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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491338006558

2017

OMB No 1545-0052

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public

| | | | | | | Inspection |
|-----------------------------|----------------|--|--|-----------------------|---|----------------------------|
| For | caler | ndar year 2017, or tax year beginning 11-01-20 |)17 , and | ending 10-31- | 2018 | |
| | | indation FOUNDATION | | A Employer Id | entification numbe | r |
| | | S SANDERS | | 31-6653312 | | |
| | | d street (or P O box number if mail is not delivered to street address) NTINEL DRIVE NO 306 | Room/suite | B Telephone nu | mber (see instructio | ns) |
| | | | | (301) 656-0795 | 5 | |
| | | n, state or province, country, and ZIP or foreign postal code MD 20816 | | C If exemption | application is pendin | g, check here |
| | | | | | | ▶ ∟ |
| G C | neck al | I that apply ☐ Initial return ☐ Initial return of a ☐ Final return ☐ Amended return | former public charity | | ganizations, check he ganizations meeting | ▶ ∟ |
| | | Address change Name change | | | k here and attach co | |
| H C | neck ty | pe of organization ✓ Section 501(c)(3) exempt private | foundation | | undation status was n 507(b)(1)(A), chec | |
| | Section | | e private foundation | ander seedie | 11 307 (3)(1)(1)(1); enec | N Here |
| of | year <i>(f</i> | xet value of all assets at end from Part II, col (c), | ☑ Cash ☐ Accrual be on cash basis) | | ation is in a 60-mont n 507(b)(1)(B), chec | |
| Pa | rt I | Analysis of Revenue and Expenses (The total | (a) Revenue and | I | | (d) Disbursements |
| | | of amounts in columns (b), (c), and (d) may not necessarily | expenses per books | Net investment income | (c) Adjusted net income | for charitable purposes |
| | | equal the amounts in column (a) (see instructions)) | | | | (cash basis only) |
| | 1 | Contributions, gifts, grants, etc , received (attach schedule) | 283,520 | | | |
| | 2 | Check $ ightharpoonup$ if the foundation is not required to attach | | | | |
| | 3 | Sch B Interest on savings and temporary cash investments | | | | |
| | 4 | Dividends and interest from securities | 170,559 | 170,559 | | |
| | 5a | Gross rents | | | | |
| | ь | Net rental income or (loss) | | | | |
| E G | 6a | Net gain or (loss) from sale of assets not on line 10 | 295,828 | | | |
| Revenue | b | Gross sales price for all assets on line 6a 2,696,138 | | | | |
| \aleph_{e} | 7 | Capital gain net income (from Part IV, line 2) | | 295,828 | | |
| | 8 | Net short-term capital gain | | | | |
| | 9 | Income modifications | | | | |
| | 10a | Gross sales less returns and allowances Less Cost of goods sold | | | | |
| | b c | Gross profit or (loss) (attach schedule) | | | | |
| | 11 | Other income (attach schedule) | | | | |
| | 12 | Total. Add lines 1 through 11 | 749,907 | 466,387 | | |
| | 13 | Compensation of officers, directors, trustees, etc | 0 | 0 | | (|
| | 14 | Other employee salaries and wages | | | | |
| 6S | 15 | Pension plans, employee benefits | | | | |
| ens | 16a | Legal fees (attach schedule) | 1 | | | |
| Exp | b | Accounting fees (attach schedule) | 4,150 | 2,075 | | |
| ve | _ c | Other professional fees (attach schedule) | | | | |
| and Administrative Expenses | 17 18 | Interest | 7,829 | 7,829 | | |
| <u> </u> | 19 | Depreciation (attach schedule) and depletion | | · | | |
| 를 | 20 | Occupancy | | | | |
| Ā D | 21 | Travel, conferences, and meetings | | | | |
| ä | 22 | Printing and publications | | | | |
| Operating | 23 | Other expenses (attach schedule) | 21,474 | 21,474 | | (|
| er at | 24 | Total operating and administrative expenses. | 22.452 | 24 270 | | |
| ă O | 25 | Add lines 13 through 23 | 33,453 193,166 | 31,378 | | 193,166 |
| | 26 | Total expenses and disbursements. Add lines 24 and | 133,100 | | | 155,100 |
| | | 25 | 226,619 | 31,378 | | 193,166 |
| | 27 | Subtract line 26 from line 12 | | | | |
| | a | Excess of revenue over expenses and disbursements | 523,288 | | | |
| | ь | Net investment income (If negative, enter -0-) | | 435,009 | | |
| | С | Adjusted net income(If negative, enter -0-) | | | | |
| | | | | | | |

| | 2 | Savings and temporary cash investments | 496,650 | 570,143 | 570,143 |
|--------|-----|--|-----------|-----------|-----------|
| | 3 | Accounts receivable ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable ► | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| ts | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| As | 10a | Investments—U S and state government obligations (attach schedule) | 0 | 297,044 | 298,839 |
| | b | Investments—corporate stock (attach schedule) | 2,833,828 | 2,984,745 | 3,599,307 |
| | c | Investments—corporate bonds (attach schedule) | | | |
| | 11 | Investments—land, buildings, and equipment basis ▶ | | | |
| | | Less accumulated depreciation (attach schedule) ▶ | | | |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment basis ▶ | | | |
| | | Less accumulated depreciation (attach schedule) ▶ | | | |
| | 15 | Other assets (describe >) | | | |
| | 16 | Total assets (to be completed by all filers—see the | | | |

3,861,097

3,861,097

3,861,097

3,861,097

2

3

4

5

6

3,337,809

3,861,097

3,861,097 Form **990-PF** (2017)

523,288

3,337,809

3,337,809

3,337,809

0

4,477,454

instructions Also, see page 1, item I) 3,337,809 17 Accounts payable and accrued expenses . 18 Grants payable.

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Capital stock, trust principal, or current funds

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Liabilities

Net Assets or Fund Balances

19

20

21

22 23

24

25

26

27

28

29

30

31

Part III

2

3

4

Deferred revenue .

