

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Open to Public Inspection

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/Form990 for instructions and the latest information.

<u>A</u> _	For the	2017 cale	endar year, or tax year beginning	, 20 <u>17,</u> a	nd <u>e</u> nding			, 20						
В	Check if a	applicable	C Name of organization Volosov Family Foundation, Inc.				D Employe	er identifi	cation nu	ımber				
	Address of	chande	47-4050322											
$\overline{\Box}$	Name cha								E Telephone number					
$\overline{\Box}$		-	· ·	ĺ			410-727-							
님	Initial retu		101 West Mount Royal Avenue City or town, state or province, country, and ZIP or foreign posta		<u> </u>		410-727-	4020						
뭄		n/terminated						700 640						
片	Amended		Baltimore, MD 21201				G Gross re			723,610				
Ш	Application	on pending	F Name and address of principal officer			H(a) Is this a gr								
			<u></u>	H(b) Are all										
1	Tax-exem	npt status	X 501(c)(3)	947(a)(1) or	<u>」527ノ、フ</u>	lf "N	o," attach a	ı lıst (see ı	nstructio	ns)				
J	Website:	<u> </u>	1			H(c) Group	exemption	number 🕨	>					
K	Form of or	rganization	X Corporation ☐ Trust ☐ Association ☐ Other ►	L Yea	r of formation	2015_	M State	of legal do	omicile	MD				
Р	art I	Summ	nary			** -								
	1	Briefly de	escribe the organization's mission or most significant	activities	The Found	dation was	created to	carry or	t the					
ø	1	· -	educational and religious purposes of The Associated Jewis											
ä	1 .		dation makes grants to public charitable organizations in furt											
Ĕ			s box ► if the organization discontinued its opera					its net s	ecete					
Š	3	Number	of voting members of the governing body (Part VI, lin	10/10 Opens			1 ~ 1	ito ries _i a	33013	_				
<u>م</u>	1				100 1b) ·	y 5018	1221							
ŝ	-	Tetal	of independent voting members of the governing boo	Don't VI		T IS LO		<u></u>						
Activities & Governance			mber of individuals employed in calendar year 2017 (Part V, Ilne	Ka) Min.	استنسب	113							
Ė	1		mber of volunteers (estimate if necessary) .	· · · \ [TEN.	16-			4				
4	1		elated business revenue from Part VIII, column (C), lii	<i>'</i> 4			_7a							
	b	Net unre	lated business taxable income from Form 990-T, line	34		<u> </u>	7b							
	1					Prior Ye	ar	Cı	urrent Ye	ar				
<u>a</u>	8	Contribu	tions and grants (Part VIII, line 1h)				1,515,200	_		721,000				
an.	9	Program	service revenue (Part VIII, line 2g)							0				
Revenue	_10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>			(3,955)			2,610				
œ	11 (Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a	ind 11e)						0				
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, col	lumn (A), lin	ne 12)		1,511,245			723,610				
			nd similar amounts paid (Part IX, column (A), lines 1-	1,507,200			716,900							
	1		paid to or for members (Part IX, column (A), line 4)	-						0				
G			other compensation, employee benefits (Part IX, columi		5–10)	_				, 0				
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)		- '''	~	-							
Der.	b		draising expenses (Part IX, column (D), line 25) ▶		.		Z.W.							
ŭ	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)			<u> </u>	336			371				
	1			 (Δ) line 25	·	· · · · · ·								
	1	-	penses Add lines 13–17 (must equal Part IX, column	(A), iiile 25	'		1,507,536			717,271				
		Revenue	less expenses Subtract line 18 from line 12	inning of Cu	3,709		nd of Ye	6,339						
Net Assets or					Deg	illining of Cu			nu or re					
Sset	20		sets (Part X, line 16)		· ·		6,733		<u>_</u>	13,757				
et A	21		pilities (Part X, line 26)	•	· <u> </u>		0	<u> </u>		0				
			ts or fund balances Subtract line 21 from line 20	•			6,733			13,757				
Р	art II	Signa	ture Block											
			ry, I declare that I have examined this return, including accompany					ny knowle	dge and	belief, it is				
tru	ie, correct,	and comp	lete Declaration of preparer (other than officer) is based on all inform	nation of whic	ch preparer ha	s any knowl	edge							
	}		$\rightarrow \sim \sim \sim$				5/8	118						
Sign		Sign	ature of officer			Da	te	•						
He	ere	Ma	arc B Terrill President											
		Туре	or print name and title											
		Print/Ty	pe preparer's name Preparer's signature		Date		Chook	, PT	1N					
Pa		_			1		Check self-em		3					
	eparei		name •			Firm	ı's ElN ▶							
US	se Only	/	address ►				ne no							
Ma	v the IR		s this return with the preparer shown above? (see ins	structions)		[F110			TYA	s 🗌 No				
_				2		·				90 (2017)				
-01	raperw	vik keau	ction Act Notice, see the separate instructions.					_	i OHB 🥹	, J J (2017)				

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Part			
1	Check if Schedule O contains a response or note to any line in this Part III		
•	The Foundation was created to carry out the charitable, educational and religious purposes of The Associated Jewish Communication.	1tv	
	Federation of Baltimore, Inc (The Associated) The Foundation makes grants to public charitable organizations in furtherance		
	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 services?		50 M ⋅
	services?	☐ Yes	A NO
4	Describe the organization's program service accomplishments for each of its three largest program services,	as meas	sured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 716,900 including grants of \$ 716,900) (Revenue \$		
	Provide grants to public charitable organizations in furtherance of the mission of The Associated Jewish Community Federatio		<i>'</i>
	of Baltimore, Inc		
			
4b-	(Code) (Expenses \$including grants of \$) (Revenue \$		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
·			
-			
4.1	Other present continent (Departs in Sahadula C.)		
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses ►		716.900

