	line 1b, and complete that p	art using a 1	% lax rate See	
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Part VIT Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	4948 – sed	instruction	ns)	
1 a Exempt operating foundations described in section 4940(d)(2), check here . • and enter 'N/A' on line 1	7	1 L 1	e 4,	148.0
Obte of ruling or determination letter: (attach copy of letter if necessary — see instruction	ns)			
b Domestic foundations that meet the section 4940(e) requirements in Part V,	` 	11		0
check here. ► X and enter 1% of Part I, line 27b		1 1 4		745
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			fi	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable	_			
foundations only, others, enter 0.)		2		0.
3 Add lines 1 and 2		3		0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, ent	ter -0-)	4		0.
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		5		0.
6 Credits/Payments	•	 		
a 2017 estimated tax pmts and 2016 overpayment credited to 2017.	1,080	'.		1
b Exempt foreign organizations — tax withheld at source . 6b	1,000	┧ じ-	•	ł
c Tax paid with application for extension of time to file (Form 8868).		-}· ' <i>'</i>	• •	1
d Backup withholding erroneously withheld 6 d		-{ <u>.</u>		
7 Total credits and payments Add lines 6a through 6d.		 		000
8 Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached	••	8		1,080.
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9		
Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.				0.
in the second		10		1,080.
Enter the amount of line 10 to be Credited to 2018 estimated tax 1,080. Refunde Part VII-A Statements Regarding Activities	. 0	11		0.
			1:1	
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation of participate or intervene in any political campaign?	r did it		} 	es No
			1 a	<u> </u>
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition				,,
			1 b	<u> X</u>
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any ma or distributed by the foundation in connection with the activities.	aterials pul	blished	,	
c Did the foundation file Form 1120-POL for this year?		•	1 c	<u> </u>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				4
(1) On the foundation ► \$ 0. (2) On foundation managers. ► \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax	imposed (0	- `	(l
foundation managers > \$ 0,	imposeo c	<i>/</i> //		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	X
If 'Yes,' altach a detailed description of the activities.	•	• •	- -	- ^ -
·			'	·
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrume of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the ch	nt, articles	3	. 3	
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	lenges		4 a	$\frac{x}{x}$
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	•• • •		 	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	•	4 b	N/A
If 'Yes,' attach the statement required by General Instruction T	•	•	5	X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
By language in the governing instrument, or			• •	-
			1.	
 By state legislation that effectively amends the governing instrument so that no mandatory direction with the state law remain in the governing instrument? 	ns that co	nflict 	6	X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If Yes,' complete Part II, col. (c), and Part XV.			. 7 7	X
8a Enter the states to which the foundation reports or with which it is registered. See instructions				1
MD	-		1. [
b If the answer is Yes' to line 7, has the foundation furnished a copy of Form 990 PF to the Attorney General (or designate) of each state as required by General Instruction G7 If 'No,' attach explanation			8 b	<u>~</u>
	2000 -	1040/1251	-~~	<u>-</u> 1
9 Is the foundation claiming status as a private operating foundation within the meaning of section 494 for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If 'Yes,'	COMplete	1942(j)(5) Part XIV	9	
				 ^-
Oid any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule lists and addresses	ing their na	ames	1,0] ,
and addresses	<u>· · · · · · · · · · · · · · · · · · · </u>		10 orm 990-P	X