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Other liabilities (describe >_

Page **3**

| Capital Gains | and Losses for Tax on Invest | ment Income | | | | |
|--|--|---------------------------------|--|-----------|---------------------------------------|--|
| | (a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs | | (b) How acquired P—Purchase D—Donation | | (c) te acquired o , day, yr) | (d) Date sold (mo , day, yr) |
| 1aSee Addıtıonal Data Tabl | e | | | | | |
| b | | | | | | |
| С | | | | | | |
| d | | | | | | |
| e | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | (g) other basis pense of sale | | Gain d | h) or (loss) on minus (g) |
| a See Additional Data Tabl | · · · · · · · · · · · · · · · · · · · | , | | | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| | | | | | | |
| | | | 12/21/60 | | | |
| Complete only for assets | s showing gain in column (h) and ow | ned by the foundation | | | | (1) h) |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | (k) s of col (ı) ıl (ʒ), ıf any | со | I (k), but not | h) gain minus less than -0-) or om col (h)) |
| a See Additional Data Tabl | e | | | | | |
| b | | | | | | |
| С | | | | | | |
| d | | | | | | |
| e | | | | | | |
| | | If gain, also enter in I | Part I line 7 | . — | | |
| If gain, also enter in Pa in Part I, line 8 | gain or (loss) as defined in sections 1 irt I, line 8, column (c) (see instructions) | ons) If (loss), enter - | | }з | | |
| Part V Qualification | Under Section 4940(e) for Re | educed Tax on Net | t Investment : | income | <u>:</u> | |
| (For optional use by domestic p | private foundations subject to the sec | ction 4940(a) tax on n | et investment inc | ome) | | |
| If section 4940(d)(2) applies, le | eave this part blank | | | | | |
| | ne section 4942 tax on the distributal | | | od? | ☐ Y | es 🗹 No |
| | ot qualify under section 4940(e) Do | | | | | |
| 1 Enter the appropriate an | nount in each column for each year, | see instructions before | e making any ent | ıes | | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharital | ble-use assets | (col | (d) Distribution rat (b) divided by c | |
| 2016 | 174,419 | | 3,932,642 | | | 0 044352 |
| 2015 | 175,997 | | 3,593,371 | | | 0 048978 |
| 2014 | 136,083 | | 3,569,655 | | | 0 038122 |
| 2013 | 82,180 | | 3,350,085 | | | 0 024531 |
| 2012 | 56,180 | | 2,653,871 | | | 0 021169 |
| 2 Total of line 1, column (| d) | | 2 | : | | 0 177152 |
| number of years the four | o for the 5-year base period—divide t ndation has been in existence if less | than 5 years | · · . <u> -</u> 3 | | | 0 035430 |
| | encharitable-use assets for 2017 from | • | 4 | | | 4,321,331 |
| 5 Multiply line 4 by line 3 | | | · · · · <u> 5</u> | _ | | 153,105 |
| 6 Enter 1% of net investment | ent income (1% of Part I, line 27b) | | <u>- 6</u> | <u> </u> | | 4,350 |
| 7 Add lines 5 and 6 | | | · · · · <u> </u> | ' | | 157,455 |
| | ions from Part XII, line 4 , | | | | | 193,166 |
| If line 8 is equal to or gre instructions | eater than line 7, check the box in Pa | art VI, line 1b, and cor | nplete that part u | sing a 1º | % tax rate Se | e the Part VI |

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

| | · · · · · · · · · · · · · · · · · · · | | | |
|-----------|---------------------------------------|----------------------|----------------------|------------------------|
| Down WIII | Information About Officers, | Directors, Trustees, | Foundation Managers, | Highly Paid Employees, |
| bart ATTT | and Contractors | | | |

| 1 List all officers, directors, trustee | es, foundation managers ar | nd their compensation | (see instructions). | |
|---|---|---|---|---------------------------------------|
| (a) Name and address | Title, and average hours per week (b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
| See Additional Data Table | | | Componibution. | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 2 Compensation of five highest-pai | d employees (other than t | hose included on line : | L—see instructions). If nor Contributions to | ie, enter "NONE." |
| (a) Name and address of each employee pa more than \$50,000 | Title, and average hours per week (b) devoted to position | (c) Compensation | employee benefit plans and deferred (d) compensation | Expense account, (e) other allowances |
| NONE | | | (a) compensation | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid ove | | | | |
| 3 Five highest-paid independent co | | | | 0 E". |
| (a) Name and address of each person | | 1 | e of service | (c) Compensation |
| NONE | | | | |
| | | | | |
| | | - | | |
| | | | | |
| | | | | |
| | | _ | | |
| | | | | |
| | | - | | |
| Total number of others receiving over \$50 | ,000 for professional services | | | 0 |
| Part IX-A Summary of Direct C | | | | |
| List the foundation's four largest direct charitable organizations and other beneficiaries served, con | | | nation such as the number of | Expenses |
| 1 | | | | |
| | | | | |
| | | | | |
| 2 | | | | |
| | | | | |
| 3 | | | | |
| | | | | |
| 4 | | | | |
| - | | | | |
| | | | | |
| Part IX-B Summary of Program | m-Related Investments | (see instructions) | | |
| Describe the two largest program-related inve | stments made by the foundation d | uring the tax year on lines 1 | and 2 | Amount |
| 1 | | | | |
| | | | | |
| 2 | | | | |
| | | | | |
| All II | <u> </u> | | | |
| All other program-related investments 3 | See instructions | | | |
| | | | | |
| | | | | |
| Total. Add lines 1 through 3 . | | · · · · · · · · | | 000 PE (2017) |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

3

4

5

2

3a 3h

4

5

193.166

4.350

188.816

Form 990-PF (2017)

96

211,621

Form **990-PF** (2017)

(d)

2017

Page 9

| -PF | (201 | 7 | ') | |
|-----|------|---|----|--|
| 111 | | • | 1 | |

| Form 990-PF (20 | 017) | |
|-----------------|----------------------|--------------------|
| Part XIII | Undistributed Income | (see instructions) |

| 1 | Distributable amount for 2017 from Part XI, line 7 |
|---|---|
| 2 | Undistributed income, if any, as of the end of 2017 |
| а | Enter amount for 2016 only |
| h | Total for prior years 20 20 20 |

20___ Excess distributions carryover, if any, to 2017 From 2012. **b** From 2013. . . .

(a)

Corpus

0

0

(b)

Years prior to 2016

(c)

2016

193,070

193,070

- c From 2014. . d From 2015. . . .
- e From 2016.

 - XII, line 4 🕨 \$
- f Total of lines 3a through e. 4 Qualifying distributions for 2017 from Part a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions).
- c Treated as distributions out of corpus (Election required—see instructions).

same amount must be shown in column (a))

d Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018

6 Enter the net total of each column as

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2012 not

9 Excess distributions carryover to 2018.

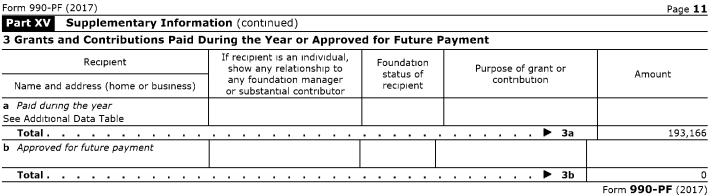
10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. . .

