Return of Private Foundation

orm 990-PF (2018)

	Earm	90	90-PF		or Section 4947(a)(1) Trust Treated	as Priva	te Foundation		00010	
		•		▶ Do	not enter social secu	rity numbers on th	e form a	s it may he mad		2018	3
တ္က	Depar Intern	tment	of the Treasury enue Service		to www.irs.gov/Fori					Open to Public In	spection
Ď				ax year beginning	12/01/18 ,	and ending 11/	30/1	9			
Z,	Nam	e of fou	indation					A Emplo	yer identification number		
CANNE								F.0	1207044		
U,				NCY GEWIR		·	Room/suite		-1387044	`	
MAR			GLENBROC		ed to street address)		NOOM/Suite		3-356-5005	,	
Æ.				ntry, and ZIP or foreign p	ostal code					abaal baaa	$\overline{}$
-	BI	ETHI	ESDA		MD 20814-1	224	_	C If exen	aption application is pending,	спеск пеге	
9	G C	heck a	all that apply	Initial return	Initial retur	n of a former public	charity	D 1. Fo	reign organizations check he	re	▶ ∐
202				Final return	Amended	return			reign organizations meeting t		
				Address cha	nge Name cha	nge		85	% test, check here and attach	computation	▶ □
	н С	heck t	ype of organization	n X Section 50	1(c)(3) exempt private f	oundation	R/	t `	te loundation status was term	inated under	
	S	ection	4947(a)(1) nonex	empt charitable trus	st Other taxable	private foundation	<u>U</u>	section	n 507(b)(1)(A), check here		-
	l Fa	ır mari	ket value of all ass	ets at J	Accounting method	X Cash A	ccrual		oundation is in a 60-month te		. □
		•	ear (from Part II, co		Other (specify)			under	section 507(b)(1)(B), check h	ere	
		e 16)			art I, column (d) must b			1		(d) Disbursem	ents
	Рa	rt I		evenue and Expens s (b), (c), and (d) may not		(a) Revenue and expenses per	(b)	Net investment income	(c) Adjusted net income	for charitab purposes	le
0				mn (a) (see instructions)		books		income	meome	(cash basis o	
À,)/	1		, grants, etc , received					the section is a lightername	many brightenstrament of the	!
W	Υ	2			equired to attach Sch B					1,21,3	
, (/	3		gs and temporary c		4,56		4,566		()	
		4		terest from securitie	es	7,06	98	7,068	15 SED 6)	.
		5a	Gross rents	(1)						1 72	1-
	ue	b	Net rental income				 -		T CG La	****	
	/en	6a b	Gross sales price for a	sale of assets not on line	10		- 		The second of th	- A STATE OF PROPERTY OF THE P	.*
	Revenue	7	,	ncome (from Part I)	/. line 2)			0			
	_	8	Net short-term ca	•	•				0		
		9	Income modification	tions	!						
		10a	Gross sales less retu	rns and allowances							
		b	Less Cost of go	,							
		С	·	oss) (attach schedu	le) STMT 1	506 04		586,865	586,865		
		11	Other income (at Total. Add lines	•	SIMI I	586,86 598,49	o	598,499	586,865		
	/0	12 13		f officers, directors,	trustees etc	330,43	0	330,433	300,003		
	ses	14	•	salaries and wages	11451666, 616						
	en	15		mployee benefits		57,28	19	26,190		31	,099
	Х	16a	Legal fees (attac	h schedule) SE		22					225
	Je F	b	•	(attach schedule)	STMT 3	32,65	51			32	, 651
0	aţį.	С	•	fees (attach schedule)						
3	stra	17	Interest		. COMO A	3,60	14	2			, 602
-	ij	18	•	edule) (see instruction	·	3,60	74				, 602
<u>۔</u>		19 20	Occupancy	ch schedule) and depl	silon SIMI S						
H	Ă	21	-	ces, and meetings							
	pu	22	Printing and pub	-			1				
드奏	g	23	Other expenses (att. se		STMT 6	17	0	70			100
Received In DEC 1 4 7020	ţi	24	•	and administrativ	e expenses.						
cei	era		Add lines 13 thro	ough 23		93,93		26,262	0		, 677
Rev Batc	O	25	Contributions, gifts, gra			634,88			:	_	, 882
46	<u> </u>	26		nd disbursements./	Add lines 24 and 25	728,82	1	26,262	0	702	,559
7		27	Subtract line 26		ا معادله المالية	120 20					
		a b		ie over expenses an income (if negative		-130,32		572,237			~~~~
		6		come (if negative is	•		_	3,2,231	586.865		

For Paperwork Reduction Act Notice, see instructions.

Fo	rm 990	PF (2018) THE CARL & NANCY GEWIRZ FUND, INC.	52-1387044	l	Page 2
			Beginning of year	End of	year
1	Part I	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
П	1	Cash – non-interest-bearing	113,175	201,251	201,251
	2	Savings and temporary cash investments	477,089	1,331,013	1,331,013
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
ı	5	Grants receivable			
-	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see			
		instructions)			
	7	Other notes and loans receivable (att schedule) SEE WRK 342,533			
ĺ		Less allowance for doubtful accounts ▶ 0	409,305	342,533	342,533
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
۲	10a	Investments – U S and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule)			
	C	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis		1	
		Less accumulated depreciation (attach sch.)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule) SEE STATEMENT 7	3,427,659	2,411,402	10,608,258
	14	Land, buildings, and equipment basis ► 18, 012	<u> </u>	1	
ı		Less accumulated depreciation (attach sch) ▶ STMT 8 18,012			
	15	Other assets (describe SEE STATEMENT 9)	-		
	16	Total assets (to be completed by all filers – see the	4 407 000	4 006 100	10 402 055
\dashv		instructions. Also, see page 1, item I)	4,427,228	4,286,199	12,483,055
	17	Accounts payable and accrued expenses			
S	18	Grants payable			
<u>e</u>	19	Deferred revenue			
3	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule) Other liabilities (describe ► SEE STATEMENT 10)	11,552	845	
]	22	,	11,552	845	
\dashv	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	11,552	- 043	
,		and complete lines 24 through 26, and lines 30 and 31.			
ë	24	Unrestricted			
틸	24 25	Temporarily restricted		-	
Ba	25 26	Permanently restricted			
밀	20	Foundations that do not follow SFAS 117, check here			
교		and complete lines 27 through 31.			
Net Assets or Fund Balances	27	Capital stock, trust principal, or current funds			
ste	28	Paid-in or capital surplus, or land, bldg, and equipment fund	1,300,108	1,300,108	
SS	29	Retained earnings, accumulated income, endowment, or other funds	3,115,568	2,985,246	
Į	3000	A Total net assets or fund balances (see instructions)	4,415,676	4,285,354	
ž	1 1/	Total liabilities and net assets/fund balances (see			
		instructions)	4,427,228	4,286,199	
	Part I				
_		net assets or fund balances at beginning of year - Part II, column (a), line 30 (must ag	gree with		
		of-year figure reported on prior year's return)		1	4,415,676
2		amount from Part I, line 27a		2	-130,322
3	Othe	r increases not included in line 2 (itemize)		3	
		ines 1, 2, and 3		4	4,285,354
5	Decr	eases not included in line 2 (itemize)		5	
_6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), li	ne 30	6	4,285,354