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Part VII-B Statements Regarding Activit		n 4720 May Be Rec	quired (continued)	<u>—[v.]</u>
 5 a During the year, did the foundation pay or incu (1) Carry on propaganda, or otherwise attempt 	•	(section 4945(a))?	☐ Yes [K No	Yes No
(2) Influence the outcome of any specific publi					
on, directly or indirectly, any voter registra (3) Provide a grant to an individual for travel,	X No X No				
			∐ Yes [
(4) Provide a grant to an organization other the in section 4945(d)(4)(A)? See instructions.			Yes	K No	
(5) Provide for any purpose other than religious educational purposes, or for the prevention	n of cruelty to children of	or animals?		K No	
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53 4945 or in See instructions	the transactions fail to d a current notice regard	qualify under the except ing disaster assistance?	ions		5 b N/A
Organizations relying on a current notice regar	ding disaster assistance	e, check here	· · · · • [
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response	sibility for the grant?		N/A Yes []No	
If 'Yes,' attach the statement required by Regu		• •		1	
6 a Did the foundation, during the year, receive an on a personal benefit contract?	•			X No	
b Did the foundation, during the year, pay premii If 'Yes' to 6b, file Form 8870	ums, directly or indirect	ly, on a personal benefi	t contract?	· · _	6 b X
7 a At any time during the tax year, was the found	ation a party to a prohit	oited tax shelter transac	tion? Tyes	X No	
bilf 'Yes,' did the foundation receive any proceed	ds or have any net inco	me attributable to the tr	ansaction?	N/A	7 b
Part VIII Information About Officers, Directors	ectors, Trustees, Fo	oundation Managers	, Highly Paid Emp	oloyees,	
1 List all officers, directors, trustees, and found	ation managers and the	ır compensation. See ın	structions.		
	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit		ense account,
(a) Name and address	devoted to position	(If not paid, enter -0-)	plans and deferred compensation		er allowances
SEE STATEMENT 9			compensation		
		0.	0	+	0.
				ļ	
				ŀ	
			· · · · · · · · · · · · · · · · · · ·		
				}	
2 Compensation of five highest-paid employees	(other than those inclu	Ided on line 1 – see ins	tructions). If none, en	ter 'NONE	
(a) Name and address of each employee	(b) Title, and average		(d)Contributions to	43.5	ense account,
paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	1	er allowances
NONE			compensation	+	
		i			
				+	
				1	
					•
	·		-		
				1	
		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
				1	
Total number of other employees paid over \$50,000				-	0
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Part、VIII室 Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	ion Managers, Highly Paid Emplo	byees,
3 Five highest-paid independent contractors for professional services. See inst	tructions. If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	(b) Type-of service	_ (c) Compensation_
NONE		
	,	
Total number of others receiving over \$50,000 for professional services	•	0
		<u></u>
Part IX:A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year include relevant statistical organizations and other beneficiaries served, conferences convened, research papers produced, etc.	information such as the number of	Expenses
organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
		