Part l	V Checklist of Required Schedules	-		
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	L
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		- 1	
4	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		_X_
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		*	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		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	X	
С-	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	-	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			T.
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		X
23	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	-		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	l		i
	current or former officers, directors, trustees, key employees, highest compensated employees, or 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 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)	Ì		
а	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	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	_		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .	28c	l	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
24	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		v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		<u>X</u>
,	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	00	-	
	or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a	ļ	X
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	_	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization]
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note . All Form 990 filers are required to complete Schedule O	38	X	

	00 (2017)		-	Page 5
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No.
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0		70 51	
1a		-	,	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and	\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		,
С	reportable gaming (gambling) winnings to prize winners?	1c	شس	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	8.2	.: 28	2 1
2.a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		1.0	;
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	Š)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	abilian -	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	<u> </u>		
Ta	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶	(2.	- 1	
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			in i
	(FBAR)		2006	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	8. \$		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	_	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	Ĕ.i.	100 m	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X

q	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		3.
	sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		Æ.
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter	300	kia

Initiation fees and capital contributions included on Part VIII, line 12

Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Section 501(c)(12) organizations. Enter:

Gross income from members or shareholders

10a

10b

11b

а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	of Form 1041?	12a
	against amounts due or received from them.)	11b	المكادر
	Gross income from other sources (Do not net amounts due or paid to other sources		, ,
a	Gross income from members or shareholders	11a	l* 1

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?
 If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13	Section 501(c)(29) qualified nonprofit health insurance issuers.
	The state of the s

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	o maintain l	by the	states	in '	which
	the organization is licensed to issue qualified health plans			-		
С	Enter the amount of reserves on hand					

4a Did the organization receive any payments for indoor tanning services during the tax year?

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

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13a

14b

13b 13c

Part									
	response to line 8a, 8b, or 10b below, describê the circumstances, processes, or changes in Schedule O. Schedule O	see ins	tructi	_					
Socti	Check if Schedule O contains a response or note to any line in this Part VI		<u>·</u>	X					
Secu	on A. Governing Body and Management	—т	Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5	, (7 1					
	If there are material differences in voting rights among members of the governing body, or	154							
	if the governing body delegated broad authority to an executive committee or similar			30					
	committee, explain in Schedule O.	5	· ·						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4		•						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1 46) i						
•	any other officer, director, trustee, or key employee?	2	X						
3	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?								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6	X						
7a	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	<u> </u>					
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		,	Î					
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	<u>านe C</u>	_						
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a		X					
b	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							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		Ì						
	describe in Schedule O how this was done	12c		 					
13	Did the organization have a written whistleblower policy?	13 14		X					
14 15	Did the organization have a written document retention and destruction policy?	-	F	X					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1	<u> </u>					
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)	43							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		.de , ~	النياة [
•	with a taxable entity during the year?	16a	77. 1	X					
р	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							
Secti	on C. Disclosure	1.54							
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	n 501(c)(3)s	s only)					
•	available for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website Value (such fine the control of the	tors-1	nal	المحمار					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year	lerest	holic	y, and					
20	State the name, address, and telephone number of the person who possesses the organization's books and re	eCOrde	: >						
~~	Marilyn Loux 101 West Mount Royal Avenue Baltimore, MD 21201	.55.40							

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

[V]

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

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

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

☐ Check this box if neither the organization no	r any relate	d orga	anız	atio	n c	ompe	nsa	ated any curren	t officer, director	, or trustee.
					C)					-
(A)	(B)	(do n	ot ch		ition	than c	ne.	(D)	(E)	(F)
Name and Title	Average	(do not check more than or box, unless person is both					n an	Reportable	Reportable	Estimated
	hours per week (list any		ſ			or/trust		compensation from	compensation from related	amount of other
	hours for	임	Inst	Officer	₹	흵	Former	the	organizations	compensation
	related organizations	irect	I to	ğ	mg	lest o	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	악	nal		Key employee	e com		,		and related
	line)	Individual trustee or director	Institutional trustee		ĕ	pens				organizations
		"	ee			Highest compensated employee				
(4) ac	15									
(1) Marc B Terrill President and Public Director	15 40 0	X	-	X	-			0	547,908	189,023
(2) Paul S Volosov	15	Α_	\vdash	Δ_	-		 	0	347,908	107,023
Vice President and Donor Director	† -	X		X				0	0	0
(3) David Volosov	15						 	<u> </u>		
Treasurer and Donor Director		X		X				0	0	0
(4) Yehuda Neuberger	15									
Secretary and Public Director		X		X				0	0	0
(5) Bruce Sholk	15									
Public Director				X				0	0	0
(6)	ļ									
(7)										
(8)			-		-					
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Compensation Comp			(B)	1						(D)	1		(F)	
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Form **990** (2017)