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

indicated below:



| | -A Analysis of Income-Producing | Activities | | | | |
|----------------------|---|---------------|---------------------|-----------------------|--------------------|---------------------------------------|
| nter gross | amounts unless otherwise indicated | Unrelated b | usiness income | Excluded by section | n 512, 513, or 514 | (e) Related or exempt function income |
| 1 Program | service revenue | Business code | Amount | Exclusion code | Amount | (See instructions) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| _ | and contracts from government agencies | | | | | |
| | rship dues and assessments | | | | | |
| | st on savings and temporary cash ments | | | | | |
| 4 Dividen | ds and interest from securities | | | 14 | 170,559 | |
| | tal income or (loss) from real estate | | | | | |
| | financed property ebt-financed property | | | | | |
| | ntal income or (loss) from personal property | | | | | |
| | nvestment income | | | | | |
| | r (loss) from sales of assets other than | | | | | |
| | ory | | | 18 | 295,828 | |
| | ome or (loss) from special events profit or (loss) from sales of inventory | | | | | |
| | evenue a | | | | | |
| b | | | | | | |
| | | | | | | |
| | | | | | | |
| | Al Add columns (b), (d), and (e). | | 0 | | 466,387 | (|
| | | | | | 3 | 466,387 |
| | | | | _ | | · · · · · · · · · · · · · · · · · · · |
| | rksheet in line 13 instructions to verify calcu | | | | | |
| Part XVI | Relationship of Activities to th Explain below how each activity for which | e Accomplish | ed in column (e) of | f Part XVI-A contribi | | |
| Part XVI | Relationship of Activities to th | e Accomplish | ed in column (e) of | f Part XVI-A contribi | | |
| Part XVI Line No. | -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | e Accomplish | ed in column (e) of | f Part XVI-A contribi | | |
| Part XVI Line No. | -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | e Accomplish | ed in column (e) of | f Part XVI-A contribi | | |
| Part XVI Line No. | -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | e Accomplish | ed in column (e) of | f Part XVI-A contribi | | |
| Part XVI Line No. | -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | e Accomplish | ed in column (e) of | f Part XVI-A contribi | | |
| Part XVI Line No. | -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | e Accomplish | ed in column (e) of | f Part XVI-A contribi | | |
| Part XVI Line No. | -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | e Accomplish | ed in column (e) of | f Part XVI-A contribi | | |
| Part XVI Line No. | -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | e Accomplish | ed in column (e) of | f Part XVI-A contribi | | |
| Part XVI Line No. | -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | e Accomplish | ed in column (e) of | f Part XVI-A contribi | | |
| Part XVI Line No. | -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | e Accomplish | ed in column (e) of | f Part XVI-A contribi | | |
| Part XVI Line No. | -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | e Accomplish | ed in column (e) of | f Part XVI-A contribi | | |
| Part XVI Line No. | -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | e Accomplish | ed in column (e) of | f Part XVI-A contribi | | |
| Part XVI Line No. | -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | e Accomplish | ed in column (e) of | f Part XVI-A contribi | | |
| Part XVI Line No. | -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | e Accomplish | ed in column (e) of | f Part XVI-A contribi | | |
| Part XVI Line No. | -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | e Accomplish | ed in column (e) of | f Part XVI-A contribi | | |
| Part XVI Line No. | -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | e Accomplish | ed in column (e) of | f Part XVI-A contribi | | |
| Part XVI Line No. | -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | e Accomplish | ed in column (e) of | f Part XVI-A contribi | | |
| Part XVI Line No. | -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | e Accomplish | ed in column (e) of | f Part XVI-A contribi | | |
| Part XVI Line No. | -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | e Accomplish | ed in column (e) of | f Part XVI-A contribi | | |
| Part XVI Line No. | -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | e Accomplish | ed in column (e) of | f Part XVI-A contribi | | |
| Part XVI Line No. | -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | e Accomplish | ed in column (e) of | f Part XVI-A contribi | | |

| orm 990- | -PF (2 | 017) | | | | | | | | | | Pa | ge 13 |
|----------------|----------------|---|--|-------|------------|-------------------|------------|---------|--------------------------------|-----------|--------------------|----------|--------------|
| Part X | VII | Information Re Exempt Organi | | ansfe | ers To a | nd Transacti | ons and | Relatio | nships With No | ncharit | able | | |
| | | anization directly or in ode (other than section | directly engag | | | | | | | on 501 | | Yes | No |
| | | om the reporting foun | | | | | | | | | | | |
| (1) | Cash. | | | | | | | | | . [| 1a(1) | | No |
| (2) | Other | assets | | | | | | | | . [| 1a(2) | | No |
| b Other | trans | actions | | | | | | | | | | | |
| (1) 9 | ales o | of assets to a nonchar | ıtable exempt | organ | ızatıon. | | | | | | 1b(1) | | No |
| | | ises of assets from a r | | | - | | | | | - H | 1b(2) | | No |
| | | of facilities, equipmer | • | | | | | | | l l | 1b(3) | | No |
| | | ursement arrangemen | | | | | | | | l l | 1b(4) | | No |
| | | or loan guarantees. | | | | | | | | l l | 1b(5) | | No |
| ` ' | | nance of services or m | • | | - | | | | | . } | 1b(6) | | No |
| | - | acilities, equipment, r er to any of the above | - | | | | | | | • [| 1c | | No |
| ın any | | saction or sharing arra | | | - |) the value of th | - | | ets, or services recei | | ing arrai | ngemen | ts |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | - | | | | | | | | | | | | |
| | - | | | | | | | | | | | | |
| | + | | - | | | | | | | | | | |
| | + | | | | | | | | | | | | |
| | + | | | | | | | | | | | | |
| descri | bed ir | dation directly or indirent section 501(c) of the mplete the following secondarization. | Code (other t | | ection 50 | | ction 527 | | | | Yes | V | No |
| | | | | | | | | 1 | | | | | |
| | of my which | r penalties of perjury, knowledge and belief preparer has any kno ***** | , it is true, coi | | | | | | | ased on a | | mation | n of |
| ner e | — S | ignature of officer or t | rustee | | | Date | —) | Tıtle | | below | e prepai str)? | _ | |
| | | Print/Type preparer's WILLIAM T ARMAC | | Prepa | rer's Sıgn | ature | Date | | Check if self- employed ▶ □ | PTIN | P00154 | 050 | |
| Paid Prepai | _ | Firm's name ► PBM | ARES LLP | | | | | | | Fırm's EI | N ▶ 54- | -07373 | 372 |

Firm's address ► 11 N WASHINGTON ST SUITE 600

ROCKVILLE, MD 208504229

Phone no (240) 499-2040
Form **990-PF** (2017)

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) How acquired (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation 200 SH OLD REPUBLIC INTL CORP Р 2010-08-06 2017-11-08 3000 SH OLD REPUBLIC INTL CORP Ρ 2012-11-12 2017-11-08 1 SH BERKSHIRE HATHAWAY INC CL A D 2015-11-05 2017-11-29 8 SH CALIFORNIA RES CORP Р 2015-10-13 2017-12-19 3000 SH PEYTO EXPL & DEV CORP Ρ 2014-11-06 2017-12-21 Ρ 5,712 24 SH FMC STRATEGIC VALUE FUND 2017-12-21 2018-02-16 Р 22 53 SH FMC STRATEGIC VALUE FUND 2017-12-29 2018-02-16 Р 35,560 84 SH FMC STRATEGIC VALUE FUND 2018-02-16 Ρ US TREASURY BILL 07/12/18 2018-01-10 2018-06-06 Р 2018-01-10 2018-07-12 US TREASURY BILL 07/12/18 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 4,132 2,583 1,549 61,976 29,978 31,998 287,369 205,775 81,594 135 104 31 35,418 85,702 -50,284 88,560 133,574 -45,014 297 448 -151 469,183 643,559 -174,376 199,642 198,430 1,212 496,076 496,076 0 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 1,549 31,998 81,594 31 -50,284 -45,014 -151 -174,376 1,212 0