2		
3		
*		
4		,,,
Part IX-B Summary of Program-Related Investments (see instru	ctions)	
Describe the two largest program-related investments made by the foundation during	ng the tax year on lines 1 and 2.	Amount
1 N/A		-
2		
All alban are related a related as a first state of the s		
All other program-related investments. See instructions		
5		
Total. Add lines 1 through 3.		0.
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Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
Distributable amount for 2017 from Part XI, line 7		_	(12 716
2 Undistributed income, if any, as of the end of 2017.				12,716.
a Enter amount for 2016 only	!		0.	
b Total for prior years: 20 , 20 , 20		0.	0.	· · · · · · · · · · · · · · · · · · ·
3 Excess distributions carryover, if any, to 2017.				
a From 2012 415, 786.			-	
b From 2013 498, 971.				
c From 2014 491, 832.				
d From 2015				
e From 2016 496, 988.				
f Total of lines 3a through e	2,371,738.		, •	•
4 Qualifying distributions for 2017 from Part	2,371,730.			
XII, line 4 \\$ 502,002.				
a Applied to 2016, but not more than line 2a				
			0.	
 Applied to undistributed income of prior years (Election required – see instructions) 		0.		
c Treated as distributions out of corpus (Election required — see instructions)	0.			
d Applied to 2017 distributable amount				12,716.
e Remaining amount distributed out of corpus	489,286.			
5 Excess distributions carryover applied to 2017 .	0.		-	0.
(If an amount appears in column (d), the				· · · · · · · · · · · · · · · · · · ·
same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:	ł			
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	2 061 024	1	1	'
a Corpus Ado lines 31, 4c, and 4e. Subtract line 3	2,861,024.			
b Prior years' undistributed income Subtract line 4b from line 2b	1	0.	,	
c Enter the amount of prior years' undistributed				
income for which a notice of deficiency has been issued, or on which the section 4942(a)				,
lax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.1]
e Undistributed income for 2016. Subtract line 4a from	•			, ,
line 2a Taxable amount — see instructions .	ļ		0.	j
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2018				0.
7 Amounts treated as distributions out of				Ì
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election				j
may be required — see instructions).	0.1			1
8 Excess distributions carryover from 2012 not				•
applied on line 5 or line 7 (see instructions)	415,786.		_	. ']
·	.10,,00.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	2,445,238.		.,	··· /
10 Analysis of line 9	2/113/230.			· i
a Excess from 2013 498, 971.		ļ		. }
b Excess from 2014 . 491, 832.				}
c Excess from 2015 468, 161.			ļ	•
d Excess from 2016 496, 988.				İ
e Excess from 2017 489, 286.			.	ļ
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Form 990-PF (2017) DIANA AND MICHAEL DAVID EPSTEIN 31-1684510						
Part XIVa Private Operating Foundations (see instructions and Part VII-A, question 9)						
1 a If the foundation has received a ruling or one is effective for 2017, enter the date of the					1 A042(1)(E)	
b Check box to indicate whether the foundat		rating touncation of		4942(j)(3) or	4942(j)(5)	
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	(h) 2016	Prior 3 years / (c) 2015 /	(4) 2014	(e) Total	
investment return from Part X for each year listed.	(a) 2017	(b) 2016	(E) 2015/	(d) 2014		
b 85% of line 2a .						
c Qualifying distributions from Part XII, line 4 for each year listed .					_	
d Amounts included in line 2c not used directly for active conduct of exempt activities.						
 Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 						
3 Complete 3a, b, or c for the alternative test relied upon:						
a 'Assets' alternative test — enter:				1		
(1) Value of all assets		/				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		/				
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.						
c 'Support' alternative test — enter			_			
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)						
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j(3)(B)(iii)						
(3) Largest amount of support from an exempt organization			<u> </u>			
(4) Gross investment income			<u> </u>			
Part:XV. Supplementary Information assets at any time during t	he year – see ir	s part only if the structions.)	e foundation ha	aa \$5,000 or moi	re in	
Information Regarding Foundation Manage a List any managers of the foundation who leads of any tax year (but only if they have NONE)	nave contributed more to contributed more to the contr	han \$5,000) (See	section 507(d)(2))			
b List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more of foundation has a 10	the stock of a corp)% or greater intere	poration (or an equa st	lly large portion of th	to awnership of	
2 Information Regarding Contribution, Gran Check here ► X if the foundation only requests for funds. If the foundation make 2a, b, c, and d. See instructions.	nakes contributions s gifts, grants, etc.	to preselected cha to individuals or org	ritable organizations ganizations under of	ther conditions, comp		
a The name, address, and telephone number	er or email address	of the person to wh	nom applications sho	ould be addressed.		
b The form in which applications should be	submitted and inform	nation and materia	ls they should includ	de		
c Any submission deadlines				-		
d Any restrictions or limitations on awards, s	such as by geograph	nical areas, charital	ble fields, kinds of in	nstitutions, or other f	actors.	
BAA	πέ	EA0310L 09/14/17		F	Form 990-PF (2017)	

*Part:XV: Supplementary Information (continued)			
3 Grants and Contributions Paid During the Yo	ear or Approved for Futu	re Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
Name and address (home or business) a Paid during the year SCHEDULE ATTACHED - See Staten		PRIV	CHARITABLE	502,002.
Total			<u>}</u>	502,002.
b Approved for future payment				
Total		J	▶ 31	