n	2
Page	

(a) List and describe			me				
Z-SIOIV DIICK W	e the kind(s) of property sold (for example, real est varehouse, or common stock, 200 shs MLC Co)	ate,		(b) How acquired P - Purchase	(c) Date a		(d) Date sold (mo day yr)
				D - Donation	,,		, , , , , , , , , , , , , , , , , , , ,
1a N/A b		<u> </u>					
C							
d							
е							·
(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) Cost or plus exper				or (loss)) minus (g))
a							
b							
С							
d							
е	I						
Complete only for assets showing	g gain in column (h) and owned by the for	oundation on 12	/31/69				(h) gain minus
(I) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Excess of col (i) over col (j), if any		col		less than -0-) or om col (h))
a							
b							
С				···			
d				·			
e				.	1		
2 Capital gain net income or (net ca	apital loss)		•				
2. Not short town country goin or (loss	If (loss), enter -0-				2		
, , ,	ss) as defined in sections 1222(5) and (-	_				
Part I, line 8	column (c) See instructions. If (loss), of	enter -u- m	•		3		
	Inder Section 4940(e) for Re	duced Tay	on Net	Investment Inc		- 1	•
	foundations subject to the section 4940				<u> </u>		, ,
•	·	(a) tax on net in	*CStillelit				
f section 4940(d)(2) applies, leave th				moome)			
. 111.2 12 12(2)(2) applied; 18446 (i)	is part blank			income y			_
. , , , , ,	is part blank tion 4942 tax on the distributable amoun	t of any year in t					Yes X No
Vas the foundation liable for the sect	•						Yes X No
Was the foundation liable for the sect f "Yes," the foundation doesn't qualify	tion 4942 tax on the distributable amoun	te this part	the base (period?			Yes X No
Vas the foundation liable for the sect f "Yes," the foundation doesn't qualify 1 Enter the appropriate amount in 6 (a)	tion 4942 tax on the distributable amoun y under section 4940(e) Do not comple	te this part	the base (period?		Diet	(d)
Vas the foundation liable for the sect i "Yes," the foundation doesn't qualify 1 Enter the appropriate amount in e	tion 4942 tax on the distributable amounty under section 4940(e). Do not comple each column for each year, see the instruction (b). Adjusted qualifying distribu	te this part uctions before n	the base (period? ly entries (c) of noncharitable-use asse			(d) ribution ratio divided by col. (c))
Vas the foundation liable for the sect "Yes," the foundation doesn't qualify 1 Enter the appropriate amount in a (a) Base period years	tion 4942 tax on the distributable amounty under section 4940(e). Do not comple each column for each year, see the instruction (b). Adjusted qualifying distribution (b).	te this part uctions before n	the base (period? y entries (c) of noncharitable-use asse 11,462,	443		(d) ribution ratio divided by col. (c)) 0.05243
Vas the foundation liable for the sect in "Yes," the foundation doesn't qualify. 1 Enter the appropriate amount in each (a) Base period years Calendar year (or tax year beginning).	tion 4942 tax on the distributable amounty under section 4940(e). Do not complete each column for each year, see the instruction (b). Adjusted qualifying distribution (c).	te this part uctions before n tions 01,031 54,584	the base (operiod? (c) of noncharitable-use asse 11,462, 11,785,	443 814		(d) Inibition ratio divided by col. (c) 0.05243: 0.06402
Vas the foundation liable for the sect f "Yes," the foundation doesn't qualify 1 Enter the appropriate amount in e (a) Base period years Calendar year (or tax year beginning in the section of the s	tion 4942 tax on the distributable amounty under section 4940(e). Do not complete each column for each year, see the instruction. Adjusted qualifying distribution of the column for each year, see the instruction of the column for each year, see the instruction of the column for each year, see the instruction of the column for each year.	te this part uctions before n tions 01,031 54,584 72,466	the base (period? (c) of noncharitable-use asse 11, 462, 11, 785, 11, 756,	443 814 605		(d) ribution ratio divided by col (c)) 0.052435 0.064025 0.031683
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Vas the foundation liable for the sect f "Yes," the foundation doesn't qualify 1 Enter the appropriate amount in e (a) Base period years Calendar year (or tax year beginning in 2017 2016 2015 2014 2013 2 Total of line 1, column (d) 3 Average distribution ratio for the state number of years the foundation 4 Enter the net value of noncharitation 5 Multiply line 4 by line 3 6 Enter 1% of net investment incom 7 Add lines 5 and 6 8 Enter qualifying distributions from	tion 4942 tax on the distributable amount y under section 4940(e). Do not comple each column for each year, see the instruction. Adjusted qualifying distribution. Adjusted qualifying distri	te this part uctions before n tions 01,031 54,584 72,466 56,088 49,356 tine 2 by 5 0, or bears	naking an	period? (c) of noncharitable-use asse 11, 462, 11, 785, 11, 756, 11, 640, 11, 670,	443 814 605 093 751 2 3 4 5	(col (b) c	(d) ribulion ratio divided by col. (c)) 0.05243! 0.06402! 0.03168: 0.03918: 0.03850: 0.22582' 0.04516! 12,043,68: 543,95:

	990-PF (2018) THE CARL & NANCY GEWIRZ FUND, INC. 52-1387044			P	age 4
<u> Pa</u>	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check			5,	722
	here ► X and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of				
	Part I, line 12, col (b)				_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				0
3	Add lines 1 and 2			5,	722
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		,		0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			5,	722
6	Credits/Payments				
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 5, 150				
b	Exempt foreign organizations – tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868) 6c 6, 500				
ď	Backup withholding erroneously withheld 6d 76				
7	Total credits and payments Add lines 6a through 6d			11,	<u>726</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8.				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			6,	004
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ 6,004 Refunded ▶ 11				
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		<u>x</u> _
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the				
	instructions for the definition		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities				
C	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				;
	on foundation managers \$		1		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		<u> </u>
	If "Yes," attach a detailed description of the activities				•
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		<u>X</u>
ь		/A	4b		<u></u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	ļ	X
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			.	:
_	conflict with the state law remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions MD, DC				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	^
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				$^{\prime\prime}\lambda$
	4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See instructions for Part XIV If "Yes,"				\mathcal{O}
	complete Part XIV		9		<u>x</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10		<u> </u>
		F	orm 99	0-PF	(2018)

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?

Form 990-PF (2018)

DAA

		NANCY GEWIRZ FUND,		387044			Р	age 6
	art VII-B · Statements Regard		orm 4720 May Be F	Required (cor	ntınu <u>ed)</u>			
5a	During the year did the foundation pay of	r incur any amount to					Yes	No
	(1) Carry on propaganda, or otherwise a			' '	res 🛚 X No			Ė
	(2) Influence the outcome of any specific	c public election (see section 4955), o	r to carry on,					ŧ
	directly or indirectly, any voter regist	ration drive?		₩,	res 🔀 No			ŀ
	(3) Provide a grant to an individual for tr			□ '	res 🛚 X No			ĺ
	(4) Provide a grant to an organization of	her than a charitable, etc , organization	n described in					Ė
	section 4945(d)(4)(A)? See instruction			\ `	res 🔀 No			İ
	(5) Provide for any purpose other than r	• • • • • • • • • • • • • • • • • • • •	or educational					ĺ
	purposes, or for the prevention of cr				res 🔀 No			E
b	If any answer is "Yes" to 5a(1)–(5), did a	· · · · · ·		ibed in	37 /3		:	f
	Regulations section 53 4945 or in a curr				N/A	5b		
	Organizations relying on a current notice regarding disaster assistance, check here							É
С	If the answer is "Yes" to question 5a(4),		rom the tax	N7 / 75 🖂 .				Ė
	because it maintained expenditure response	, ,		N/A 📗	res 📙 No			Ė
_	If "Yes," attach the statement required by	, ,						Į.
6a	Did the foundation, during the year, rece	ive any funds, directly or indirectly, to p	pay premiums	п,	res X No			Ė
	on a personal benefit contract?	and the second s	aroanal hamatik a	₩,	res 🔀 No		:	x
b	Did the foundation, during the year, pay	premiums, directly or indirectly, on a po	ersonal denetit contract?		ŀ	6b		_
7-	If "Yes" to 6b, file Form 8870	foundation a posture a producted formal	holtor transcation?	\Box	res X No			Ė
7a	At any time during the tax year, was the			_	N/A	7b	:	İ
ь	If "Yes," did the foundation receive any p				N/A	70		
8	Is the foundation subject to the section 4		1,000,000 111		res X No			Ė
10 2	remuneration or excess parachute payment VIII Information About (Officers, Directors, Trustees	Equipolation Man					<u></u>
re	and Contractors	Jincers, Directors, Trustees	s, i oundation mai	agers, mgm	y i did Limpio	,	,	
1 1	List all officers, directors, trustees, and	I foundation managers and their co	mpensation. See instru	uctions.				
	, , , , , , , , , , , , , , , , , , , ,				(d) Contributions to			
	(a) Name an	d address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit		pense ad er allowa	
			devoted to position	enter -0-)	plans and deferred compensation	0016	i allowa	iices
C.A	RL GEWIRZ	BETHESDA	DIR/PRES					
71	17 GLENBROOK ROAD	MD 20814-1224	20.00	0	0			0
NA	NCY GEWIRZ	BETHESDA	DIRECTOR					
71	17 GLENBROOK ROAD	MD 20814-1224	0.50	0	0			0
vi	CTORIA GEWIRZ	WELLESLEY	DIRECTOR					
48	SWARTHMORE ROAD	MA 02482-6609	2.50	0	56,815			0
2	Compensation of five highest-paid en	mployees (other than those include	ed on line 1 – see instru	ctions). If none, (enter			
	"NONE."				1	r · ·		
			(b) Title, and average		(d) Contributions to employee benefit	(e) Exi	pense ac	count
	(a) Name and address of each employe	ee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		r allowa	
					compensation			
NO	NE							
					-	_		
Tota	number of other employees paid over \$5	0.000		<u> </u>	•			_ 0
	project part of the projec	**************************************			<u>-</u> _	rm 9 9	0-PF	(2018)