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					(A) (B) Total revenue Related or exempt function revenue				busi	lated ness enue	exclu und	Revenue ded from tax ler sections 512-514
Grants	1a	Federated campaigns	. 1a							· \$1,		
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b								Ĵ	
Gifts, ilar An	С	Fundraising events .	1c									
ia is	d	Related organizations	. 1d				580					
Sir	e f	Government grants (contra All other contributions, gifts										
utic	1	and similar amounts not include		701 000					,			
t i	_	Noncash contributions included	الــــــــا	721,000								
Contributions, and Other Sim	g	Total. Add lines 1a–1f	J III IIIIe3 1α-11. Ψ _			721,000			, 3,3			
		Total / total		Business Code	· 3			<u> </u>		7	8 . 3.	
Program Service Revenue	2a		Ţ			a sadiominament		- (LA)			"ALAM	
Se .	ь											
/ice	С											
Sen	d											
E	е											
bo.	f	All other program servi	ce revenue						<u> </u>			***
<u>~</u> _	g	Total. Add lines 2a-2f				0		<u> </u>		<u> </u>	<u> </u>	<u> </u>
	3	Investment income (in and other similar amou		ends, interest,	}	400	}					400
ļ	4	Income from investment	•	nd proposeds		100						100
	5	Royalties .	Ji tax-exempt bo	ina proceeds								·· ···
!	,	Noyanies .	(i) Real	(ii) Personal	1 1	7	i i				*	
	6a	Gross rents .							#.			
	b	Less rental expenses		 	f Ø.		Ž.					
ļ	٠с	Rental income or (loss)	0	0								
	d	-Net-rental-income-or_(lo	oss)			0						
	7a	Gross amount from sales of	(i) Securities	(ii) Other					1			
		assets other than inventory	2,510									
	b	Less cost or other basis										
		and sales expenses										
	C	Gain or (loss)	2,510	0	{ .	<u> </u>	#_ £	I		4 4 .	- M.,	
~	d	Net gain or (loss)			*	2,510	- N	4 1	<u> </u>	7. 7. 50		2,510
Other Revenue	8a	Gross income from fun events (not including \$										
her Re		of contributions reported See Part IV, line 18	l on line 1c) a									
ŏ	b	Less direct expenses	b [îm 1	lie. C. :				. 12 _1		. M
	9a	Net income or (loss) from Gross income from game See Part IV, line 19		events >		0						
	b	Less direct expenses	b					7.	6 %			
	c	Net income or (loss) fro		vities .	. a Stad	0	. 25	x lallan.		V 30		ide säätäise a alustillissee
	10a				L. K.		1	1. · · · · · · · · · · · · · · · · · · ·	. **	\$ W	***	
		returns and allowances	s a		18 1							
	b	Less cost of goods so									1. V	
	С	Net income or (loss) fro				0						
		Miscellaneous Rev	venue	Business Code		S. Mi	L.E.		4* * 4.	10 M	* 2_ *	
	11a											
	b				ļ						 	
	С	All alba					 		 			
	d	All other revenue	·		 		2 40	· · · · ·	. 2 h.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	**** ** **
	12	Total revenue See ins			-	723 610	- X	<u> </u>	<u> </u>	, ,	**************************************	2 610

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must cor			ns must complete co	olumn (A)
	Check if Schedule O contains a respor	ise or note to any li			
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	716,900	716,900		
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				
4	individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
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				
f	Investment management fees _Other _(If line 11g amount exceeds 10% of line 25, column	371		371	
g_	(A) amount, list line 11g expenses on Schedule ()				
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 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered			1/2 1/2 1/2 1/2	
	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)				
а					
b					
С					
d					
е	All other expenses		-		
25	Total functional expenses. Add lines 1 through 24e	717,271	716,900	371	
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)				
_		L	L		

33

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash—non-interest-bearing . 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net . . . 3 Accounts receivable, net . . . 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a Less accumulated depreciation 10b 10c 11 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 12 6,733 13,757 13 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 . . 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 6,733 13,757 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue . 20 _Tax-exempt_bond_liabilities___ 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . 25 26 Total liabilities. Add lines 17 through 25 01 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets . 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . Paid-in or capital surplus, or land, building, or equipment fund . 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds

13,757

33

34

6,733

6,733

Page	1	2
, age	•	-

Part	XI Reconciliation of Net Assets	-		
	Check if Schedule O contains a response or note to any line in this Part XI		<u>. </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		723,610
2	Total expenses (must equal Part IX, column (A), line 25)	2		717,271
3	Revenue less expenses. Subtract line 2 from line 1	3		6,339
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,733
5	Net unrealized gains (losses) on investments	5		685
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	1		
	33, column (B))	10		13,757
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			,
			<u>Y</u>	es No
1	Accounting method used to prepare the Form 990 🗵 Cash 🔲 Accrual 🔲 Other		- 1	
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain i	n 🖟 🔭	
,	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	نامما م	2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both.	nieu c	or 🧗 🧗	
	·			
	Separate basis Consolidated basis Both consolidated and separate basis		2b	1 X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited.	d on	h	X
	separate basis, consolidated basis, or both	u OII		
	Separate basis Consolidated basis Both consolidated and separate basis			å [1]
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersiał	nt 🕍 🤻	* m
C	of the audit, review, or compilation of its financial statements and selection of an independent account			
	If the organization changed either its oversight process or selection process during the tax year, ex		8 2	
	Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	in	141 111 1
-	the Single Audit Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th		
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b	
			Form \$	90 (2017)
				. ,

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.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 47-4050322 Volosov Family Foundation, Inc. Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's ñame, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1) A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s) (iii) Type of organization (iv) is the organization (i) Name of supported organization (ii) FIN (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) The Associated Jewish Community Federation of Baltimore 52-0607957 10 X (B) (C) (D)

(E) Total

Part	(Complete only if you checked the						
	Part III. If the organization fails to						
Section	on A. Public Support				· -	,	/
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	}	ł	1			
	include any "unusual grants") .						
2	Tax revenues levied for the]		}	1		
	organization's benefit and either paid						
	to or expended on its behalf		ļ. <u>.</u>				
3	The value of services or facilities		ļ.				
	furnished by a governmental unit to the			/	<i>Y</i>		
	organization without charge				<u> </u>	 -	
4	Total. Add lines 1 through 3 .	3 %3		15			
5	The portion of total contributions by			13/1/2			
	each person (other than a						k
	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			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	on B. Total Support		// ** ***	L***	1 87 - 48 - 255	<u> </u>	
	dar year (or fiscal year beginning in)	(a) 201,3°	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4		, , ,			,,,	
8	Gross income from interest, dividends,						
	payments received on securities loans,				1	1	
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	-activities,-whether-or-not_the_business_	-	-	-		- - -,	
	is regularly carried on		<u> </u>	<u> </u>			
10	Other income Do not include gain or]	
	loss from the sale of capital assets				1		
	(Explain in Part VI.)		: 1 : 3 3/4	1			
11	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	/oog upotrupt	() () () () () () () () () ()		1, 4, 3	12	
12	First five years, If the Form 990 is for t			 ad thurd fourtl	horfifthtav		n 501(c)(3)
13	organization, check this box and stop he					ear as a sectio	•
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2017 (line			11. column (f))		14	%
15	Public support percentage from 2016 Sc					15	%
16a	331/3%/support test—2017. If the organ	nization did no	t check the bo			31/3% or more,	check this
	box and stop here. The organization qua						. ▶ 🗆
b	331/3% support test-2016. If the organ					is 331/3% or m	ore, check
	this box and stop here. The organization	n qualifies as a	publicly suppo	orted organiza	tion		▶ □
17a	10%-facts-and-circumstances test—2	2017. If the ord	anization did i	not check a bo	ox on line 13, 1	16a, or 16b, and	d line 14 is
	/10% or more, and if the organization m	eets the "fact:	s-and-circums	tances" test, c	check this box	and stop here.	Explain in
/	Part VI how the organization meets the	"facts-and-cire	cumstances" t	est. The organ	nzation qualifie	s as a publicly	supported
//	organization						. ▶ 🗆
/b	10%-facts-and-circumstances test—2	2016. If the org	ganization did	not check a b	ox on line 13,	16a, 16b, or 17	a, and line
//	15 is 10% or more, and if the organiz	ation meets t	he "facts-and-	circumstances	s" test, check	this box and	stop here.
	Explain in Part VI how the organization	meets the "fac	cts-and-circum	istances" test	The organizat	ion qualifies as	a publicly
//	supported organization	•		•			▶ □
<i>:</i> //18	Private foundation. If the organization of	lid not check a	box on line 13	3, 16a, 16b, 17	a, or 17b, che	ck this box and	see
1	instructions .	<u> </u>			_ · _ ·		· . P 📋