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo , day, yr) D-Donation Р US TREASURY BILL 10/18/18 2018-04-19 2018-07-25 US TREASURY BILL 10/18/18 Р 2018-04-19 2018-10-18 9300 SH GGP INC COM Ρ 2018-07-24 2018-08-30 900 SH MICROSOFT CORP Р 2015-03-25 2018-07-24 Ρ 3300 SH PFIZER INC COM 2015-11-24 2018-08-09 Ρ 2018-09-20 BROOKFIELD PPTY - CASH IN LIEU 2018-09-20 CAPITAL GAINS DIVIDENDS Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Gain or (loss) (e) Gross sales price Depreciation allowed Cost or other basis (g) plus expense of sale (f) (or allowable) (h) (e) plus (f) minus (g) 99.544 99.012 532 297,037 297,037 2.995 64,230 -61,235 96.629 37.922 58,707 135,666 105,880 29,786 12 12 421.467 421,467 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 532 -61,235 58.707 29,786 12 421,467

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week (e) other allowances not paid, enter Contributions to (b) devoted to position -0-) employee benefit plans and deferred compensation FILIP S SANDERS TRUSTEE 2 00 4990 SENTINEL DRIVE 306 BETHESDA, MD 20816 JOSEPHINE E SANDERS - LEVIE TRUSTEE 0 0 HANS G SANDERS TRUSTEE 1 00

| | | _ | _ | _ |
|---|---------|---|---|---|
| 6405 10TH STREET ALEXANDRIA, VA 22307 | 1 00 | | | |
| ELKAN D SANDERS | TRUSTEE | 0 | 0 | 0 |
| 4990 SENTINEL DRIVE 306 BETHESDA, MD 20816 | 1 00 | | | |
| | | | | |

0

TRUSTEE

1 00

352 PLYMOUTH AVENUE SE GRAND RAPIDS, MI 49506

4906 EARLSTON DRIVE BETHESDA, MD 20816

PAULA D KALES

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | | | | | |
|--|---|-------------------------|--|--------|--|--|--|--|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount | | | | |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | | | | | |
| a Paid during the year | | | | | | | | |
| A WIDER CIRCLE CENTER FOR COMMUNITY SERVICE 9159 BROOKVILLE ROAD SILVER SPRING, MD 20910 | | PUBLIC | PROVIDE FOOD AND SHELTER TO NEEDY FAMILIES AND PROVIDE JOB TRAINING TO ADULTS | 11,000 | | | | |
| BETHESDA CARES 7728 WOODMONT AVENUE BETHESDA, MD 20814 | | PUBLIC | SUPPORT PROGRAMS TO HELP THE POOR AND HOMELESS IN THE BETHESDA AREA | 5,000 | | | | |

| BETHESDA CARES 7728 WOODMONT AVENUE BETHESDA, MD 20814 | PUBLIC | SUPPORT PROGRAMS TO HELP THE POOR AND HOMELESS IN THE BETHESDA AREA | 5, |
|--|--------|---|----|
| BOSTON UNIVERSITYTWO SILBER WAY | PUBLIC | SUPPORT EDUCATION | 6, |

| BETHESDA, MD 20814 | | THE POOR AND HOMELESS IN THE BETHESDA AREA | |
|--|--------|---|-------|
| BOSTON UNIVERSITYTWO SILBER WAY BOSTON, MA 02215 | PUBLIC | SUPPORT EDUCATION | 6,500 |

| Total | | | 193,166 |
|--|--------|-------------------|---------|
| BOSTON UNIVERSITYTWO SILBER WAY BOSTON, MA 02215 | PUBLIC | SUPPORT EDUCATION | 6, |
| BETHESDA, MD 20014 | | THE BETHESDA AREA | |

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Amount Purpose of grant or contribution

Purpose of grant or contribution

Purpose of grant or contribution

a Paid during the year

PUBLIC

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

SCHOLARSHIPS TO PROVIDE OPPORTUNITIES FOR KIDS TO ATTEND CAMP NEWAYGO

CHILDREN'S INN AT NIH7 WEST DRIVE BETHESDA, MD 20814

PUBLIC

PROVIDE HOUSING TO CHILDREN AND FAMILIES WHILE PARTICIPATE IN MEDICAL TREATMENT

CAMP NEWAYGO

PO BOX 574

Total . .

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CLOWNS WITHOUT BORDERS

BLUE LAKE, CA 95525

PARTICIPATE IN MEDICAL
TREATMENT

PUBLIC

SUPPORT PROGRAMS FOR
PEOPLE, ESPECIALLY CHILDREN
WHO LIVE IN AREAS OF CRISIS,
INCLUDING REFUGEE CAMPS
AND CONFLICT ZONES

193,166

SUPPORT SEND A KID TO CAMP

5,000

5,000

| form 990PF Part XV Line 3 - Gran | ts and Contributions Paid | During the | Year or Approved for Future | Payment |
|---|---|-------------------------|--|---------|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| COALITION FOR THE CAPITAL CRESCENT TRAIL PO BOX 30703 BETHESDA, MD 20824 | | PUBLIC | SUPPORT EFFORTS TO OBTAIN AND MAINTAIN A FIRST CLASS HIKER/BIKER TRAIL | 1,000 |
| COMMUNITY FOUNDATION OF NORTHERN VA 2940 HUNTER MILL RD SUITE 201 OAKTON, VA 22124 | | PUBLIC | SUPPORT ORGANIZATIONS SERVING THE NORTHERN VA COMMUNITY IN CHILD AND YOUTH DEVELOPMENT, EDUCATION,HEALTH,MENTAL HEALTH AND AGING,MILITARY PERSONNEL AND POVERTY RELIEF | 1,500 |
| COMMUNITY VOLUNTEEDS IN MEDICINE | | DUDLIC | DDOVIDE EDEE MEDICAL AND | 6.000 |

| | OAKTON, VA 22124 | | YOUTH DEVELOPMENT, EDUCATION,HEALTH,MENTAL HEALTH AND AGING,MILITARY PERSONNEL AND POVERTY RELIEF | |
|---|----------------------------------|--------|---|------|
| 1 | COMMUNITY VOLUNTEERS IN MEDICINE | PUBLIC | PROVIDE FREE MEDICAL AND | 6,00 |

| COMMUNITY VOLUNTEERS IN MEDICINE | PUBLIC | PROVIDE FREE MEDICAL AND | 6,00 |
|----------------------------------|--------|--------------------------|------|
| 300 B LAWRENCE DRIVE | | DENTAL CARE TO NEEDY | |
| WEST CHESTER, PA 19380 | | FAMILIES | |