Part VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)		mployees,
3 Five highest-paid independent contractors for professional services. See instructions. If n	one, enter "NONE."	 .
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the organizations and other beneficiaries served, conferences convened, research papers produced, etc.	number of	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
2		
All other program-related investments. See instructions		
Total. Add lines 1 through 3		
Total. Add into 1 trirough 5		

а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	702,5	559
b	Program-related investments – total from Part IX-B	1b		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,			
	purposes	2		
3	Amounts set aside for specific charitable projects that satisfy the			
а	Suitability test (prior IRS approval required)	3a		
b	Cash distribution test (attach the required schedule)	3b		
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	702,5	<u> 559</u>
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income			
	Enter 1% of Part I, line 27b See instructions	5	5,7	<u> 122</u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	696,8	337
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation			

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

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Pa	urt XIII Undistributed Income (s	ee instructions	<u> </u>			
			(a)	(b)	(c)	(d)
1	Distributable amount for 2018 from Part XI,		Corpus	Years pnor to 2017	2017	2018
	line 7					596,462
2	Undistributed income, if any, as of the erid of 2	2018	1 1111	1 111111	,	7.0
а	Enter amount for 2017 only					
ь	Total for prior years 20 , 20	, 20				
3	Excess distributions carryover, if any, to 2018					
а	From 2013					
b	From 2014					
С	From 2015			}		
d	From 2016	174,483				
e	From 2017	38,189				
f	Total of lines 3a through e		212,672			
4	Qualifying distributions for 2018 from Part XII,			***************************************		
•	line 4 ▶ \$ 702,559					
а	Applied to 2017, but not more than line 2a					
	Applied to undistributed income of prior years					
-	(Election required – see instructions)					
c	Treated as distributions out of corpus (Election	n	_, · · · _			
Ū	required – see instructions)	•				
ч	Applied to 2018 distributable amount					596,462
e	Remaining amount distributed out of corpus		106,097			<u>.</u>
5	Excess distributions carryover applied to 2018	.			.,,,	. , ,
•	(If an amount appears in column (d), the same					
	amount must be shown in column (a))	•				
6	Enter the net total of each column as					
Ū	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtract line	2.5	318,769			
	Prior years' undistributed income Subtract				***************************************	
	line 4b from line 2b					
С	وروزو في المراسم					
Ŭ	income for which a notice of deficiency has					
	been issued, or on which the section 4942(a)					
	tax has been previously assessed					
А	Subtract line 6c from line 6b Taxable					
u	amount - see instructions					
۵	Undistributed income for 2017 Subtract line					
Ŭ	4a from line 2a Taxable amount – see					
	instructions					
f	Undistributed income for 2018 Subtract lines					
•	4d and 5 from line 1. This amount must be					
	distributed in 2019					0
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 2013 not					
-	applied on line 5 or line 7 (see instructions)				1	
9	Excess distributions carryover to 2019.					
-	Subtract lines 7 and 8 from line 6a		318,769	1		
10	Analysis of line 9		320,.03	· · · · · · · · · · · · · · · · · · ·		
а	Excess from 2014					
b	Excess from 2015					
c	Excess from 2016	174,483				
d	Excess from 2017	38,189				
e	Excess from 2018	106,097				
			L		<u></u>	

493 07/29/2020 12 27 PM Pg 19 Form 990-PF (2018) THE CARL & N					Page
Part XIV Private Operating For				n 9)	
1a If the foundation has received a ruling or de	etermination letter that	t it is a private operating			
foundation, and the ruling is effective for 20	018, enter the date of	the ruling			
b Check box to indicate whether the foundation	on is a p <u>rivate operati</u>	ng foundation described	d in section	4942(J)(3) or 494	2(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) rotar
investment return from Part X for					
each year listed					
b 85% of line 2a					
		-	 	,	-
line 4 for each year listed		 	/		-
d Amounts included in line 2c not used directly		/			
for active conduct of exempt activities		 	 	<u> </u>	-
e Qualifying distributions made directly					
for active conduct of exempt activities			1		1
Subtract line 2d from line 2c					
Complete 3a, b, or c for the					
alternative test relied upon					
a "Assets" alternative test – enter					
(1) Value of all assets					<u></u>
(2) Value of assets qualifying under					
section 4942(j)(3)(B)(i)					
					<u> </u>
of minimum investment return shown in					
Part X, line 6 for each year listed			 		
c "Support" alternative test – enter					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)			 	 	
(2) Support from general public			}		
and 5 or more exempt					
organižations as provided in					
section 4942(j)(3)(B)(iii)				- 	· · · · · ·
(3) Largest amount of support from					
an exempt organization		-	 		
(4) Gross investment income		A - Al-1- · · · · ·	:		
Part XV Supplementary Inform			it the foundation	ı nad \$5,000 or mo	ore in assets a
any time during the y		ictions.)			
Information Regarding Foundation Ma					
List any managers of the foundation who h	ave contributed more	than 2% of the total cor	ntributions received by	the foundation	
before the close of any tax year (but only if					
SEE STATEMENT 12	-				
List any managers of the foundation who o	wn 10% or more of th	e stock of a corporation	(or an equally large po	ortion of the	
ownership of a partnership or other entity)				.	
SEE STATEMENT 13	or windir the foundation	Ji ilas a 1076 di gicalei			
	ront Cift Lana Cat	alarahin ata Deserra			
Information Regarding Contribution, G					
Check here ► X if the foundation only			-		
unsolicited requests for funds. If the found		ints, etc , to individuals	or organizations under	other conditions,	
complete items 2a, b, c, and d See instruc					
 The name, address, and telephone number 	r or email address of	the person to whom app	olications should be ad	dressed	
N/A					
The form in which applications should be	submitted and informa	ation and materials they	should include		
N/A		,			
N/A N/A					
	b. aa b	al agency of the second of the second	la lundo ef mertiritie		
d Any restrictions or limitations on awards, s	ucn as by geographic	ai areas, charitable field	is, kinas of institutions	, or otner	
factors					
N/A					
DAA			····		Form 99 (