Part			_	, ,, ,			1 Da 4
	(Complete only if you checked the						der Part II.
Sacti	If the organization fails to qualify on A. Public Support	under the tes	sts listed bei	ow, piease co	mplete Part	1)	_/
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017 🔎	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2013	(6) 2014	(6) 2013	(u) 2010	(e) 2011	(i) Totar
•	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						-
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					ļ	
4	Tax revenues levied for the				,		
	organization's benefit and either paid to				!		
	or expended on its behalf .						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	,					
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3	,		ĺ			
	received from disqualified persons	<u> </u>	_/				
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
·	line 6)						
Secti	on B. Total Support	<u> </u>	<u>```#8</u> ``				
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6					,	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,				i		
	royalties, and income from similar sources						
b	Unrelated business taxable/income (less	,					
	section 511 taxes) from businesses	1		,			
	acquired after June 30, 1975						
_	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	j		,	`		
40							
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)			1			
13	Total support. (Add lines 9, 10c, 11,						
. •	and 12')						
14	First five years. If the Form 990 is for the	ne organization	's first, secon	d. third. fourth	or fifth tax ve	ear as a section	1 501(c)(3)
	organization, check this box and stop he	•					. ``▶ □
Secti	on C. Computation of Public Suppor		e				
15	Public support percentage for 2017 (line	8, column (f) dr	vided by line 1	3, column (f))		15	%
16	Public support percentage from 2016 Sch	hedule A, Part I	III, line 15	<u> </u>	<u> </u>	16	%
Secti	on D. Computation of Investment In						
17/	Investment income percentage for 2017 (•	• • •	-	nn (f))	17	%
18	Investment income percentage from 2016					18	%
1/9a	331/3% support tests—2017. If the organ						
/ .	17 is not more than 331/3%, check this box	· ·	_	•		_	
/ b	331/3% support tests—2016. If the organiz						
20	line 18 is not more than 331/3%, check this	-	-	•	•		==
20	Private foundation. If the organization di	u not check a l	box on line 14	, т <u>э</u> а, от <u>190, с</u>	HECK THIS DOX	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)

Section	A.	ΑII	Supporting	Organ	izations
---------	----	-----	------------	-------	----------

1	Are all of the organization's supported organizations listed by name in the organization's govern	ing
	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	,

- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- c 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
- 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.
- 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
- c 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
- 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)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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)
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - 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)

		Yes	No
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	1 **	X	38 8:
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ıd	G)		4
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3)	3c		
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Scriedu	e A (Form 950 of 950-E2) 2017			Page 3
Part	Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		3	
	below, the governing body of a supported organization?	11a		Χ
	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. on B. Type I Supporting Organizations	11c		<u>X</u>
	on an approximation of the second of the sec		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			Ĭ.
	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) ja
	controlled the organization's activities. If the organization had more than one supported organization,	1		
	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	À	2	.i.
2		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		1. 8	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			ŵ.
0 - 41	supervised, or controlled the supporting organization.	2	X	<u> </u>
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	7	100	4
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1 1		
	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	1_	<u></u>	<u> </u>
	on any point of the second of		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		-	Ž
	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	**	1	
	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).	1.4		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2	*	4
	significant voice in the organization's investment policies and in directing the use of the organization's	i		
	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		L.	1
Secti	on E. Type III Functionally Integrated Supporting Organizations	3_	L	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	-
' a	☐ The organization satisfied the Activities Test. Complete line 2 below	1115114	CLIOII	3)
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i>			
С	☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see ın	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			1,5%
	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		A 3	**
	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			[* w
	activities but for the organization's involvement	2b	/ · · · · · · · · · · · · · · · · · · ·	
3	Parent of Supported Organizations Answer (a) and (b) below.	1		1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or]. Ž	Z.,
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	1	See See See
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	3h		M.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izatio	ns							
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ										
Section A - Adjusted Net Income			(A) Pri	or Yea	г	(B	(B) Current Year (optional)			
1 Net short-term capital gain	1									
2 Recoveries of prior-year distributions	2									
3 Other gross income (see instructions)	3									
4 Add lines 1 through 3	4				,					
5 Depreciation and depletion	5									
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	_								
7 Other expenses (see instructions)	7					<u> </u>				
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8									
Section B - Minimum Asset Amount			(A) Pri	or Yea	r	(B) Curr (opt	ent \ ional		
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).) ; ;					100	*	Ì		
a Average monthly value of securities	1a									
b Average monthly cash balances	1b									
c Fair market value of other non-exempt-use assets	1c					<u> </u>				
d Total (add lines 1a, 1b, and 1c)	1d	<u> </u>								
e Discount claimed for blockage or other factors (explain in detail in Part VI)								*	<u> </u>	
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					\top				
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		Ž.		Įa.			Curre	nt Ye	ear	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	3	13	1	·Ø.					
2 Enter 85% of line 1	2	34	₹		1	1				
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	1	* \$	1.0	42					
4 Enter greater of line 2 or line 3	4	Ç.	1/3			1				
5 Income tax imposed in prior year	5	1		-	2 📲	1				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6				Ť.					
7 Check here if the current year is the organization's first as a non-functional		tearet	ed Type	ال ج	onortin	d ord	120179	ation	(see	
instructions)	.y !!!	icgial	ou rypt	o m ou	σροιτιτ	y or	jui 1120	461011	9967	

