OMB No 1545-0047

**Return of Organization Exempt From Income Tax** 

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

Open to Public

► Do not enter social security numbers on this form as it may be made public Department of the Treasury

Inte	rnal-Revenu	e Service	► Go to www.irs	gov/Form990 for instru	ictions and the late	st information.	1111	Inspection
Α	For the 2	2019 calend	dar year, or tax year beginnir	ng	, 2019, and end	ling		, 20
В	Check if a	pplicable	C Name of organization Voloso	v Family Foundation, Inc			D Employer	identification number
	Address c	hange	Doing business as				<del>-52-12499</del> 1	<del>s 47-</del> 41508
	Name cha	nge	Number and street (or P O box	of mail is not delivered to st	reet address)	Room/suite	E Telephone	number
	Initial retur	m	101 West Mount Royal Aven	iue			410-727-4	828
	Final return	/terminated	City or town, state or province,	country, and ZIP or foreign	postal code			
$\overline{\sqcap}$	Amended		Baltimore, MD 21201-5708	•			G Gross reco	eipts \$ 5,376,107
, _	Application		F Name and address of principal	officer		H(a) Is this a gr	oup return for sub	ordinates? Yes X No
			·		_			ncluded? Yes No
i	Tax-exem	pt status	∑ 501(c)(3)	) ◀ (insert no )	4947(a)(1) or 52	<del>~~</del>		see instructions)
J	Website.	<b>&gt;</b>		<del></del>		H(c) Group e	xemption num	nber ▶
K	Form of ord	ganization X	Corporation Trust Assoc	ciation ☐ Other ►	L Year of for	mation 2015	M State of le	egal domicile MD
	art I	Summa			- ( '		<del></del>	
			cribe the organization's mis	ssion or most significa	nt activities The	Foundation was cr	eated to carr	v out the
ě	1		ducational and religious purpos					
auc			tion makes grants to public cha					Tissociated)
i.	1		box ► ☐ if the organization					net assets
Activities & Governance	3 1	Jumber of	voting members of the gov	verning hody (Part VI	line 1a)			
<u>ග</u> නේ	4 1	dumber of	independent voting memb	ers of the governing h	ody (Part VII line 1	RECEIVE		
es	\$ T	fotal numb	per of individuals employed	in calendar vear 2019	(Part V. line 2al)		इंश्ल	0
ĭŧ	2	otal numb	per of volunteers (estimate	if necessary)	(, a., v,	JUL 1 5 202		
ct	. ~		ated business revenue fron		line 12	JUL 1 5 200	740	
1.			ed business taxable incom	, ,			769	
	<u> </u>	vet urireiat		ie 110111 1 01111 990-1, III	16 00	OGDE-NY-	<del>/T'~                                     </del>	Current Year
~	<sub>8</sub> =3 c	Contributio	ons and grants (Part VIII, lin	e 1h)	<u> </u>		191,000	3,000,000
Revenue				191,000	3,000,000			
Ver			ervice revenue (Part VIII, lin : income (Part VIII, column		•		605	6 622
æ							695	6,633
	_		nue (Part VIII, column (A), li ue—add lines 8 through 11		•		101 (05	2 006 623
			l similar amounts paid (Parl				191,695	3,006,633 2,477,000
	-		aid to or for members (Part		1-3)		107,000	2,477,000
		•	her compensation, employed	• • • • •	mn (A) lines 5 10\			
Expenses			al fundraising fees (Part IX,	· ·				0
ı ĕ	B .			• • •				<u>_</u>
			aising expenses (Part IX, co				574	1 000
	1	•	enses (Part IX, column (A), I		•		576	1,828
		-	nses Add lines 13–17 (mus		n (A), line 25)		187,576	2,478,828
	19 F	kevenue ie	ss expenses Subtract line	18 from line 12		D	4,119	527,805
Assets or Balances	20 -	*	in (Dart V. June 40)			Beginning of Curi		End of Year
sse. Bala	20 T		s (Part X, line 16)				15,592	595,331
Net &	21 T		ties (Part X, line 26)				0	0
			or fund balances Subtract	line 21 from line 20		<u> </u>	15,592	595,331
. —	art li		re Block					
∦ Un	ider penaltii e_correct :	es of perjury, and complete	I declare that I have examined this Declaration pareparer (other the	s return, including accompa an officer) is based on all infi	nying schedules and si	atements, and to the arer has any knowle	e best of my ki	nowledge and belief, it is
. —		1	· <b>/</b> D		RECEI			<u> </u>
Sig	an	<u></u>	77		THE CENT		782	ν
, Oi	- ,	,	ure of officer		E 1 1 5	2020 Q Date	,	
He	ere		B Terrill Preside	ent	<u> 영</u> (IUL 15	2020		
		<del>',</del> -	r pndt name and title	T		RS		
Pa	id	Print/Type	preparer's name	Preparer's signature	OGDEN	Date		f PTIN
	eparer		<del> </del>			<u>'                                    </u>	self-employe	eu
	e Only	Firm's nan	ne 🕨			Firm's	s EIN ▶	
		Firm's add				Phon	е по	
Ma	y the IRS	discuss t	his return with the prepare	r shown above? (see ।	nstructions)			☐ Yes ☐ No
For	Paperwo	ork Reduct	ion Act Notice, see the sepa	rate instructions.				Form <b>990</b> (2019)
			•					



Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	<u>_</u>
	The Foundation was created to carry out the charitable, educational and religious purposes of The Associated Jewish Community	
	Federation of Baltimore, Inc. (The Associated) The Foundation makes grants to public charitable organizations in furtherance of the	2
	mission of The Associated	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O	es 🛚 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	es 🗵 No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as mexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	
4a	(Code ) (Expenses \$ 2,477,000 including grants of \$ 2,477,000 ) (Revenue \$	)
	Provide grants to public charitable organizations in furtherance of the mission of The Associated Jewish Community Federation	
	of Baltumore, Inc	
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	)
		<b></b>
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	)
		•
4d	Other program services (Describe on Schedule O.)	
4-	(Expenses \$ including grants of \$ ) (Revenue \$ )	0.437.000

Form 0	90 (2019)	· ()		X
Part				rage J
1 are	4		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			1
• a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
. b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x

d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	ļ	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	
12	In the ergopization a school described in section 170/b\(1\(4\(4\)\(4\)\(4\)	12	

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate

foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

X

Χ

X

Х

14a

14b

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19

20a

20b

Form **990** (2019)

Part	Checklist of Required Schedules (continued)			-
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	,	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	_	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	38	Х	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  1a 0	_		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  [1b]  0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

}

_		<del></del>			-3-
Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)				T
		i i	1 5034K	Yes	No
2a <sup>,</sup>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				13
	Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 0	لَّنْ عَمْسَانُ	12.5	
b	If at least one is reported on line 2a, did the organization file all required federal employment		2b	- 100	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst	ructions)			20.00.00
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year	ιS	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on S	Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or oth	er authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	ncial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			主義	, , ,
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR)		10	4
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	r transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,0	00, and did the			
- Cu	organization solicit any contributions that were not tax deductible as charitable contributions		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such				
D	gifts were not tax deductible?	CONTRIBUTIONS OF	6ь		
7	Organizations that may receive deductible contributions under section 170(c).		27000	K1/SSSSS	44.5
	Did the organization receive a payment in excess of \$75 made partly as a contribution and	narthy for goods		1	e de la composition della comp
а	and services provided to the payor?	partly for goods	7a	25.00	X
<b>L</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		- 1
b			"		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property	or which it was	7c		X
	required to file Form 8282?	† 7d	1.78		
d	If "Yes," indicate the number of Forms 8282 filed during the year			1	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal in		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f		7h	4" : 312×	934. Viii
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	aintained by the	***		T. A. S.
	sponsoring organization have excess business holdings at any time during the year?		8	20 4. (08)9	12.4603
9	Sponsoring organizations maintaining donor advised funds.		-		\$5.200
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per-	son?	9b		L
10	Section 501(c)(7) organizations. Enter	1 1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			277. 32
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter				100
а	Gross income from members or shareholders .	11a			a S
b	Gross income from other sources (Do not net amounts due or paid to other sources		777		100
	against amounts due or received from them )	11b		200	204
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	Lit	11	27/18
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			- 2	· *
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
-	Note: See the instructions for additional information the organization must report on Schedul	e O	1 200	: `&	12.3
ь	Enter the amount of reserves the organization is required to maintain by the states in which	I 1		- 16	
D	the organization is licensed to issue qualified health plans	13b	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.00	ر المراز م
С	Enter the amount of reserves on hand	13c		) ·	13
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	r	X
_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on	Schedule O	14b	<del>                                     </del>	$\frac{\Lambda}{\Lambda}$
b	· · · · · · · · · · · · · · · · · · ·		170	-	<del>                                     </del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in	remuneration or	4.5		v
	excess parachute payment(s) during the year?		15	ا اد نوا	X
	If "Yes " see instructions and file Form 4720. Schedule N		11-1-1-1	I: 1888	1 15 62