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year A SAFE PLACE 24 AMELIA DRIVE NONE 501 (C) (3) NANTUCKET MA 02554 PROMOTE DOMESTIC VIOLENCE REDUCTION. 150 ADAS ISRAEL CONGREGATION 2850 QUEBEC STREET NW NONE 501 (C) (3) MORRIS HARITON SENIOR PROGRAM FUND 50,000 WASHINGTON DC 20015 ALL. FOR NANTUCKET (SAVE OUR SOUND) 501 (C) (3) 4 BARNSTABLE RD NONE L-T PRESERVATION OF NANTUCKET SOUND HYANNIS MA 02601 200 AMER FRIENDS OF MAGEN DAVID ADOM SO NONE 501 (C) (3) 352 SEVENTH AVE, STE 400 SUPPORT ISRAEL'S EMER MEDICAL SVSC NEW YORK NY 10001 AMERICAN FILM INSTITUTE 8633 COLESVILLE ROAD NONE 501 (C) (3) PROMOTION OF THE ARTS SILVER SPRING MD 20910 AMERICAN FRIENDS OF HEBREW UNIV. 501 (C) (3) 5100 WISCONSIN AVE NW NONE SUPPORT HEBREW UNIV IN JERUSALEM 250 WASHINGTON DC 20016 AMERICAN HEART ASSOCIATION NONE 501 (C) (3) 7272 GREENVILLE AVE PROMOTE MEDICAL RESEARCH 100 DALLAS TX 75231 AMERICAN RED CROSS NONE 501 (C) (3) 2025 E STREET NW ASSIST IN DISASTER AREAS WASHINGTON DC 20006 150 AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE N NONE |501 (C) (3) JEWISH STUDIES PROGRAM WASHINGTON DC 20016 ANTI-DEFAMATION LEAGUE 1100 CONNECTICUT AVE NW NONE 501 (C) (3) 1,000 PROMOTE HUMAN RIGHTS ISSUES WASHINGTON DC 20036 634,003 ▶ 3a **Total b** Approved for future payment N/A ▶ 3b Total

Form 990-PF (2018) THE CARL & NANCY GEWIRZ FUND, INC.

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year ART INSTITUTE OF CHICAGO 501 (C) (3) 111 SOUTH MICHIGAN AVENUE NONE THE ARTS CHICAGO IL 60603 PROMOTE ARTISTS ASSOC OF NANTUCKET 501 (C) (3) NONE BOX 1104 PROMOTION OF THE ARTS 500 NANTUCKET MA 02554 BETHESDA CHEVY CHASE RESCUE SQUAD 501 (C) (3) 5020 BATTERY LANE NONE BETHESDA MD 20814 1,000 SUPPORT EMERGENCY MEDICAL SERVICES BIKE TO THE BEACH 1990 K ST NW LBBY 2 NONE 501 (C) (3) WASHINGTON DC 20006 SUPPORT AUTISM AWARENESS BOSTON MED FLIGHT HANSCOM AFB, ROBINS ST, NONE 501 (C) (3) SUPPORT CRITICAL CARE TRANSPORT 300 BEDFORD MA 01730 BRIGHAM & WOMENS HOSPITAL NONE 501 (C) (3) 75 FRANCIS ST PROMOTE MEDICAL RESEARCH BOSTON MA 02115 BROOKLYN MUSEUM NONE 501 (C) (3) 200 EASTERN PKWY PROMOTION OF THE ARTS BROOKLYN NY 11238 BRUCE AND MARSHA MOSKOWITZ FDN 225 LIST ROAD NONE 501 (C) (3) PATIENT SAFETY & QUALITY HEALTHCARE PALM BEACH FL 33480 CASEY HEALTH INSTITUTE 800 S. FREDERICK AVE #200 NONE 501 (C) (3) PROMOTE MEDICAL RESEARCH GAITHERSBURG MD 20877 CENTRAL UNION MISSION 501 (C) (3) 65 MASSACHUSETTS AVE NW NONE SUPPORT MEN'S SOCIAL SERVICE AGENCY WASHINGTON DC 20001 35 ▶ 3a Total Approved for future payment N/A Total 3b

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year CHESAPEAKE BAY FOUNDATION NONE 501 (C) (3) 6 HERNDAN AVE 150 ANNAPOLIS MD 21403 PROMOTE CONSERVATION AND EDUC OF BAY CHILDRENS NATIONAL MEDICAL CENTER NONE 501 (C) (3) 111 MICHIGAN AVE NW EDITH HARITON LIBRARY 500 WASHINGTON DC 20010 SUPPORT COAST GUARD FOUNDATION NONE 501 (C) (3) 394 TAUGWONK RD SUPPORT'US COAST GUARD AND FAMILIES 100 STOWINGTON CT 06378 CONGREGATION SHIRAT HA YAM NONE 501 (C) (3) PO BOX 1145 SUPPORT WORKS OF JEWISH CONGREGATION 4,600 NANTUCKET MA 02554 DANA -FARBER CANCER INSTITUTE 450 BROOKLINE AVE NONE 501 (C) (3) MELANOMA CANCER RESEARCH BOSTON MA 02215 DC ARTS CENTER 501 (C) (3) NONE 2438 18TH STREET, NW PROMOTION OF THE ARTS WASHINGTON DC 20009 EGAN MARITIME INSTITUTE NONE 501 (C) (3) 4 WINTER STREET 100 PROMOTE EDUC OF NANTUCKET'S HISTORY NANTUCKET MA 02554 FAIRWINDS - NANTUCKET COUNSELING NONE 501 (C) (3) 20 VESPER LN L-1 SUPPORT MENTAL HEALTH SERVICES NANTUCKET MA 02554 FOOD AND FRIENDS NONE 501 (C) (3) 219 RIGGS ROAD NE WASHINGTON DC 20011 PROVIDE FOOD TO AT RISK POPULATION 100 FRATERNAL ORDER OF POLICE MD LODG NONE 501 (C) (3) 1506 LESLIE RD SUPPORT LAW ENFORCEMENT 25 BALTIMORE MD 21222 Total Approved for future payment N/A Total ▶ 3b

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year GEORGE WASHINGTON UNIVERSITY NONE 501 (C) (3) 2300 H ST NW WASHINGTON DC 20037 RON AND JOY PAUL KIDNEY CENTER GEORGE WASHINGTON UNIVERSITY 501 (C) (3) 2300 H ST NW NONE WASHINGTON DC 20037 PATIENT CARE PROGRAM GEORGE WASHINGTON'S MOUNT VERNON PO BOX 240 501 (C) (3) SUPPORT LIBRARY FOR STUDY OF G WASH. 100 MT. VERNON VA 22116 GEORGETOWN UNIV MEDICAL CENTER 501 (C) (3) 4000 RESERVOIR RD NW, 120 NONE LOMBARDI CANCER CENTER 10,000 WASHINGTON DC 20005 GEORGETOWN UNIVERSITY MED CENTER 3800 RESERVOIR RD NW NONE 501 (C) (3) LOMBARDI CANCER CENTER WASHINGTON DC 20007 GUGGENHEIM MUSEUM NONE 501 (C) (3) 1071 5TH ST. THE ARTS NEW YORK NY 10128 PROMOTION OF 300 HEBREW HOME OF GREATER WASHINGTON 6121 MONTROSE ROAD 501 (C) (3) NONE PROVIDE CARE FOR THE ROCKVILLE MD 20852 ELDERLY 5,000 HEBREW HOME OF GREATER WASHINGTON 501 (C) (3) 6121 MONTROSE ROAD NONE SUPPORT POST ACUTE CARE CENTER ROCKVILLE MD 20852 HILLEL AT GWU NONE 800 8TH ST NW 501 (C) (3) PROMOTE JEWISH COMM ON COLLEGE CAMPU 150,000 WASHINGTON DC 20001 HILLEL AT GWU NONE 501 (C) (3) 800 8TH ST NW WASHINGTON DC 20001 DONATION TO PAY FOR BOOKKEEPER 25,000 ▶ 3a Total Approved for future payment N/A Total 3b \triangleright