Part		3) Su	ıppo	rting	Organ	izatio	ns (cor	tinued)			
Secti	on D - Distributions								Cu	rrent '	Year
1_	Amounts paid to supported organizations to accomplish	exem	npt pi	urpos	es						
2	Amounts paid to perform activity that directly furthers exe	empt	purp	oses	of suppo	orted					
	organizations, in excess of income from activity										
3	Administrative expenses paid to accomplish exempt purp	oses	s of s	uppor	ted orga	nızatıo	ns				
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 which	h the	e orga	anızati	ion is res	sponsiv	/e				
	(provide details in Part VI) See instructions				-						
9_	Distributable amount for 2017 from Section C, line 6										
10	Line 8 amount divided by line 9 amount						(::)			(:::\	
Se	ection E - Distribution Allocations (see instructions)	Exc	ess	(i) Distri	butions		(ii) erdistri Pre≃20	butions 17		(iii) stribut unt fo	table or 2017
1	Distributable amount for 2017 from Section C, line 6	:4	- 8		#4	->> ->-	1 m				
2	Underdistributions, if any, for years prior to 2017	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		i i	1.						
	(reasonable cause required—explain in Part VI) See		,						· #		
	ınstructions	, , , , , , , , , , , , , , , , , , , ,		* *							<u> </u>
3	Excess distributions carryover, if any, to 2017	*	1		: //			<u> </u>	- \$		<u>`. ji</u>
a		\$. \$\chi_{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\exiting{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texitin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex	**	· 🌋		7 5		*	,	* 4	<u> </u>
b	From 2013	¥	· · · ·	8	*#			\$\cdot\ \partial \cdot\ \parti	A.	W :	1
с	From 2014	<i>*</i>	Ĭ.	Å.	<u> </u>				- 3	T. 4	
d	From 2015 .	4 A	-1	- Ž	*2	*	<u>i (</u>	7		<u> </u>	
е	From 2016	#.	<u>**</u>	2.3		<u> </u>	* *	7 1 1 M	4		
f	Total of lines 3a through e					· .	<u> </u>	<u> </u>	- "	<u> </u>	· 14
g	Applied to underdistributions of prior years			# 1					× 2		; **
<u>h</u>	Applied to 2017 distributable amount	<u> </u>		14		4	<u>į.</u>	3 4			- 30
<u></u>	Carryover from 2012 not applied (see instructions)	*		<u> </u>		- 4	<u> </u>	4 9	<u> </u>		
j_	Remainder Subtract lines 3g, 3h, and 3i from 3f	<u> </u>		od?			?w	3 3	37.	<u> </u>	<u> </u>
4	Distributions for 2017 from		!!!	£.							
	Section D, line 7 \$	F.	<u> </u>	<u> </u>	<u> </u>	· #3		<u> </u>	* 4		<u> </u>
	Applied to underdistributions of prior years	<u> </u>	78	<i>F</i>	<u> </u>		2 100	.8 3		r K	<u>-`}`</u>
<u>b</u> _	Applied to 2017 distributable amount	/ ₂ /		1			<u>: </u>	^_ e <u>i</u>	.300	38a' 94	
c	Remainder Subtract lines 4a and 4b from 4.	1.280	álas v	- 36		i k	1 1	# E		<u> </u>	<u> </u>
5	Remaining underdistributions for years prior to 2017, if		4;							k I	
	any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions		ź	<i>P</i> .				0	* 3	#0", " #6	
		美。	.IF.		<u> </u>	7	W 87.3	, , ,	<u> </u>	<u> </u>	<u> </u>
6	Remaining underdistributions for 2017 Subtract lines 3h		. 4				S. 1		1		
	and 4b from line 1 For result greater than zero, explain in Part VI. See instructions.	1		2 /		1/2			!		
			38,		<u> 4. "":</u>		<u> </u>		7.000	W	
7	Excess distributions carryover to 2018 Add lines 3j and 4c.				0						
	Breakdown of line 7:	2.2	a), 1		- 0	II.	<u> </u>		7 TO 1	. # % <u>%</u>	* 6
8	Excess from 2013	+-	W .		7 762 736 74		38 y " " " " " " " " " " " " " " " " " "	7 <u></u>	19	"	*## 3 · · · · *
<u>a</u>	Excess from 2013 Excess from 2014	# ·	**************************************	*	- 10 A				777		**************************************
<u>b</u>	Excess from 2014 .	1/4			- 48 /	1.73	* **** */* ****		48000 s		- '94 ₀
<u>c</u> d	Excess from 2016	¥	<u> </u>	<u>.8 4</u> ₩ ₄ .			7		**************************************	11.	<u> </u>
<u>u</u>	Excess from 2017		780			1		- * *		<u> </u>	
	LACESS HUIII ZUTT .	1 3/8	<u>r</u>	* ; 1/h	* 3	1. 55	<u> </u>		A (Form 9	90 or 9	90-EZ) 201