193,166 3a

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CONGREGATION BETH EL CHURCH SUPPORT JUNIOR 1.216

CONGREGATION HANUKKAH

5,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| BETHESDA, MD 20814 | | WISH LIST | |
|---|-----------|-------------------------------------|--|
| REIGHTON UNIVERSITY 500 CALIFORNIA PLAZA JMAHA NE 68178 | EDUCATION | SUPPORT EDUCATION/GLOBAL INITIATIVE | |

| MAHA, NE 68178 | | 111111111111111111111111111111111111111 | |
|---|--------|--|--|
| YSTIC FIBROSIS FOUNDATION 931 ARLINGTON ROAD SUITE 200 | PUBLIC | SUPPORT RESEARCH FOR A CURE AND CONTROL OF CYSTIC | |

8215 OLD GEORGETOWN ROAD

| CYSTIC FIBROSIS FOUNDATION 5931 ARLINGTON ROAD SUITE 200 BETHESDA, MD 20814 | CL | SUPPORT RESEARCH FOR A SURE AND CONTROL OF CYSTIC IBROSIS | 2,000 |
|---|----|---|-------|
|---|----|---|-------|

| Total | | | 193,166 |
|---|--------|-------------------------------------|---------|
| 6931 ARLINGTON ROAD SUITE 200 BETHESDA, MD 20814 | | CURE AND CONTROL OF CYSTIC FIBROSIS | |
| CISIIC FIBROSIS FOUNDATION | POBLIC | SUPPORT RESEARCH FOR A | 2,0 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year DANA-FARBER CANCER INSTITUTE PUBLIC SUPPORT BREAST CANCER 6,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

10 BROOKLINE PLACE WEST 6TH FLOOR PUBLIC DC FIREFIGHTERS BURN FOUNDATION

PUBLIC

SURVIVORS PROVIDE EDUCATIONAL SCHLORSHIPS FOR K-12 AND POST SECONDARY EDUCATION FOR CHILDREN AND SPOUSES

SUPPORT PROGRAMS FOR BURN

3,000

193,166

WOMEN FALLEN OR DISABLED

RESEARCH FUND

IN THE LINE OF DUTY

OF MILITARY SERVICE MEN AND

500

BROOKLINE, MA 02445

WASHINGTON, DC 20017

5800 NORTH PATRIOT DRIVE

P O BOX 4565

FOLDS OF HONOR

Total . .

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OWASSO, OK 74055

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|-------------------------|---|--------|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| GEORGE WASHINGTON UNIVERSITY MEDICAL FACULTY ASSOCIATES 3811 N FAIRFAX DRIVE SUITE 1000 ARLINGTON, VA 22203 | | PUBLIC | SUPPORT PATIENT MEDICAL CARE BY CUTTING-EDGE MEDICAL TECHNOLOGIES AND FIRST-RATE PHYSICIANS AND STAFF | 5,000 |
| GRAND RAPIDS PUBLIC SCHOOLS 1331 FRANKLIN SE PO BOX 117 GRAND PARIDS MI 40501 | | EDUCATION | SUPPORT SUMMER ACADEMIC OPPORTUNITIES | 5,000 |

| | | SIAII | |
|--|-----------|---|-------|
| GRAND RAPIDS PUBLIC SCHOOLS 1331 FRANKLIN SE PO BOX 117 GRAND RAPIDS, MI 49501 | EDUCATION | SUPPORT SUMMER ACADEMIC OPPORTUNITIES | 5,000 |
| GRAND RAPIDS ROWING ASSOCIATION P O BOX 3189 | PUBLIC | PROVIDE COMMUNITY WELLNESS THROUGH ROWING | 1,000 |

GRAND RAPIDS, MI 49501 AND OTHER RIVER SPORTS

193,166 За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year GRAND RAPIDS SYMPHONY YOUTH PUBLIC SUPPORT PROGRAMS THAT 2,000 CHORUSES TEACHES ASPIRING YOUNG 300 OTTAWA NW SUITE 100 SINGERS AND PROVIDES GRAND RAPIDS, MI 49503 OPPURTUNITIES TO SHOWCASE THEIR TALENTS

| HADASSAH40 WALL STREET NEW YORK, NY 10005 | P | SUPPORT AND EMPOWERS WOMEN THROUGH EDUCATION, ADVOCACY AND YOUTH DEVELOPMENT | 2,000 |
|--|----|--|-------|
| HOMES FOR OUR TROOPS-HOFT 6 MAIN STREET TAUTON, MA 02780 | PI | HELP BUILD AND DONATE SPECIALLY ADAPTED CUSTOM HOMES FOR INJURED POST 9/11 VETERANS | 2,000 |

193,166

Total .

| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
|--|---|-------------------------|--|--------|
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| INOVA HEALTH FOUNDATION 8110 GATEHOUSE ROAD SUITE 200 EAST FALLS CHURCH, VA 22042 | | PUBLIC | SUPPORT INOVA'S MISSION OF PROVIDING EXCELLENCE IN PATIENT CARE, EDUCATION AND RESEARCH | 3,500 |
| JEWISH NATIONAL FUND 42 EAST 69TH STREET NEW YORK, NY 10021 | | PUBLIC | SUPPORT PROGRAMS THAT ENHANCE THE QUALITY OF LIFE OF ISRAELI RESIDENTS THROUGH INNOVATIVE AGRICULTURE TECHNIQUES AND EDUCATION | 5,000 |

| | | THROUGH INNOVATIVE AGRICULTURE TECHNIQUES AND EDUCATION | |
|---|--------|---|-------|
| JEWISH SOCIETY SERVICE AGENCY THE INA KAY BUILDING 200 WOOD HILL ROAD | PUBLIC | SUPPORT HOLOCAUST SURVIVOR PROGRAM | 3,000 |

| | | EDOCATION | |
|--|--------|---------------------------------------|---------|
| JEWISH SOCIETY SERVICE AGENCY THE INA KAY BUILDING 200 WOOD HILL ROAD ROCKVILLE, MD 20850 | PUBLIC | SUPPORT HOLOCAUST SURVIVOR PROGRAM | 3,0 |
| Total | | | 193,166 |

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year KESHER ISRAEL CONGREGATION PUBLIC. SUPPORT NEW KI HEBREW HIGH 90 1000 POTTSTOWN PIKE SCHOOL WEST CHESTER PA 19380