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Foundation Recipient show any relationship to Purpose of grant or Amount status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor Paid during the year HILLEL OF GREATER WASHINGTON 12230 WILKINS AVE NONE 501 (C) (3) PROMOTE JEWISH LIFE ON CAMPUS 500 ROCKVILLE MD 20852 HILLEL UNIV OF PENNSYLVANIA 501 (C) (3) 215 S 39TH ST NONE JEWISH LIFE ON CAMPUS 250 PHILADELPHIA PA 19104 PROMOTE HISTORICAL SOCIETY OF WASHINGTON 501 (C) (3) 801 K STREET, NW NONE WASHINGTON DC 20001 PRESERVE WASHINGTON DO HISTORY 4,000 HOLOCAUST MEMORIAL MUSEUUM 100 RAOUL WALLENBERG PL NONE 501 (C) (3) PROMOTE EDUCATON ABOUT HOLOCAUST 2,000 WASHINGTON DC 20024 HOUSE OF RUTH NONE 501(C)(3) 5 THOMAS CIRCLE NW CARE OF INDIGENT AND ABUSED WOMEN 200 WASHINGTON DC 20005 HOUSING UNLIMITED INC. 1309 LAMBERTON DR. STE G1 NONE 501 (C) (3) HOUSING FOR PERSONS W/ PSYCH. DIS. 100 SILVER SPRING MD 20902 JAMES RENWICK ALLIANCE NONE 501 (C) (3) 4405 E WEST HWY #510 SUPPORT ART EXHIBITIONS 1,000 BETHESDA MD 20814 JAMES SMITHSONIAN SOCIETY 1000 JEFFERSON DR SW 4 FL 501 (C) (3) NONE SUPPORT SMITHSONIAN MUSEUMS AND EDUC WASHINGTON DC 20560 JEWISH COMM CENTER OF GREATER WASH NONE 501 (C) (3) 6125 MONTROSE RD ROCKVILLE MD 20852 PROVIDE SOC/REC/CULTURAL ACTIVIES 500 JEWISH COUNCIL FOR THE AGING 12320 PARKLAWN DR. NONE 501 (C) (3) PROVIDE ASSISTANCE TO THE ELDERLY 250 ROCKVILLE MD 20852 Total b Approved for future payment N/A 3b \triangleright **Total**

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year JEWISH FEDERATION OF GREATER WASH NONE 501 (C) (3) 6101 MONTROSE RD PROMOTE SOCL/REL/EDUC OPPORTUNITIES 20,000 ROCKVILLE MD 20852 JEWISH FOUNDATION FOR GROUP HOMES 1500 E JEFFERSON STREET 501 (C) (3) NONE ROCKVILLE MD 20852 SUPPORT IND & INCLUSION OF DISABLED 500 JEWISH FOUNDATION FOR GROUP HOMES 1500 E JEFFERSON ST NONE 501 (C) (3) ROCKVILLE MD 20852 SUPPORT SERVICES FOR DISABLED JEWISH HISTORICAL SOCIETY 600 I STREET NW NONE 501 (C) (3) WASHINTON DC 20001 PROMOTE RELIGIOUS HISTORY 4,000 JEWISH NATIONAL FUND NONE 501 (C) (3) 78 RANDALL AVE ROCKVILLE CENTER NY 11570 PROMOTE EDUCATION ABOUT ISRAEL 250 JEWISH SOCIAL SERVICE AGENCY 6123 MONTROSE RD NONE 501 (C) (3) PROVIDE SOCIAL SERVICES ROCKVILLE MD 20852 200 JOHN F KENNEDY CENTER 2700 F ST NW NONE 501 (C) (3) WASHINGTON DC 20566 PROMOTION OF THE ARTS 25,000 JOHNS HOPKINS UNIVERSITY 1803 E MONUMENT ST 5TH FL NONE 501 (C) (3) BALTIMORE MD 21215 WILMER EYE 30,000 JOHNS HOPKINS UNIVERSITY 1803 E MONUMENT ST 5TH FL NONE 501 (C) (3) BALTIMORE MD 21215 SUPPORT UROLOGY DEPT LOOK GOOD FEEL BETTER FOUNDATION 1620 L ST NW 12TH FLOOR NONE 501 (C) (3) SUPPORT WOMEN WITH CANCER WASHINGTON DC 20036 **Total** ■ 3a Approved for future payment N/A **Total** ▶ 3b

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year MACULAR DEGENERATION RESEARCH 501 (C) (3) 22512 GATEWAY CENTER DR NONE CLARKSBURG MD 20871 SUPPORT MEDICAL RESEARCH 300 MARCH OF DIMES 501 (C) (3) 1275 MAMARONECK AVE NONE 30 WHITE PLAINS NY 10605 PROMOTE RESEARCH MARLA CEELEY LAMB CANCER TRAVEL FUN 57 PROSPECT ST NONE 501 (C) (3) NANTUCKET MA 02554 TRAVEL FUNDS FOR CANCER PATIENTS MARYLAND PUBLIC TELEVISION 11767 OWINGS MILLS BLVD NONE 501 (C) (3) EDUCATIONAL OFFERINGS 250 OWINGS MILLS MD 21117 SUPPORT MAYO CLINIC 200 FIRST ST SW NONE 501 (C) (3) PROMOTE MEDICAL RESEARCH 200 ROCHESTER MN 55905 MEMORIAL SLOAN-KETTERING CANCER CEN 501 (C) (3) 1275 YORK AVE NONE PROMOTE CANCER RESEARCH 250 NEW YORK NY 10065 METROPOLITAN MUSEUM OF ART 1000 FIFTH AVE NONE 501 (C) (3) PROMOTE THE ARTS 200 NEW YORK NY 10028 MIAMI CANCER INST/BAPTIST HEALTH 501 (C) (3) 6855 RED ROAD NONE PONTON ONCOLOGY FUND CORA GABLES FL 33146 MONTGOMERY CTY FIREFIGHTERS 100 EDISON PARK DR NONE 501 (C) (3) SUPPORT FIREFIGHTERS GAITHERSBURG MD 20878 250 MODERN ART MUSEUM OF 11 WEST 53RD STREET NONE 501 (C) (3) NEW YORK NY 10019 PROMOTE THE ARTS 142 Total ➤ 3a Approved for future payment N/A 3b Total

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business or substantial contributor a Paid during the year MUSEUM OF MODERN ART NONE 501 (C) (3) 11 WEST 53RD ST NEW YORK NY 10019 PROMOTE THE ARTS NANTUCKET ATHENEUM 501 (C) (3) 1 INDIA ST NONE NANTUCKET MA 02554 SUPPORT PUBLIC LIBRARY 250 NANTUCKET CONSERVATION FOUNDATION 118 CLIFF ROAD 501 (C) (3) PROMOTE CONSERV OF NATURAL 1,000 NANTUCKET MA 02554 HABITATS NANTUCKET COTTAGE HOSPITAL 57 PROSPECT ST NONE 501 (C) (3) NANTUCKET MA 02554 SUPPORT HOSPITALS ABILITY TO PROV SV 1,000 NANTUCKET DREAMLAND FOUNDATION 17 SOUTH WATER ST NONE 501 (C) (3) PROMOTION OF THE THEATER ARTS 500 NANTUCKET MA 02554 NANTUCKET HISTORICAL ASSOC PO BOX 1016 NONE 501 (C) (3) PROMOTE EDUC OF NANTUCKET'S HISTORY NANTUCKET MA 02554 500 NANTUCKET LAND COUNCIL NONE 501 (C) (3) 6 ASH LANE PROTECT NANTUCKET'S NATURAL WORLD NANTUCKET MA 02554 100 NANTUCKET LIGHTSHIP BASKET MUSEUM NONE 501 (C) (3) 49 UNION ST THE ARTS NANTUCKET MA 02554 PROMOTION OF 160 NAT'L TR FOR HISTORIC PRESERVATION 1785 MASSACHUSETTS AVE NONE 501 (C) (3) WASHINGTON DC 20036 PROMOTE EDUC OF SAVING HIST PLACES 100 NATIONAL AIR & SPACE 501 (C) (3) INDEP AVE & 6TH ST SW NONE WASHINGTON DC 20013 PROMOTE EDUC ABOUT AIR & SPACE EXPLO 500 Total Approved for future payment N/A Total 3b