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, 2b, 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, Sect	ion A, Line 6 -
The Support	ed Organization works to preserve and enhance Jewish life It addresses charitable, educational, religious, humanitarian,
health, cultur	ral and social service needs of the Jewish community locally, nationally, in Israel and throughout the world
In furtheran	ce of that mission, the Supported Organization encourages families to establish supporting organizations in
partnership v	with it, in order to engage interested donors and succeeding generations in philanthropic pursuits and
enhance bot	the Jewish and general communities in keeping with the Jewish tradition of repairing the world
All grants are	e made to tax-exempt charitable organizations determined to be tax-exempt public charities by the Internal Revenue Service
Part IV, Sect	tion B, Line 2 -
Grants to or	ganizations, other than the Supported Organization, are made at the discretion of the Board of the Supporting
Organization	n and are made in furtherance of the mission of the Supported Organization to support Jewish, cultural, educational
and social ju	stice 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the	he organization		Employer identification number
Volosov I	Family Foundation, Inc		47-4050322
Part i	Organizations Maintaining Donor Adv	vised Funds or Other Similar Fur	nds 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 T	otal number at end of year		
	ggregate value of contributions to (during year)	 	
			
	ggregate value of grants from (during year)		
	ggregate value at end of year .	L	<u> </u>
	id the organization inform all donors and donor		·-
tı	unds are the organization's property, subject to th	ie organization's exclusive legal contr	ol?
6 D	old the organization inform all grantees, donors, a	and donor advisors in writing that gra	nt funds can be used
0	nly for charitable purposes and not for the bene	fit of the donor or donor advisor, or t	for any other purpose
С	onferring impermissible private benefit?		· · · D Yes D No
Part I	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7	
1 F	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	• • • • • • • • • • • • • • • • • • • •	f a historically important land area
	Protection of natural habitat		of a certified historic structure
		☐ Preservation o	r a certilled historic structure
	Preservation of open space		
	complete lines 2a through 2d if the organization he	eld a qualified conservation contributi	
е	asement on the last day of the tax year		Held at the End of the Tax Year
a T	otal number of conservation easements		. 2a
b T	otal acreage restricted by conservation easement	ts	2b
	lumber of conservation easements on a certified		. 2c
	lumber of conservation easements included in		
	istoric structure listed in the National Register .		2d
	lumber of conservation easements modified, tran		
	ax year ▶		g
	lumber of states where property subject to conse	ryation easement is located >	
	poes the organization have a written policy re		spection handling of
	iolations, and enforcement of the conservation ea		· · · · · · · · · · · · · · · · · · ·
	•		
6 S	taff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and emorcing	conservation easements during the year
		I . II	
	mount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	* \$		
	oes each conservation easement reported on line	2(d) above satisfy the requirements o	
а	nd section 170(h)(4)(B)(ii)?		· · · · Pyes No
9 Ir	n Part XIII, describe how the organization reports	conservation easements in its revenue	e and expense statement, and
b	alance sheet, and include, if applicable, the text of	of the footnote to the organization's fil	nancial statements that describes the
0	rganization's accounting for conservation easeme	ents	
Part II	Organizations Maintaining Collection	s of Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8	
1a If	the organization elected, as permitted under SF		s revenue statement and balance sheet
	orks of art, historical treasures, or other similar		
	sublic service, provide, in Part XIII, the text of the		
-	the organization elected, as permitted under S		
	vorks of art, historical treasures, or other similar		ducation, or research in furtherance of
•	ublic service, provide the following amounts relat	_	
(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	i) Assets included in Form 990, Part X		> \$
	the organization received or held works of art	, historical treasures, or other simila	r assets for financial gain, provide the
	ollowing amounts required to be reported under S		
a h	Revenue included on Form 990, Part VIII, line 1 assets included in Form 990, Part X		· · · •
b_A	issets included in Form 990, Part X .	<u> </u>	

Pan	Organizations Maintaining	Collections of A	Art, His	storicai	i reasures,	, or u	ner Similar Ass	sets (contini	uea)
3	Using the organization's acquisition, a collection items (check all that apply)	accession, and ot	her reco	ords, ched	ck any of th	e follov	ving that are a si	gnificant use	of its
а	☐ Public exhibition		d	☐ Loan	or exchang	e prog	rams		
b	☐ Scholarly research		е	☐ Othe	er				
С	☐ Preservation for future generations								
4	Provide a description of the organizati XIII	ion's collections a	and exp	ain how t	they further	the org	janization's exem	ipt purpose ir	n-Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta						r] No
Par			. –		D				
	Complete if the organization 990, Part X, line 21								m ——
1a	Is the organization an agent, trustee, included on Form 990, Part X?					ions oi	other assets no	t □ Yes □] No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the f	ollowing t	able	Γ	\\	nount	
_	Designing halones					-			
۲ C	Beginning balance	•	•	•		10			
d e	Distributions during the year	•				16			
f	Ending balance	•				11			
2a	Did the organization include an amoun	t on Form 990 Pa	art X lin	e 21 for e	 escrow or cu			? 🗆 Yes 🗆	∃ No.
	If "Yes," explain the arrangement in Pa							[-
	t V Endowment Funds.					<u> </u>		<u></u>	
	Complete if the organization	answered "Yes'	on Fo	rm 990,	Part IV, line	e 10.			
		(a) Current year		or year	(c) Two year		(d) Three years back	(e) Four years	back
1a `	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses		-						
d_	_Grants_or_scholarships								
е	Other expenditures for facilities and programs					 :			-
f	Administrative expenses .				T				
g	End of year balance .								
2	Provide the estimated percentage of the	ne current year en	d balan	ce (line 1	g, column (a)) held	as		
а	Board designated or quasi-endowmen	nt >	_%						
b	Permanent endowment	%							
C	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2				,				
3a	Are there endowment funds not in the organization by	possession of th	ie orgar	ization th	at are held	and ad	ministered for the	e Yes	No
	(i) unrelated organizations		•	-				3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related or							3b	<u></u>
4	Describe in Part XIII the intended uses		n's end	owment f	funds				
Par									
	Complete if the organization	answered "Yes"	on Fo						
	Description of property	(a) Cost or ot (investme		1 ' '	or other basis other)		Accumulated epreciation	(d) Book value	е
1a	Land								
b	Buildings	-							
С	Leasehold improvements								
d	Equipment	-							
е	Other								
Total	Add lines 1a through 1e (Column (d) m	ust equal Form 9	90 Part	X colum	n (R) line 10)c)	▶	**	