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| WEST CHESTER, IX 19500 | | | |
|---|--------|--|-------|
| LITTLE FALLS VILLAGEPO BOX 439 GLEN ECHO, MD 20816 | PUBLIC | SUPPORT SENIORS ENJOY THEIR INDEPENDENCE AT HOME | 2,000 |
| LUNGEVITY FOUNDATION 6917 ARLINGTON ROAD SUITE 352 BETHESDA, MD 20814 | PUBLIC | TO SUPPORT GROUNDBREAKING RESEARCH INTO EARLY DETECTION AND NEW THERAPIES THAT FIGHT LUNG | 6,000 |

| Total | | THERAPIES THAT FIGHT LUNG CANCER | 193,166 |
|---|--|--|---------|
| 6917 ARLINGTON ROAD SUITE 352 BETHESDA, MD 20814 | | RESEARCH INTO EARLY DETECTION AND NEW | · |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MANNA FOOD CENTER PUBLIC PROVIDE NUTRITIOUS FOODS 16,000 9311 GAITHER ROAD TO PEOPLE IN NEED GAITHERSBURG, MD 20877 OPERATION RENEWED HOPE PUBLIC SUPPORT TO END VETERAN 2,500

| FOUNDATION PO BOX 10142 ALEXANDRIA, VA 22310 | | HOMELESSNESS | |
|--|--------|----------------------|-------|
| ORT AMERICA | PUBLIC | SUPPORT PROGRAMS FOR | 2,000 |

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| ALEXANDRIA, VA 22310 | | | |
|--|--------|---|------|
| ORT AMERICA 75 MAIDEN LANE 10TH FLOOR NEW YORK, NY 10038 | PUBLIC | SUPPORT PROGRAMS FOR INCREASED ACCESS TO HIGH QUALITY EDUCATION | 2,00 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|------------------------------------|-------------------------|---|--------|
| Recipient | show any relationship to status of | Foundation status of | us of contribution | Amount |
| Name and address (home or business) | | recipient | | |
| a Paid during the year | | | | |
| PAWS FOR PURPLE HEARTS 5860 LABATH AVENUE SUITE A ROHNERT PART, CA 94928 | | PUBLIC | FACILITATE THE THERAPY OF TRAINING DOGS FOR VETERANS | 2,000 |
| DI ANNED DADENTHOOD | | DUBLIC | TO PROTECT AND ADVANCE | 2 500 |

| PLANNED PARENTHOOD 123 WILLIAM STREET 10TH FLOOR NEW YORK, NY 10038 | PUBLIC | TO PROTECT AND ADVANCE ACCESS TO REPRODUCTIVE HEALTH CARE FOR ALL | 2,500 |
|---|--------|---|-------|
| PROJECT ZAWADI253 DUKE STREET SAINT PAUL, MN 55102 | PUBLIC | PROVIDE EDUCATIONAL OPPORTUNITIES TO THE NEEDIEST STUDENTS IN | 7,000 |

| PROJECT ZAWADI253 DUKE STREET | PUBLIC | PROVIDE EDUCATIONAL | 7,00 |
|-------------------------------|--------|----------------------|------|
| SAINT PAUL, MN 55102 | | OPPORTUNITIES TO THE | |
| | | NEEDIEST STUDENTS IN | |
| | | TANZANIA | |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|-------------------------|--|--------|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| PUPPIES BEHIND BARS 263 WEST 38TH STREET 4TH FLOOR NEW YORK, NY 10018 | | PUBLIC | SUPPORT DOG TAGS PROGRAM FOR WOUNDED WAR VETERANS | 5,000 |
| RECOVERY ON WATER-ROW 1200 W 35TH STREET CHICAGO, IL 60609 | | PUBLIC | ROWING PROGRAM TO PROVIDE SUPPORT FOR SURVIVORS OF BREAST CANCER THROUGH | 2,000 |

| CHICAGO,IL 60609 | | BREAST CANCER THROUGH EXCERCISE AND THE SPORT OF ROWING | |
|--|--------|---|-------|
| RENAISSANCE YOUTH CENTER 3485 THIRD AVENUE BRONX, NY 10456 | PUBLIC | SUPPORT MUSIC ON WHEELS PROGRAM | 1,000 |

| RENAISSANCE YOUTH CENTER 3485 THIRD AVENUE BRONX, NY 10456 | PUBLIC | SUPPORT MUSIC ON WHEELS PROGRAM | 1,0 |
|--|--------|------------------------------------|---------|
| Total | | | 193 166 |

| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
|--|---|-------------------------|--|--------|
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| SAFE HARBOR OF CHESTER COUNTY 20 NORTH MATLACK STREET WEST CHESTER, PA 19380 | | PUBLIC | PROVIDE SHELTER, FOOD AND SERVICE FOR HOMELESS WOMEN | 5,000 |
| SIBLEY FOUNDATION 5255 LOUGHBORO ROAD NW | | PUBLIC | PROVIDE TECHNOLOGY, EDUCATION, PATIENT CARE AND | 14,000 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| WASHINGTON, DC 20016 | | RESEARCH FOR THE BEST CARE OF THE COMMUNITY | |
|---|--------|---|-----|
| SPECIAL OLYMPICS MARYLAND 2018 POLAR BEAR PLUNGE 3701 COMMERCE DRIVE 103 BALTIMORE, MD 21227 | PUBLIC | PROVIDE SPORTS TRAINING AND ATHLETIC COMPETITION FOR PEOPLE WITH INTELLECTUAL DISABILITIES | 500 |
| · · · · · · · · · · · · · · · · · · · | | · | |

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Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ST JUDE'S CHILDREN'S RESEARCH PUBLIC HELP TREATMENT OF CHILDREN 3,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105 | | WITH CANCER AND OTHER CATASTROPHIC DISEASES | |
|--|--------|--|--|
| STONY BROOK FOUNDATION 488 ADMINISTRATION BUILDING STONY BROOK, NY 11794 | PUBLIC | SUPPORT PROGARM THAT PROVIDES MERIT AND NEED BASED STUDENT | |

| STONY BROOK FOUNDATION 488 ADMINISTRATION BUILDING STONY BROOK, NY 11794 | | SUPPORT PROGARM THAT PROVIDES MERIT AND NEED BASED STUDENT SCHOLARSHIPS AND FELLOWSHIP SUPPORT | 1,000 |
|--|--------|--|-------|
| SUBURBAN HOSPITAL FOUNDATION | PUBLIC | SUPPORT PATIENT CARE AT | 2,000 |

| | | FELLOWSHIP SUPPORT | |
|--|--------|--|-------|
| SUBURBAN HOSPITAL FOUNDATION 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 | PUBLIC | SUPPORT PATIENT CARE AT SUBURBAN HOSPITAL | 2,000 |

| SUBURBAN HOSPITAL FOUNDATION 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 | PUBLIC | SUPPORT PATIENT CARE AT SUBURBAN HOSPITAL | 2,0 |
|--|--------|--|-----|
| | | _ | 1 |

| T-4-1 | | | 102.166 |
|--|---------|-------------------------|---------|
| 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 | | SUBURBAN HOSPITAL | , |
| SUBURBAN HOSPITAL FOUNDATION | LAORLIC | SUPPORT PATIENT CARE AT | 2, |

| BETHESDA, MD 20814 | | |
|--------------------|------|---------|
| Total | | 193,166 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year TAKOMA ACADEMY **EDUCATION** SUPPORT EDUCATIONAL 180 8120 CARROLL AVENUE PROGRAMS TAKOMA PARK, MD 20912 **TEMPLE EMANUEL** l church CONTRIBUTE TO TEMPLE 180 000

| 1715 EAST FULTON STREET GRAND RAPIDS, MI 49503 | | EMANUEL FOOD BANK FUND | |
|---|--------|---|------|
| THE FOUNDATION FOR THE JEWISH HISTORICAL MUSEUM 44 SOUTH BAYLES AVE SUITE 210 PORT WASHINGTON, NY 11050 | PUBLIC | SUPPORT THE PRESERVATION EFFORTS OF THE JEWISH HERITAGE | 5,00 |