Ente	r gross amounts unless otherwise indicated		d business income	Excluded	by section 512, 513, or 514	
1	Program service revenue	(a) Business code	(b) Amount	(c) Exclu sion code	(d) Amount	(e) Related or exempt function income (See instructions.)
a	·					
t)					
•						
•						
4				┿┈┈┤		
'	Fees and contracts from government agencies			 		
2 `	Membership dues and assessments			+		
3	Interest on savings and temporary cash investments			14	3,252.	·-· - · · · · · · · · · · · · · · · · ·
4	Dividends and interest from securities			14	317.	
5	Net rental income or (loss) from real estate			+		
8	Debt-financed property			1		
t	Not debt financed property					
6	Net rental income or (loss) from personal property .					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory			18	-1.	
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory			-		,
11	Other revenue.					
a b	1.11. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	-		+		2,750
c				+		
ď				1		
e	· · · · · · · · · · · · · · · · · · ·				-	
12	Subtotal. Add columns (b), (d), and (e)				3,568.	2,750.
13	Total. Add line 12, columns (b), (d), and (e)				13	6,318.
(See	worksheet in line 13 instructions to verify calculations	;)			•	
Par	t XVI-B: Relationship of Activities to the	Accompli	shment of Exemp	t Purpo	ses	
Lin	E No. Explain below how each activity for which inco accomplishment of the foundation's exempt pro-	me is report	ed in column (e) of Pai	ri XVI-A ci	ontributed importantly to	the
	· · · · · · · · · · · · · · · · · · ·					
<u>1</u>	1A INTEREST FROM TAX-EXEMPT BON	DS - EX	<u>LUDED FROM GRO</u>	SS INC	OME BY CODE SE	CTION 103.
						
						
				-		
			_		*****	
					·	
						·· · · · · · · · · · · · · · · · · · ·
				_	 	
						
						
		-		-		
-						
					· · · · · · · · · · · · · · · · · · ·	

Form 990-PF (2017) DIANA AND MICHAEL DAVID EPSTEIN 31-1684510 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

describe	d in section 501(c) of	the Code (oth	gage in any of the follow her than section 501(c)(3)	ng with any othe organizations) o	r organization ir in section 527,		Ye	No
relating t	lo political organization	ons?						
_	· •	oundation to a	a noncharitable exempt o	rganization of		•	- 1 m	3552
(1) Cash			• •	•	•	•	1 a (1)	X X
(2) Othe						•	1 a (2)	X
b Other tra							75 F46 F	3 27 74
• •	s of assets to a nonc		· -		•	• • •	1 b (1)	X
• • -			ole exempt organization		•• • ••• •	•	1 b (2)	X
• • -	al of facilities, equipr		assels		-		1 6 (3)	X
• •	nbursement arrangen		•			•	1 b (4)	X
• •	is or loan guarantees			•	•		16(5)	X
• •		-	p or fundraising solicitation		• •		16(6)	X
c Sharing	of facilities, equipmen	nt, mailing list	s, other assets, or paid e	mployees		•	1 6	<u> </u>
d If the and the good any trans	swer to any of the ab is, other assets, or se saction or sharing arr	ove is 'Yes,' c ervices given t angement, sh	complete the following sci by the reporting foundation ow in column (d) the value	nedule Column (in If the foundati ie of the goods, o	b) should always on received less other assets, or s	show the fair ma than fair market ervices received	arket value of value in	
(a) Line no	(b) Amount involved	(c) Name o	f noncharitable exempt organiza	tion (d)	Description of transfer	s, transactions, and	sharing arrangem	ents
N/A						· · · · · · · · · · · · · · · · · · ·		
					_			
							_	
								