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on F	form 900 Part IV lin	e 11h See Form 900 Part Y June 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)	(b) Book value	Cost or end-of-year market value
(1) Financial	derivatives		
	neld equity interests		
(3) Other			
	nent - Jewish Community Investment Funds	13,757	End-of-year market value
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
	b) must equal Form 990, Part X, col. (B) line 12) ▶	13,757	
Part VIII	Investments—Program Related.	13,737	1. 39° 1 % / % 1 % / / / / / / / / / / / / / /
. are viii	Complete if the organization answered "Yes" on F	orm 990 Part IV lin	e 11c. See Form 990. Part X. line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation
	(Ly Description of Information	(2) 2001112	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets.	200 5 1 11/1	
	Complete if the organization answered "Yes" on F	orm 990, Part IV, lin	
	(a) Description		(b) Book value
(1)		·- ·	
(2)			
(3)		 -	
(4)			
<u>(5)</u> <u>(6)</u>			
(7)			
(8)		······································	
(9)			
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 15)		
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on F	orm 990, Part IV, lin	e 11e or 11f See Form 990, Part X,
	line 25		
1.	(a) Description of liability (b) Book value		
(1) Federal in	ncome taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
	b) must equal Form 990, Part X, col. (B) line 25.) ▶		
	r uncertain tax positions. In Part XIII, provide the text of the foc	otnote to the organization	n's financial statements that reports the
	s liability for uncertain tax positions under FIN 48 (ASC 740) C		

Part	•	•	er Return.	
	Complete if the organization answered "Yes" on Form 99			
1	Total revenue, gains, and other support per audited financial statemen	nts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1		
a	Net unrealized gains (losses) on investments	. 2a		
b	Donated services and use of facilities	. 2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1	i	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		· 4c	
5	Total revenue. Add Imes 3 and 4c. (This must equal Form 990, Part I, II		5	
Part	XII Reconciliation of Expenses per Audited Financial Stat		s per Return.	
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 12a		
1	Total expenses and losses per audited financial statements .		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		***	
a	Donated services and use of facilities	2a		
b	Prior year adjustments	. 2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	. 4b		
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I,	iirie 16.)	. 5	
	XIII — Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4. Dort IV lines 1h and	d 2h: Dort V line 4 Dort V	lino
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this p			i, iiiie
£, i ai	tino za ana 45, ana i artivii, inos za ana 45 7450 complete tino p	are to provide any addition	ar information	
·				
-				
	V			

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part

ganizations,	United States
Assistance to Or	Individuals in the
Grants and Other Assistance to Organization	Governments, and Individuals in the United States

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

► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

OMB No 1545-0047	2017	Open to Public
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Employer identification number Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 47-4050322 General Information on Grants and Assistance Volosov Family Foundation, Inc

° N □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed ⊠ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance? Part II

eau, Part IV, line 21, 101 any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	ior any recipient	that received m	ore than \$5,000	ran II can be d	upilcated it additio	nal space is needed	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Mercava 3603 Quentin Rd Brooklyn NY 11234	46-4176398	501(c)(3)	000,000				Operating Support
(2) Peylim Lev Lachim 1034 E 12th St Brooklyn NY 11230	13-5643666	501(c)(3)	50,000				Operating Support
(3) Torah Live Inc 206A Wynatt St Lakewood NJ 08701	46-0643106	501(c)(3)	36,000				Operating Support
(4) Hatzalah of Baltmore 2930 Taney Rd Balto MD 21208	20-4603471	501(c)(3)	25,000				Operating Support
(5)							- 4- ,
(9)							
(7)							3
(8)							
(6)							
(10)							
(11)							5
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	1501(c)(3) and gov	ernment organizat	tions listed in the lin	ne 1 table			4
L			-				

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

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal, other) The Foundation will request and receive periodic reports and updates from the grantees regarding how grants are utilized, and takes such information (d) Amount of noncash assistance Grant requests are reviewed to ensure that they are permissible and in accord with applicable laws and regulations (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients into account in considering future grant awards (a) Type of grant or assistance Part IV Part III က ĸ 9 ~

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

OMB No 1545-0047 2017

Open to Public Inspection

Name of the organization Volosov Family Foundation, Inc.

47-4050322

Part	Questions Regarding Compensation			
			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			
,	☐ Travel for companions ☐ Payments for business use of personal residence		. *.	3
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees		k '	1 3
	☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		-3°%)
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	-		
		2	<i>y</i>	1.5
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee			2
	Independent compensation consultant Compensation survey or study		3	6
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			1 1 1 1 1 1 1 1 1 1
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	- 3	Ĺ
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b	X	X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	Α.	X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III		ļ	Λ
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.		. 4	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			/
а	The organization?	5a		X
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 compensation contingent on the net earnings of.			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III	**	7)	A
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		X
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			
	in Part III	8		X
	4			*
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	wall.		- x
	Regulations section 53 4958-6(c)?	9		

Schedule J (Form 990) 2017

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

For each individual whose compensation must be reported 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/or 1099-MISC compensation	3	(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a, applicable colum		S IOI LIIGI IIIGIAIGGE
(A) Name and Title	•	(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	(b) Nontaxable benefits	(E) lotal of columns (B)(i)-(D)	(r) Compensation in column (B) reported as deferred on prior Form 990
	Ξ							-
1 Marc B Terrill	a	458,829	56,250	32,829	160,800	28,223	736,931	0
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	€							
-	Ξ							
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9	€							
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	€							
15	€							
	E							
16	E							

Schedule J (Form 990) 2017

SCHEDULĖ 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.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information. Name of the organization

Volosov Family Foundation, Inc	47-4050322
Form 990 Part VI, Section A,	
Line 2 - There are family relationships among the Donor Members and Directors Paul S Volosov and	David Volosov have a family relationship
Line 6 - The organization has two classes of members, a Public Member - The Associated Jewish Com	munuty Federation of Baltimore, Inc
and Donor Members consisting of Paul S Volosov and David Volosov	
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	e adopted.
Form 990 Part VI, Section B,	
Line 11a - The Form 990 and supporting schedules are distributed to the officers and directors upon co	mpletion review and comments
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 t	he conflict
of interest policy of The Associated	
Line 15 - Marc B Terrill participates in a nonqualified deferred compensation plan No amounts were	paid out during the year (2017)
One hundred and fifty thousand dollars was deferred and is included on Form 990, Part VIII, Column F	and Schedule J, Part II, Column C
A new five-year contract was executed for Marc B Terrill beginning January 1, 2017 The terms and cond	litions of the deferred
compensation plan are outlined in the contract with The Associated	
Form 990 Part VI, Section C,	
Line 19 - The organization makes its governing documents and financial statements available to the public.	olic upon request

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

2017	Open to Publ	Inspection

OMB No 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer Identification number 47-4050322 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Volosov Family Foundation, Inc.