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business or substantial contributor a Paid during the year NATIONAL BUILDING MUSEUM NONE 501 (C) (3) 401 F ST NW WASHINGTON DC 20001 PROMOTION OF THE ARTS 200 NATIONAL GALLERY OF ART 501 (C) (3) 2000B SOUTH CLUB DR NONE LANDOVER MD 20785 PROMOTION OF THE ARTS 25,000 NATIONAL MUSEUM AMERICAN INDIAN PO BOX 96836 NONE 501 (C) (3) PROMOTE EDUC OF AMERICAN INDIAN WASHINGTON DC 20090 NATIONAL MUSEUM OF WOMEN IN ARTS 501 (C) (3) 1250 NEW YORK AVE NW NONE THE ARTS 95 WASHINGTON DC 20005 PROMOTION OF NEW SCHOOL UNIVERSITY (PARSONS) 72 FIFTH AVE, 3RD FLOOR NONE 501 (C) (3) NEW YORK NY 10011 PROMOTE EDUCATION FOR DESIGN NEWTON WELLESLEY HOSPITAL FOUNDATIO 2014 WASHINGTON ST NONE 501 (C) (3) [^]250 NEWTON MA 02462 SUPPORT MEDICAL FACILITY NORTON MUSEUM OF ART 1451 S OLIVE AVE NONE 501 (C) (3) THE ARTS WEST PALM BEACH FL 33401 PROMOTE 1,000 OHEV SHOLOM-NATL SYNAGOGUE NONE 1600 JONOUIL ST NW 501 (C) (3) WASHINGTON DC 20012 SUPPORT WORKS OF JEWISH CONGREGATION PROJECT HOPE 255 CARTER HALL LANE NONE 501 (C) (3) LASTING SOLUTIONS TO HEALTH PROBLEMS 100 MILLWOOD VA 22646 READ TO GROW 53 SCHOOL GROUND ROAD NONE 501 (C) (3) PROMOTE LITERACY FOR CHILDREN BRANFORD CT 06405 ▶ 3a Total Approved for future payment N/A Total 3b \triangleright

.Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Purpose of grant or status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SIBLEY MEMORIAL HOSPITAL NONE 501 (C) (3) 5255 LAUGHBORO RD NW WASHINGTON DC 20016 CANCER RESEARCH - DR KESSLER 60,000 SIXTH & I SYNAGOGUE 501 (C) (3) 600 I ST NW NONE WASHINGTON DC 20001 SUPPORT WORKS OF JEWISH CONGREGATION SMITHSONIAN AMERICAN ART MUSEUM NONE 501 (C) (3) MRC 970 BOX 37012 PROMOTE THE ARTS WASHINGTON DC 20013 1,000 SMITHSONIAN CONTRIBUTING MEMBER PO BOX 37012 NONE 501 (C) (3) PROMOTE ARTS AND EDUCATION 500 WASHINGTON DC 20013 SMITHSONIAN HIRSHHORN MUSEUM 700 INDEPENDENCE AVE SW NONE 501 (C) (3) THE ARTS PROMOTION OF 2,300 WASHINGTON DC 20560 SO OTHERS MIGHT EAT NONE 501 (C) (3) 60 O ST NW WASHINGTON DC 20001 CLOTHING FOOD & HEALTHCARE FOR POOR 200 SUBURBAN HOSPITAL NONE 501(C)(3) 8600 OLD GEORGETOWN RD BETHESDA MD 20814 DONATION FOR NURSING CARE SERVICES 1,000 TEXTILE MUSEUM AT GW UNIVERSITY NONE 501 (C) (3) 2320 S ST NW PROMOTION OF THE ARTS 1,000 WASHINGTON DC 20008 THE WHITNEY MUSEUM NONE 501 (C) (3) 99 GANSEVOORT ST NEW YORK NY 10014 PROMOTE THE ARTS TRUST FOR THE NATIONAL MALL PO BOX 96475 NONE 501 (C) (3) WASHINGTON DC 20090 SUPPORT RENEWING AND IMPROVING MALL 1,000 Total ▶ 3a Approved for future payment N/A Total \triangleright 3b

.Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year UNITED STATES OLYMPIC COMMITTEE NONE 501 (C) (3) PO BOX 15119 COLORADO SPRINGS CO 80903 SUPPORT US OLYMPIC ATHLETES 250 UNIVERSITY OF MD SCHOOL OF MEDICINE 655 W. BALTIMORE ST NONE 501 (C) (3) BALTIMORE MD 21201 SUPPORT EDUCATION 10,000 UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST NONE 501 (C) (3) PHILADELPHIA PA 19104 ABRAMS CANCER CENTER 500 UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST NONE 501 (C) (3) PHILADELPHIA PA 19104 SUPPORT ALUMNI MAGAZINE US BOTANIC GARDEN 245 FIRST ST SW NONE 501 (C) (3) PROMOTE EDUC OF IMPORT OF PLANTS WASHINGTON DC 20024 250 US DEPUTY SHERIFF DEPT 2909 S SPRUCE NONE 501 (C) (3) WICHITA KS 67216 PROVIDE OFFICER SURVIVAL TRAINING 25 USA POWERLIFITNG PO BOX 668 NONE 501 (C) (3) COLUMBIA CITY IN 46725 SUPPORT AMATEUR ATHLETES 10,000 USO PO BOX 96860 501 (C) (3) NONE WASHINGTON DC 20090 SUPPORT AID TO US TROOPS & FAMILIES 500 WASHINGTON HEBREW CONGRETATION 3935 MACOMB STREET NW NONE 501 (C) (3) WASHINGTON DC 20016 SUPPORT WORKS OF JEWISH CONGREGATION 6,881 WASHINGTON HOSPITAL CENTER FDN 110 IRVING ST NW NONE 501 (C) (3) ZIRKIN HEART & VASCULAR HOSPITAL WASHINGTON DC 20010 50,000 Total ■ 3a b Approved for future payment N/A **Total** 3b

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year WASHINGTON HOSPITAL CENTER FDN 110 IRVING ST NW NONE 501 (C) (3) SUPPORT MEDICAL RESEARCH - DR BURMAN WASHINGTON DC 20010 WASHINGTON HOSPITAL CENTER FDN 110 IRVING ST NW NONE 501 (C) (3) DERMATOLOGY DEPT WELLNESS STUDY WASHINGTON DC 20010 FDN WASHINGTON HOSPITAL CENTER 501 (C) (3) NONE 110 IRVING ST NW SUPPORT MED RESEARCH - MEDSTAR HEART WASHINGTON DC 20010 WASHINGTON NATIONAL CATHEDRAL NONE 3101 WISCONSIN AVE NW 501 (C) (3) WASHINGTON DC 20016 SUPPORT RELIGIOUS CONGREGATION WETA PO BOX 96100 NONE 501 (C) (3) WASHINGTON DC 20090 PROMOTE EDUC AND ARTS PROGRAMMING 500 ZETA BETA TAU FOUNDATION 3905 VINCENNES RD NONE 501 (C) (3) PROMOTION OF EDUCATION INDIANAPOLIS IN 46268 250 BETHESDA FIRE DEPARTMENT PO BOX 30384 NONE 501 (C) (3) BETHESDA MD 20824 SUPPORT FIREFIGHTERS 250 THE EISENHOWER FOUNDATION PO BOX 35 NONE 501 (C) (3) SUPPORT MEMORIAL FOR GEN. EISENHOWER ABILENE KS 67410 150 NANTUCKET POLICE CHARITABLE ASSOC 20 SOUTH WATER ST NONE 501 (C) (3) SUPPORT NANTUCKET POLICE DEPARTMENT 25 NANTUCKET MA 02554 MARYLAND TROOPERS 1300 REISTERSTOWN RD NONE 501 (C) (3) PIKESVILLE MD 21208 SUPPORT MARYLAND STATE POLICE 35 Total 3a **b** Approved for future payment N/A Total \triangleright 3b