		·•						
			ted with, or related to, or ner than section 501(c)(3)	ie or more tax ex) or in section 52	cempt organizatio	ns	Yes	X No
	complete the following	<u> </u>	(b) Type of organ	vization .	(c) [escription of rela	ationship	
	Name of organizatio		(b) Type of organ	123001	(0)	Courplion of felt		
N/A								
			<u></u>	-		· · · · · · · · · · · · · · · · · · ·		
			·					
								
Linder ne	natives of names. I declare th	st I have examined	this return, including accompanying	schedules and statem	ents, and to the best of o	ny knowledge and belie	ef. it is true.	
Sign Correct.	and complete Declaration of	of preparer (other	(han taxoayer) is based on all in	ormation of which pre	Residen	Ç.	May the IRS of this return we preparer show See instructor	ith the m below?
Signat	ture of officer or truster		Date	Tiţi			X Yos	s No
Paid	Print/Type preparer's nam BRUNO A. KAE		Preparer's signature	Kalling	Oate 11/7/18	Check if self-employed	P0136916	58
Preparer	Firm's name H		ANCUSO & JONES,	P.C.	Fer	m's EIN - 52-1	706411	
Use Only	· —		VILLE PIKE					
	_	CKVILLE,	MD 20852		Ph	one no (301) 984-64	00
BAA	·						Form 990-P	

Schedule **B** (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs gov/Form990 for the latest information

OMB No 1545-0047

2017

Name of the organization DIANA AND MICHAEL	DAVID EDCTEIN	Employer Identification number
FAMILY FOUNDATION	. INC	31-1684510
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated a	as a private foundation
	527 political organization	
	_	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a	private foundation
	501(c)(3) taxable private foundation	1
Check if your organization is covered by the Ger	neral Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) organ	nization can check boxes for both the General Rule and	a Special Rule See instructions
General Rule		
X For an organization filing Form 990, 990-EZ,	or 990-PF that received, during the year, contributions e Parts I and II. See instructions for determining a cont	totaling \$5,000 or more (in money or
— property) from any one contributor. Complet	e Paris I and II. See instructions for determining a conti	nouter's total contributions.
Special Rules		
•	(c)(3) filing Form 990 or 990-F7 that met the 33.1/3% s	upport last of the regulations
under sections 509(a)(1) and 170(b)(1)(A)(vi	(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% si), that checked Schedule A (Form 990 or 990-EZ), Part	II, line 13, 16a, or 16b, and that
Form 990, Part VIII, line 1h, or (ii) Form 990	e year, total contributions of the greater of (1) \$5,000 of EZ, line 1. Complete Parts I and II.	(2) 2% of the amount on (i)
For an organization described in section 501 during the year, total contributions of more t	(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive than \$1,000 exclusively for religious, charitable, scientifications.	ed from any one contributor, c, literary, or educational
purposes, or for the prevention of cruelty to	children or animals. Complete Parts I, II, and III.	•
—		
	(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive religious, charitable, etc., purposes, but no such contri	
\$1,000 If this box is checked, enter here the	e total contributions that were received during the year f	for an exclusively religious,
	y of the parts unless the General Rule applies to this or	
a received nonexclusively religious, charitable	le, etc., contributions totaling \$5,000 or more during the	year · · ·
Caution. An organization that isn't covered by th	ne General Rule and/or the Special Rules doesn't file Sc	hedule B (Form 990, 990-EZ, or
990-Ph), but it must answer 'No' on Part IV, line Part I, line 2, to certify that it doesn't meet the fi	2, of its Form 990; or check the box on line H of its Foiling requirements of Schedule B (Form 990, 990 EZ, or	rm 990-EZ or on its Form 990-PF, 990-PF).
BAA For Paperwork Reduction Act Notice, see the instruc		ule B (Form 990, 990-EZ, or 990-PF) (2017)