193,166 За

| | | | | / |
|---|--|--------------------------------------|---|--------|
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| a Paid during the year | | | | |
| THE JEWISH FEDERATION OF NORTH AMERICA 25 BROADWAY SUITE 1700 NEW YORK, NY 10004 | | PUBLIC | PROVIDE CARE TO FAMILIES IN DISTRESS AND SUPPORT ELDERLY | 5,000 |
| UNITED COMMUNITY MINISTRIES 7511 FORDSON ROAD ALEXANDRIA VA 22306 | | PUBLIC | PROVIDE FOOD, WORKFORCE DEVELOPMENT, CHILD CARE TO NEEDY FAMILIES | 2,500 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| UNITED COMMUNITY MINISTRIES 7511 FORDSON ROAD ALEXANDRIA, VA 22306 | PUBLIC | PROVIDE FOOD, WORKFORCE DEVELOPMENT, CHILD CARE TO NEEDY FAMILIES | 2,50 |
|--|--------|---|------|
| USO METROPOLITAN WASHINGTON | PUBLIC | SUPPORT TURKEY FOR THE | 2,00 |

| ALEXANDRIA, VA 22306 | | NEEDY FAMILIES | |
|---|--------|---|------|
| USO METROPOLITAN WASHINGTON 228 MCNAIR ROAD BUILDING 405 | PUBLIC | SUPPORT TURKEY FOR THE TROOPS PROGRAM TO US | 2,00 |

| USO METROPOLITAN WASHINGTON 228 MCNAIR ROAD BUILDING 405 FT MYER, VA 22211 | PUBLIC | SUPPORT TURKEY FOR THE TROOPS PROGRAM TO US ARMED FORCES | 2,00 |
|--|--------|--|------|
| | | | |

| USO METROPOLITAN WASHINGTON 228 MCNAIR ROAD BUILDING 405 | PUBLIC | SUPPORT TURKEY FOR THE TROOPS PROGRAM TO US | 2,0 |
|---|--------|---|-----|
| FT MYER, VA 22211 | | ARMED FORCES | |

| Γ MYER, VA 22211 | | ARMED FORCES | |
|------------------------------|--|--------------------------|--|
| EO FICHAIR ROAD BOILDING 405 | | I IKOO S I KOOKAII IO OS | |

| TI MILK, VA ZZZII | AKMED TORCES | 1 |
|-------------------|--------------|---------|
| Total | | 193.166 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year VAN ANDEL INSTITUTE PUBLIC SUPPORT PARKINSON'S 5,000

| 333 BOSTWICK AVENUE NE GRAND RAPIDS, MI 49503 | | DISEASE RESEARCH | |
|---|--------|---|-------|
| WASHINGTON JESUIT ACADEMY 900 VARNUM STREET NE WASHINGTON. DC 20017 | PUBLIC | SUPPORT PROGRAMS TO CLOSE THE ACHIEVEMENT GAP OF LOW INCOME COMMUNITIES | 7,500 |

| WASHINGTON JESUIT ACADEMY 900 VARNUM STREET NE WASHINGTON, DC 20017 | Pl | SUPPORT PROGRAMS TO CLOSE THE ACHIEVEMENT GAP OF LOW INCOME COMMUNITIES | |
|---|----|---|--|
| | | | |

| Total | | • | 193 166 |
|--|--|---|---------|
| 900 VARNUM STREET NE WASHINGTON, DC 20017 | | THE ACHIEVEMENT GAP OF LOW INCOME COMMUNITIES | |
| | | | |

| efile GRAPHIC print - DO NOT | PROCESS As Filed | l Data - | | LN: 93491338006558 | |
|------------------------------|--------------------|--------------------------|------------------------|---|--|
| TY 2017 Accounting F | ees Schedule | | | | |
| | | | | | |
| Name: SANDERS FOUNDATION | | | | | |
| C/O FILIP S SANDERS | | | | | |
| | EIN: 31-665 | 33312 | | | |
| Accounting Fees Schedule | | | , | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| TAX PREPARATION AND | 4,1 | 50 2,07 | 5 | 0 | |

ACCOUNTING FEES

TY 2017 Explanation of Non-Filing with Attorney General Statement

Name: SANDERS FOUNDATION

C/O FILIP S SANDERS

DLN: 93491338006558

EIN: 31-6653312

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Statement:
THIS FOUNDATION IS EXCLUSIVELY FUNDED BY ITS FOUNDERS. NO FUNDS ARE SOLICITED FROM THE PUBLIC. AS SUCH A REPORT IS NOT REQUIRED BY THE STATE OF MARYLAND.

| Т | efile GRAPHIC | print - DO NOT | PROCESS | As Filed | Data - |
|---|---------------|----------------|---------|----------|--------|
| _ | | , | | | |
| | | | | | |