Part 1	Identification of Disregarded Entities. Complete If		ation answere	d "Yes" or	the organization answered "Yes" on Form 990, Part IV, line 33.	: IV, line 33.			1
,	(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	Dê J	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	_
(£)									
(2)									
(3)									
(4)									
(5)									ļ
(9)									
Part II	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	ations. Complet	e if the organ ir	ization ans	swered "Yes" on	ı Form 990, Part	IV, line 34, beca	use it had	
	(a) Name, address, and EIN of related organization	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(13)
								Yes No	0
(1) The A 101 W	(1) The Associated Jewish Community Federation of Baltimore, Inc. 101 W Mt. Royal Avenue. Baltimore, MD 21201	Exempt Organization	tron Maryland	and	501(c)(3)	7	N/N	×	
(2)									
(3)									
9					ξ.				
(2)									- 1
(9)		-							-
(2)				1					
For Papen	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	.0.					Schedule	Schedule R (Form 990) 2017	017

Schedule R (Form 990) 2017

Part III Identification of Part III because it had one	identification of Kelated Organizations Taxable as a Fartile Silip. Complete if the Organizations treated as a parthership during the tax year	ions Taxable rganizations t	as a raimeis reated as a pa	ithership	Juring the t	ax year	allowed	8	a rathership. Complete in the Organization answered less on compositions, micro, micro	-		5	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	ant Shar ated, Ir d, from er —514)		(g) Share of end-of- year assets	(h) Disproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(l) General or managing partner?	(k) Percentage ownership	• age hip
								Yes	No	×	Yes No		
(1) N/A													
(2)													
(3)									:				
(4)													
(5)													
(9)													
(7)													
Part IV Identification of F	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" line 34, because it had one or more related organizations treated as a corporation or trust during the tax year	ions Taxable elated organi	as a Corpora	tion or Tr	ust. Compl oration or t	ete if the crust during	organizati g the tax	on answ /ear		Form	on Form 990, Part IV,	art IV,	
(a) Name, address, and EIN of related organization	ed organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	nicile Dira	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	ntity Sh	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ntage Sec	(i) Section 512(b)(13) controlled entity?)(13)
											>	Yes	2
(1) N/A													
(2)		:											
(3)													
(4)				_									
(5)													
(9)													
(2)									•	:			
										Schedu	ile R (Foi	Schedule R (Form 990) 2017	2017

Schedule R (Form 990) 2017

Part V Transactic

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

							L
Note: Com	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	
1 Durin	During the tax year, did the organization engage in any of the following transa	ctions with one o	or more related organ	ne following transactions with one or more related organizations listed in Parts II-IV?	ts II⊣V?		
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	entity	•			-	×
b Gift, g	Gift, grant, or capital contribution to related organization(s)					d ×	
c Gift, g	Gift, grant, or capital contribution from related organization(s)					10	×
d Loans	Loans or loan guarantees to or for related organization(s)					1d	×
e Loans	Loans or loan guarantees by related organization(s)			•		1e	×
						33	
f Divide	Dividends from related organization(s)						×
a Sale	Sale of assets to related organization(s)	-	•			Ja	×
	Purchase of assets from related organization(s)				•	- 4 - 4	; ×
			•			-	; >
- EXCUE	Exchange of assets with related organization(s)			•		= =	< >
) Least	בפספר כן ומכווונים, פקטוף וופוני, כן כנוופן מסספנט נט ופומנסט כוצמוונים!	•	•			-	4
7	oses of facilities an imment or other seeste from related arranization(s)					7	>
	Lease of facilities, equipment, or other assets from clared organization (s)	organization(s)				=	{ ×
	minance of services of membership of tandraising scholarity in relative	organization(s)			•	: {	; ;
_	Performance of services or membership or fundraising solicitations by related organization(s)	organization(s)					x ;
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	nization(s)					$\mathsf{_{\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!$
o Sharır	Sharing of paid employees with related organization(s)			•		10 X	
	•					Common or an an annual and an annual an annual and an annual an annual and an annual and an annual and an annual and an annual an annual and an annual an an	
p Reimt	Reimbursement paid to related organization(s) for expenses			•		1 _p	×
	Reimbursement paid by related organization(s) for expenses		•			19	×
r Other	Other transfer of cash or property to related organization(s)				•	11	×
s Other	Other transfer of cash or property from related organization(s)				•	18	×
2 If the	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.	on who must co	implete this line, incl	uding covered relatior	nships and transact	ion thresho	olds.
l							
,	(a) Name of related organization		(b) Transaction type (a—s)	(c) Amount involved	(d) Method of determining amount involved) ng amount inv	olved
(1)							
(2)							
(3)					·		
2							
(4)							
(2)			5				
•							`
(9)					Schedule	Schedule R (Form 990) 201	0, 201

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)

	gameation: oc		S S S S S S S S S S S S S S S S S S S	13	4	Odino long	3	17	e e	197
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant A income (related, unrelated, excluded from tax under contact and	(e) Are all partners section 501(c)(3) organizations?	(r) Share of total income	(g) Share of end-of-year assets	(n) Disproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(K) Percentage ownership
			sections 512—514)	Yes No			Yes No	,	Yes No	
(1)								-		
(2)										
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								Sche	Schedule R (Form 990) 2017	n 990) 2017