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year NANTUCKET FIREMAN'S ASSOC NONE 501 (C) (3) 131 PLEASANT ST NANTUCKET MA 02554 SUPPORT FIREFIGHTERS 750 INDIANA UNIVERSITY NONE 501 (C) (3) 107 S INDIANA AVE 100,000 **BLOOMINGTON IN 47405** SUPPORT ALDO AMYLOIDOSIS RESEARCH AM. FRIENDS OF MAGEN DAVID ADOM SOC 3300 PGA BOULEVARD #970 NONE 501 (C) (3) SUPPORT ISRAEL'S DISASTER REL. ORG 100 PALM BEACH GARDENS FL 334 CESAR PELLI SCHOLARSHIP FUND PO BOX 202884 NONE 501 (C) (3) PROVIDE SCHOLARSHIP FUNDS AT YALE 10,000 NEW HAVEN CT 06511 YU YING PUBLIC CHARTER SCHOOL OF DC 220 TAYLOR ST NE NONE 501 (C) (3) SUPPORT EDUCATION 5,750 WASHINTON DC 20017 ▶ 3a Approved for future payment N/A Total ▶ 3b

Part X	CVII	Information Reg Organizations	arding	Transfers To ar	id i ransacti	ons and Reia	itionsnips w	ith Noncharita	ibie E	xemp	ρt
1 Did	the orga	anization directly or indire	ectly engar	ge in any of the follow	ing with any othe	r organization des	cribed			Yes	No
	_	01(c) (other than sectio		•	-	_					
	anization	. , ,		., - 3	,	.					É
•		om the reporting founda	ition to a n	oncharitable exempt of	organization of						İ
	Cash	- · · · · · · · · · · · · · · · · · · ·		•	ŭ				1a(1)		Х
	Other a	ssets							1a(2)		X
	er trans										
(1)	Sales o	f assets to a noncharital	ole exempt	t organization					1b(1)		Х
		ses of assets from a nor	•	•					1b(2)		X
٠,		of facilities, equipment, of		. •					1b(3)		Х
(4)	Reimbi	rsement arrangements							1b(4)		Х
(5)	Loans o	or loan guarantees							1b(5)		X
(6)	Perform	nance of services or mei	nbership (or fundraising solicitat	ions				1b(6)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees								1c		X	
d If th	ne answe	er to any of the above is	"Yes," con	nplete the following so	hedule Column	(b) should always	show the fair ma	ırket			
valu	ue of the	goods, other assets, or	services g	given by the reporting	foundation If the	foundation receiv	ed less than fair i	market			
valu	ue in any	transaction or sharing a	ırrangeme	nt, show in column (d	i) the value of the	goods, other ass	ets, or services re	eceived			
(a) Lin	ne no	(b) Amount involved	(c) N	lame of nonchantable exem	ipt organization	(d) Desc	ription of transfers, tra	ansactions, and sharing a	rrangeme	nts	
A/N											
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		<u> </u>				<u> </u>					
		lation directly or indirectl	•			empt organizations	5			(==	1
		n section 501(c) (other the		n 501(c)(3)) or in sect	uon 527?				Y€	es X	No
b If "\		nplete the following sch	edule	1.		T					
/-		(a) Name of organization		(b) Type of o	irganization	 	(c) Descrip	otion of relationship			
N/I	A .										
				<u> </u>							
	_			 				···			
т.	Linder ne	nalties of perjuity declare that	at I have evan	mined this return, including	accompanying sche	fules and statements	and to the hest of my	knowledge and helief it	is true		
		nd complete Declaration of p									$\overline{}$
		/ \ \	11	م کر	/			May the IRS disc with the prepare			
Sign		'	\mathcal{N}		\ /			See instructions		Yes	No
lere		. (0	}		Y		A DIDE	CEOD			
	<u>Sund</u>	nature of officer or trustee			Date		Title	CTOR			
	T		+		T		r nue				
	Print/T	ype preparer's name	1		Preparer's signatu	re	A A A	Date		Check	_
aid	DEME	D A MITTUREL	1		17	Claw 1	سليلا	_ 07/0	9/20	self-em	ployed
reparer		R A. WILHELM	TM C	A CCOCT A MEC	S, LTD.		~~~~	07/2	9/20 0166		
se Only		056.3		ASSOCIATES					-200		
·	Firm's				STE 1 2046-451	7			-200 3-35		
	1	E WITTS	CHUE	CO, VA ZZ	1040-431			Phone no /U.S		0-5	

Other Notes and Loans Receivable 2018 Form **990-PF**

		For	calendar year 2018, or	tax year beginn	ıng	12/01/18	, and ending	11/30)/19	
Name								Em	iployer Ide	entification Number
THE	E CARL & NA	ANCY	GEWIRZ FUNI	D, INC.				52	2-138	7044
	<u> </u>							•		
FOF	RM 990-PF,	PART	II, LINE	7 - ADDI	TION	AL INFORM	ATION			
			ame of borrower				Relationship	to disqualifi	ed person	<u> </u>
	JOHN HOSKIN	ISON				NONE				
(2)										
(3)				 -		<u>-</u> -				
(4)			 .			<u> </u>				
(5)			<u> </u>			<u> </u>				
(6)						<u> </u>				
<u>(7)</u>										
(8)		 -		•						
<u>(9)</u>				-						
(10)				1.1		I,				· -
				N. d. a. b. a. a. b. a.	Τ				***************	Interest
	Original amount borrowed	·	Date of loan	Maturity date			Repayment ter	ms		rate
(1)	1,255,0	00	12/31/02	11/01/	24	\$5,888/M	0.			1.000
(2)	<u> </u>	İ								
(3)										
(4)										
(5)			-							
(6)										
(7)			·							
(8)										
(9)										
(10)				<u> </u>						
						γ				
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	Sec	curity pro	vided by borrower	D TAMEDE	CM	PURCHASE		pose of loan		ECM.
	20.33% DORG	CHEST	ER HOUSE L	P INTERE	.ST	PURCHASE	PARTNER	COUTE	THIFK	<u> </u>
(2)										
(3)				-						
(4)										· · · · · ·
<u>(5)</u>										
<u>(6)</u>										
<u>(7)</u>		-		· · · · · · · · · · · · · · · · · · ·						
(8)										
(9) (10)							-			
(10)						1				·····
					Р	alance due at	Ralance	due st		air market value

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value
(1) 0	409,305	342,533	342,533
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	409,305	342,533	342,533

3493 The Carl & Nancy Gewirz Fund, Inc.

Federal Statements

7/29/2020 12:26 PM Page 1

FYE: 11/30/2019

52-1387044

Form 990-PF - General Footnote

Description

THE VALUES SHOWN IN STATEMENT 7 FOR PART II, LINE 13, REFLECT ESTIMATED VALUES FOR CHARTER ENTERPRISES, LLC AND DORCHESTER HOUSE ASSOCIATES, LLC BECAUSE THE ENTITY VALUES ARE TOO SMALL TO WARRANT THE COST OF A VALUATION. DORCHESTER HOUSE ASSOCIATES, LLC HOLD CLAIMS FOR REFUND OF MADOFF LOSSES WHICH ARE MINIMAL. CHARTER ENTERPRISES, LLC IS A VERY SMALL HOLDING OF 0.25%.