TEEA0701L 08/09/17

	B (Form 990, 990-EZ, or 990-PF) (2017)	Page	1 of 1 of Parti	
DIANA	AND MICHAEL DAVID EPSTEIN	· ·	r Idomblication number 684510	
Part la	Contributors (see instructions) Use duplicate copies of Part I if additional sp	ace is needed		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	MICHAEL DAVID EPSTEIN 10501 WILLOWBROOK DRIVE POTOMAC, MD 20854	\$ <u>500,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Oncash Complete Part II for noncash contributions)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroli Complete Part II for noncash contributions.)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Complete Part II for noncash contributions)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$ -	Person Payroll Complete Part II for noncash contributions.)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
}		\$	Person Payroll Noncash Complete Part II for noncash contributions.)	
RAA		Cabadula B (Farra 0)	00 000 E7 0-000 DE (2017)	

	3 (FORM 990, 990-EZ, OF 990-PF) (2017)	Page	1 10	1 of Part II
Name of organ	AND MICHAEL DAVID EPSTEIN		1 ' '	rtification number
			31-1684	510
	Noncash Property (see instructions) Use duplicate copies of Part II if additional spi	ace is need	led	
(a) No. from Part I	(b) Description of noncash property given	FMV (d (See in	(c) or estimate) structions.)	(d) Date received
	N/A	\$	-	
(a) No from Part I	(b) Description of noncash property given	FMV (o	(c) or estimate) structions.)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	FMV (d (See in	(c) or estimate) structions.)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	FMV (c (See in	(c) or estimate) structions.)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	FMV (o	(c) or estimate) structions.)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	FMV (o (See in	(c) ir estimate) structions.)	(d) Date received
		\$		

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

	(Form 990, 990-EZ, or 990-PF) (2017)		Page	1 10 1 of Part I	
Name of organ	ND MICHAEL DAVID EPSTEIN			Employer Identification number 31-1684510	
Part [][1]	Exclusively religious, charitable, etc. or (10) that total more than \$1,000 for the following line entry. For organizations or contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional.	the year from any one contril ompleting Part III, enter the total o (Enter this information once. See i	butor. Complete columns (f <i>exclusively</i> religious, c	ection 501(c)(7), (8), (a) through (e) and	
(a) No. from	(b) Purpose of gift	(c) Use of gift	Desc	(d) ription of how gift is held	
Part i	N/A				
	Lava				
	(e)				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Relationship of	transferor to transferee	
ļ					
(a) No. Irom Part I	(b) Purpose of gift	(c) Use of gift	Desc	(d) ription of how gift is held	
			- 		
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4		Relationship of t	transferor to transferee	
•					
}					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Desc	(d) ription of how gift is held	
ļ	(e) Transfer of gift				
	Transferee's name, addres	s, and ZIP + 4	Relationship of t	transferor to transferee	
		·	·		
(a) lo. from Part l	(b) Purpose of gift	(c) Use of gift	Desc	(d) ription of how gift is held	
}					
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
-					
ļ					
AA .		TEEA0704L 08/09/17	Schedule B (Form	n 990, 990-EZ, or 990-PF) (20	

2017 FEDERAL STATEMENTS PAGE 1 DIANA AND MICHAEL DAVID EPSTEIN **CLIENT 06097 FAMILY FOUNDATION, INC** 31-1684510 12 23PM STATEMENT 1 FORM 990-PF, PART I, LINE 11 OTHER INCOME (B) NET (C) ADJUSTED (A) REVENUE INVESTMENT PER BOOKS INCOME NET INCOME TAX EXEMPT MUNI INCOME 2,750. 2,750. Ō. TOTAL \$ STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES (B) NET (C) (D) (A) **EXPENSES** INVESTMENT ADJUSTED CHARITABLE INCOME NET INCOME **PURPOSES** PER BOOKS 5,775. 5,775. 5,775. Ô. TOTAL \$ <u>0. ş</u> STATEMENT 3 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES (B) NET (D) (A) **EXPENSES** INVESTMENT ADJUSTED CHARITABLE PER BOOKS INCOME NET INCOME_ PURPOSES 1,150. \$ FROM PARTNERSHIP. 1,150. 195 LEGAL FEES 195. 1,345. TOTAL \$ 1,345. 0. **STATEMENT 4** FORM 990-PF, PART I, LINE 23 OTHER EXPENSES (A) EXPENSES (B) NÉT (C) (D) INVESTMENT ADJUSTED CHARITABLE PER BOOKS INCOME NET INCOME **PURPOSES** MISCELLANEOUS EXPENSES <u>175.</u> TOTAL \$ 0.