TY 2017 Investments Corporate Stock Schedule

Name: SANDERS FOUNDATION

C/O FILIP S SANDERS

DLN: 93491338006558

EIN: 31-6653312

| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
|---|---------------------------|----------------------------------|
| FMC STRATEGIC VALUE FUND | 219,958 | 216,040 |
| 1500 SH BERKSHIRE HATHAWAY CL B | 96,802 | 307,920 |
| 6650 SH BROOKFIELD ASSET MGMT INC | 123,570 | 270,988 |
| 1350 SH GRACO INC | 12,150 | 54,851 |
| 1300 SH NESTLE SA SPONSORED ADRS | 62,620 | 109,564 |
| 1300 SH US BANCORP | 32,083 | 67,951 |
| 2 SH BERKSHIRE HATHAWAY CL A | 494,829 | 615,410 |
| 263 SH PENTAIR | 6,972 | 10,559 |
| 1200 SH RECKITT BENCKISER GROUP | 63,401 | 97,085 |
| 1900 MICROSOFT CORP | 80,057 | 202,939 |
| 400 SH UNITED TECHNOLOGIES CORP | 37,685 | 49,684 |
| 1200 SH WELLS FARGO & CO | 62,749 | 63,876 |
| 9400 SH EXTENDED STAY AMER INC | 134,353 | 153,032 |
| 5600 SH TANGER FACTORY OUTLET CENTERS INC | 194,083 | 124,656 |
| 11900 SH BRIXMOR PPTY GROUP INC | 246,862 | 192,780 |
| 4100 SH CANADIAN NATURE RES LTD | 130,977 | 112,012 |
| 2200 SH GILEAD SCIENCES INC | 153,048 | 149,996 |
| 4100 SH KNOLL INC | 72,729 | 81,385 |
| 525 SH PUBLIC STORAGE | 107,167 | 107,872 |
| 3609 SH BROOKFIELD PROPERTY REIT INC | 74,490 | 69,618 |
| 1600 SH EXXON MOBILE CORP | 118,604 | 127,488 |
| 3200 SH NASPERS LTD | 161,041 | 111,936 |
| 263 SH NVENT ELECTRIC PLC | 2,512 | 6,422 |
| 8400 SH STEELCASE INC | 119,345 | 139,440 |
| 1450 SH WABCO HOLDINGS INC | 176,658 | 155,803 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491338006558 | | | |
|--|---------------------|----------|---------------------|--|--|--|
| TY 2017 Investments Government Obligations Schedule | | | | | | |
| | | | | | | |
| Name: | SANDERS FOU | JNDATION | | | | |
| | C/O FILIP S SANDERS | | | | | |
| EIN: | 31-6653312 | | | | | |
| US Government Securities - End of Year Book Value: | | 297,044 | | | | |
| US Government Securities - End of Year Fair Market Value: | | 298,839 | | | | |
| State & Local Government Securities - End of Year Book Value: | | 0 | | | | |
| State & Local Government Securities - End of Year Fair Market Value: | | 0 | | | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN | : 93491338006558 | |
|--------------------------------------|-----------------------------|--------------------------|------------------------|---------------------------------|--|
| TY 2017 Other Expenses Schedule | | | | | |
| Name: | SANDERS FOUR | NDATION | | | |
| | C/O FILIP S SA | | | | |
| EIN: | 31-6653312 | | | | |
| Other Expenses Schedule | | | | | |
| Description | Revenue and Expenses per | Net Investment Income | Adjusted Net Income | Disbursements for Charitable | |

| Other Expenses Schedule | | | | | |
|-------------------------|--------------------------------------|--------------------------|------------------------|---|--|
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |

21,474

21,474

INVESTMENT ADVISORY FEES

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data | - | DL | N: 93491338006558 | |
|---------------------------------------|---------------|----------------|--------------|-------------------|--|
| TY 2017 Taxes Schedule | | | | | |
| | | | | | |
| Name: S | SANDERS FO | OUNDATION | | | |
| | C/O FILIP S | CANDEDC | | | |
| • | J/U FILIP 3 | SANDERS | | | |
| EIN: 31-6653312 | | | | | |
| Category | Amount | Net Investment | Adjusted Net | Disbursements | |
|] | | Income | Income | for Charitable | |
| | | | | Purposes | |
| FOREIGN TAX PAID RELATED TO DIVIDENDS | 2,388 | 2,388 | | 0 | |
| PF-990 TAX | 5,441 | 5,441 | | 0 | |

| efile GRAPHIC print - DC | NOT PROCESS | As Filed Data - | | | | DLN: 93491338006558 |
|---|--|---|--|--|--|---|
| Schedule B | | Schedi | ule of Contributo | ors | | OMB No 1545-0047 |
| (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service | | | | | | 2017 |
| Name of the organization SANDERS FOUNDATION | n | | | | Employer id | lentification number |
| C/O FILIP S SANDERS | k ana) | | | | 31-6653312 | |
| Organization type (check | k one) | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | rm 990 or 990-EZ | | | | | |
| 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | |
| | ☐ 527 politi | cal organization | | | | |
| Form 990-PF | ✓ 501(c)(3) | exempt private fo | oundation | | | |
| 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | 501(c)(3) | taxable private fo | undation | | | |
| | | | PF that received, during Complete Parts I and II S | | | |
| Special Rules | | | | | | |
| under sections 50 received from any | 9(a)(1) and 170(b) one contributor, d | (1)(A)(vi), that che uring the year, total | g Form 990 or 990-EZ thecked Schedule A (Form al contributions of the graphete Parts I and II | 990 or 990-EZ), P | art II, line 13, | 16a, or 16b, and that |
| during the year, to | otal contributions of | f more than \$1,000 | , or (10) filing Form 990 o 0 <i>exclusively</i> for religious r animals Complete Part | s, charitable, scien | | |
| during the year, co If this box is check purpose Don't coi | ontributions <i>exclus</i> ked, enter here the mplete any of the p | eively for religious, total contributions parts unless the G | , or (10) filing Form 990 of charitable, etc., purpose is that were received duri eneral Rule applies to the or more during the year | es, but no such con ng the year for an his organization be | itributions tota exclusively re cause it recei | aled more than \$1,000 ligious, charitable, etc , ved <i>nonexclusively</i> |
| Caution. An organization 990-EZ, or 990-PF), but it Form 990-EZ or on its Foi 990-EZ, or 990-PF) | : must answer "No | on Part IV, line 2 | 2, of its Form 990, or che | ck the box on line | H of its | |
| For Paperwork Reduction Ac for Form 990, 990-EZ, or 990- | | ructions | Cat No 30613X | Schedu | ıle B (Form 990 | , 990-EZ, or 990-PF) (2017) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 2 Name of organization Employer identification number SANDERS FOUNDATION 31-6653312 C/O FILIP S SANDERS Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 FILIP S SANDERS Person **Payroll** 4990 SENTINEL DRIVE 306 \$ 283,520 Noncash BETHESDA, MD 20816 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions)

| Schedule B (Form | 990, 990-EZ, or 990-PF) (2017) | | Page 4 |
|--|--|---|--|
| Name of organizat SANDERS FOUNDAT C/O FILIP S SANDER | ION | | Employer identification number 31-6653312 |
| Part III Exclusion than \$1 organizes the year | vely religious, charitable, etc., contribution 000 for the year from any one contributor | r. Complete columns (a) throu of exclusively religious, chari ctions.) ► \$ | d in section 501(c)(7), (8), or (10) that total more |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | Transferee's name, address, and | (e) Transfer of gift ZIP 4 F | Relationship of transferor to transferee |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | Transferee's name, address, and | (e) Transfer of gift ZIP 4 F | Relationship of transferor to transferee |
| | | | |
| | | | I |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | | |
| | Turnsfaurale manne adduser and | (e) Transfer of gift | |
| | Transferee's name, address, and | ZIP 4 F | Relationship of transferor to transferee |
| | | | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | | |
| | Transferee's name, address, and | (e) Transfer of gift ZIP 4 F | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |

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