3493 The Carl & Nancy Gewirz Fund, Inc. 52-1387044 FYE: 11/30/2019	Federal S	Federal Statements		7/29/2020 12:27 PM Page 1
Stater	Statement 1 - Form 990-PF,	- Form 990-PF, Part I, Line 11 - Other Income	<u>Income</u>	,
Description		Revenue per Books	Net Investment Income	Adjusted Net Income
OIL & GAS ROYALTIES RENTAL INCOME FROM PASS-THRU THEFT LOSS RECOVERY, FROM K-1 CREDIT CARD REWARDS		\$ 569,133 15,769 10,960	\$ 569,133 15,769 10,960	\$ 569,133 15,769 10,960
TOTAL		\$ 586,865	\$ 586,865	\$ 586,865
State	Statement 2 - Form 990-PF	rm 990-PF, Part I, Line 16a - Legal Fees	al Fees	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
LEGAL TOTAL	\$ 225	O O	0 	\$ 225 \$ 225
Statement 3	int 3 - Form 990-PF, Part	irt I, Line 16b - Accounting	nting Fees	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
ACCOUNTING BOOKKEEPING TOTAL	\$ 7,766 24,885 \$ 32,651	\$ 5	y y	\$ 7,766 24,885 \$ 32,651
				,
	•			1-3

3493 The Carl & Nancy Gewirz Fund, Inc. 52-1387044 FYE: 11/30/2019	y Gewirz É	und, Inc.	Federal	Federal Statements		7/29	7/29/2020 12:27 PM Page 2
		Statement	4-	Form 990-PF, Part I, Line 18 - Taxes	8 - Taxes		•
Description	on		Total	Net Investment	•	Adjusted Net	Charitable Purpose
OTHER TAXES FEDERAL INCOME TAXES	SE	 	3,602	·	\$	' ഗം 	3,602
TOTAL		_"	3,604	w.	2 \$	w	3,602
		Statement 5	<u>-</u>	m 990-PF, Part I, Line 19 - Depreciation	Depreciation		
	Description	ion	٠				
Date C Acquired Ba	Cost Basis	Prior Year Depreciation	Method	bd Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
URNITURE /02 \$	937 \$		200DB		\$	\$	\$
COMPUIER 7/15/02	2,809	2,809	200DB	5			
	2,809	2,809	200DB	5			
COMPUTER MONITORS 7/16/02	2,098	2,098	200DB	ī.			
COMPUTER RELATED EQUII 7/19/02	EQUIPMENT 523	523	200DB	₹.			
0.1.1.CE EQUIPMENT 8/07/02	567	567	200DB	7			
COMPUTER PERIPHERAL 8/07/02	755 .	755	200DB	r.			
15LEFHONES 8/15/02 SOFTWADE	241	241	200DB	7			
SOF I WAKE 8/08/02 FOLIT PMENT	399	399	S/L	8			
6/16/06 6/16/06 DEII HABD DEIME	3,180	3,180	200DB	7			
_	814	814	200DB	Ŋ			
1/20/11	565	565	200DB	5			
			•				4-5

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3493 The Carl & Nancy Gewirz Fund, Inc. 52-1387044 FYE: 11/30/2019 Statement 5 - Form 990-PF, Part I, Line 19 - Depreciation (continued)

	Adjusted Net Income	\$	0
	Net Investment Income	٠,	\$
	Current Year Depreciation	<i>v</i> ۶	0 \$
	Life	ស	
	Method	~	
		200DE	
u	Prior Year Depreciation	2,315	18,012
Description	- 	2,315 \$	012 \$
De	Cost Basis	2, 3	18,012
	Date Acquired	APPLE COMPUTER 11/22/13 \$	TOTAL \$

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
XPENSES	w	v-	v.	w

Statement 6 - Form 990-PF, Part I, Line 23 - Other Expenses

Description		Total	Inve	Investment	Net		,
	জ	ì	\$		S		S
EXPENSES							
EXPENSES RELATED TO OIL AND G		33		33			
BANK CHARGES AND CREDIT CARD		37		37			
PUBLICATIONS		100		;			
TOTAL	ς»	170	တ္	70	\$	0	'

100 100

Other Investments
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Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
1620 K STREET ASSOCIATES 52-6097909 CHARTER ENTERPRISE LLC	\$ 1,256,699	\$ 1,219,330	MARKET	\$ 1,919,000
DORCHESTER HOUSE ASSOC. LLC	1,744,784	829,982	MARKET	6,012,000
KALORAMA WEST LLC OUEBEC HOUSE ASSOCIATES, LLC	- 85,603 - 85,603 476,032	-147,814 479,480	MARKET MARKET	1,559,000
TOTAL	\$ 3,427,659	\$ 2,411,402		\$ 10,608,258

7/29/2020 12:27 PM Page 4 ω Net FMV End Accumulated Depreciation 18,012 18,012 Statement 8 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment 18,012 18,012 End Cost / Basis Federal Statements Beginning Net Book 3493 The Carl & Nancy Gewirz Fund, Inc. Description EQUIPMENT AND SOFTWARE FYE: 11/30/2019 TOTAL 52-1387044

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Statement 9 - Form 990-PF, Part II, Line 15 - Other Assets

Description	Beginning of Year	y End Ye		Fair Market Value
DEPOSITS	\$	\$	\$	
TOTAL	\$	0 \$	0 \$	0

Statement 10 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	E	leginning of Year	 End of Year
CREDIT CARD PAYABLE COMP PAYABLE PAYROLL TAXES WITHHELD	\$	10,000 1,078 474	\$ 845 0
TOTAL	\$	11,552	\$ 845

Statement 11 - Form 990-PF, Part X, Line 1e - Reduction Claimed for Blockage Information

Description

THE FUND OWNS A MINORITY INTEREST IN SEVERAL REAL ESTATE PARTNERSHIPS OR LLCS. A DISCOUNT FOR BLOCKAGE AND MINORITY INTEREST HAS BEEN USED. THE PERCENTAGES APPLIED TO THE VARIOUS ENTITIES RANGE FROM 36% TO 40% PER THE VALUATIONS PERFORMED BY VALUATION SERVICES, INC. IN 2018.

Statement 12 - Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	Amount
CARL GEWIRZ NANCY GEWIRZ	\$
TOTAL	\$0

Statement 13 - Form 990-PF, Part XV, Line 1b - Managers Who Own 10% or More Stock

Name of Manager	Amount
CARL GEWIRZ NANCY GEWIRZ	\$
TOTAL	\$0

Statement 14 - Form 990-PF, Part XVI-A, Line 11 - Other Revenue

Description					
	Business Code	Unrelated Amount	Exclusion Code	Exclusion Amount	Related Income
OIL & GAS ROYALTIES	\$		15 \$	545	\$

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Statement 14 - Form 990-PF, Part XVI-A, Line 11 - Other Revenue (continued)

Description					
	Business Code	Unrelated Amount	Exclusion Code	Exclusion Amount	Related Income
RENTAL INCOME FROM PAS	S-THR				•
	\$		16 \$	569,133	\$
THEFT LOSS RECOVERY, F	ROM K				
			· , 16	15,769	
CREDIT CARD REWARDS			2.4	10 060	
1001 1000 5504 53	00 01		14	10,960	
SECT 1231 LOSS FROM PA	ASS-TH		16	0 542	
			_ 16	-9,542	
TOTAL	\$		0 ., \$	586,865	\$ 0