2017 PAGE 2 FEDERAL STATEMENTS DIANA AND MICHAEL DAVID EPSTEIN **CLIENT 06097 FAMILY FOUNDATION, INC** 31-1684510 12 23PM **STATEMENT 5** FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE STOCKS VALUATION BOOK FAIR MARKET CORPORATE STOCKS METHOD VALUE VALUE 14,374. 14,374. MEDTRONIC PLC - See Statement 11 MKT VAL 13,469 TOTAL \$ 13,469. **STATEMENT 6** FORM 990-PF, PART II, LINE 10C INVESTMENTS - CORPORATE BONDS BOOK VALUATION FAIR MARKET CORPORATE BONDS VALUE METHOD <u>VALUE</u> JPMORGAN-BONDS-SEE Statement 11 MKT VAL 45,373 45,086 TOTAL 45,373 45,086. STATEMENT 7 FORM 990-PF, PART II, LINE 13 INVESTMENTS - OTHER FAIR MARKET VALUATION BOOK VALUE VALUE METHOD OTHER INVESTMENTS VINTAGE CAPITAL PARTNERS LP VINTAGE CAPITAL PARTNERS, LP - GAAP/TAX MKT VAL 86,802. \$ 86,802. MKT VAL 3,437. 3,437. 90,239. \$ 90,239. TOTAL \$ **STATEMENT 8** FORM 990-PF, PART III, LINE 5 OTHER DECREASES 2,289. NONDEDUCTIBLE EXPENSES TOTAL 2,289.

2017

FEDERAL STATEMENTS

PAGE 3

CLIENT 06097.

DIANA AND MICHAEL DAVID EPSTEIN FAMILY FOUNDATION, INC

31-1684510 12-23PM

STATEMENT 9
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	
MICHAEL DAVID EPSTEIN 10501 WILLOWBROOK DRIVE POTOMAC, MD 20854	PRES & TREAS 0	\$ 0.	\$ 0.	\$ 0.
DIANA ELY EPSTEIN 10501 WILLOWBROOK DRIVE POTOMAC, MD 20854	VP/SECRETARY 0	0.	0.	0.
SAMANTHA EPSTEIN 300 EAST 77TH ST, #4B NEW YORK, NY 10021-3375	ASST SECRETARY 0	0.	0.	0.
MICHAEL DAVID EPSTEIN 10501 WILLOWBROOK DRIVE POTOMAC, MD 20854	DIRECTOR 0	0.	0.	0.
DIANA ELY EPSTEIN 10501 WILLOWBROOK DRIVE POTOMAC, MD 20854	DIRECTOR 0	0.	0.	0.
JONATHAN RUBENSTEIN 300 EAST 77TH STREET, #4B NEW YORK, NY 10021-3375	DIRECTOR 0	0.	0.	0.
SAMANTHA EPSTEIN 300 EAST 77TH ST, #4B NEW YORK, NY 10021-3375	DIRECTOR 0	0.	0.	0.
NEIL GURVITCH 4416 EAST WEST HIGHWAY BETHESDA, MD 20814-4568	VICE PRESIDENT 0	0.	0.	0.
NEIL GURVITCH 4416 EAST WEST HIGHWAY BETHESDA, MD 20814-4568	DIRECTOR 0	0.	0.	0.
	TOTAL	\$ 0.	<u>\$</u> 0.	<u>\$</u> 0.