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O

16

rom 9	90 (2019)			Page <b>o</b>
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O			tions
	Check if Schedule O contains a response or note to any line in this Part VI			X
Secti	on A. Governing Body and Management			
4		- 3 54	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	기술하다	3 30	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	(*p)	200	v (
	committee, explain on Schedule O	12. Ay	73.3	
b	Enter the number of voting members included on line 1a, above, who are independent	1		
2 .	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	_2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		l "
4	supervision of officers, directors, trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		$\frac{\lambda}{X}$
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		41	
	stockholders, or persons other than the governing body?	7b	X	2000
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
. g	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
-	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	าue C	ode)	
•			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	- mil
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u>X</u>
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12.0		
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	いてきま	X 97-744
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	200		
а	The organization's CEO, Executive Director, or top management official	15a	Tarana	X
b	Other officers or key employees of the organization .	15b		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	£7.**	1 8 4	/ :/¶
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ر کر د کرن		
	with a taxable entity during the year?	16a	2 2 2 2	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	1.55		
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (Sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	•		` '
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	of inter	rest p	olicy,
20	and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and re-	ecords	<b>&gt;</b>	

Marilyn Loux 101 West Mount Royal Avenue Baltimore, MD 21201

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

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

☐ Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	ensa	ted any current	officer, director,	or trustee	
(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from the organization	(E)  Reportable  compensation  from related  organizations	(F) Estimated amount of other compensation from the	
-	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	
' (1) Marc B Terrill	15										
President and Public Director	40 0	X	ļ	X			ļ	0	588,356	191,20	
(2) Paul S Volosov	15		İ	-							
Vice President and Donor Director		X	<u> </u>	X	<u> </u>			0	0	0	
(3) Yehuda Neuberger	15					1					
Secretary and Public Director		X		X	_		_	0	0	0	
(4) David Volosov	15										
Treasurer and Donor Director		X		X				0	0	0	
(5) Bruce Sholk	15										
Public Director		X						. 0	0	0	
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, an	d H	lighest Compe	nsated Er	nploy	yees (c	ontin	ued)
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	of or directo	unles	Pos heck ss pe	erson	e than than than than than than than than	n an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensa from relat organizatio (W-2/1099-M	tion ed ons	comp	other ensation om the zation a	on and
(15)												<u> </u>		_
(16)														
<u>(17)</u>							,							
(18)					,	,	<i>'</i>							
<u>(19)</u>												,	<u> </u>	
(20)														
(21)														
(22)					:									
(23)							_					-		
(24)														
(25)				_										
1b	Subtotal		l	L	<u> </u>			<b>&gt;</b>	0	58	8,356		19	1,200
с d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A					<b>&gt;</b>	0	58	8,356		19	1,200
2	Total number of individuals (including bureportable compensation from the organ		to th	ose	e list	ted	above	e) w	ho received mor	e than \$100	0,000	of		
3	Did the organization list any former employee on line 1a? If "Yes," complete							mpl	loyee, or highes	st compens	sated	3	Yes	No X
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble	con	npe	nsatio					4	X	
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or indiv	vidual	H	A	X
	on B. Independent Contractors		<u> </u>											
1	Complete this table for your five high compensation from the organization Rep													
	(A) Name and business add	Iress							(B) Description of ser	vices		(C) Compens	ation	
None														
2	Total number of independent contractor received more than \$100,000 of compens							th	iose listed abov	re) who				

Part VIII Statement of Revenue

		Check if Schedule	O co	intains a re	espor	nse or note to a	ny line in this Pa	art VIII		. 🔲
	, , ,	, •	,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections,512–514
ts ts	1a	Federated campaig	ns		1a					
ons, Gifts, Grants Similar Amounts	b	Membership dues			1b					
عَ ق	С	Fundraising events			1c					
ifts r A	d	Related organizatio	ns		1d					
ia G	е	Government grants	(cont	ributions)	1e					
Sin	f	All other contribution								
tributio Other		and similar amounts no	ot incli	uded above	1f	3,000,000		15.0		
di j	g	Noncash contribution	ons in	cluded in						
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f			1g					
S e	h	Total. Add lines 1a-	–1f			<u> </u>	3,000,000	- D		
, as	_					Business Code	STEEL STEEL STEEL		(1) 15% 数数型次分值	
vic	2a					_				
ser iue	b						,			<u> </u>
jram Ser Revenue	C					<del></del>				
Jrai Re	, a									
Program Service Revenue		All other program se		rovonuo				<i>t</i>		
۰.	g	Total. Add lines 2a-		revenue		<u> </u>	0			
	3	Investment income		ludina divir	dend		<del> </del>	SOUTH CONTRACTOR NAMED	<u> </u>	
	,	other similar amoun		duning divi	uenu.	s, interest, and	7,033			7,033
	4	Income from investr		of tax-exem	not bo	ond proceeds ►	7,055			7,055
_	5	Royalties		,		<b>&gt;</b>				
				(i) Real		(iı) Personal	F 200000	N. S. 16-7-160		\$4.15 <b>3</b>
	6a	Gross rents	6a							
	b	Less rental expenses	6b							\$\$76.4E
	С	Rental income or (loss)	6c		0,	0				A STREET, ST
	d	Net rental income o	r (los	s)		<b></b>	0			
	7a	Gross amount from		(i) Securit	ies	(iı) Other		<b>经验数计算</b>		
i		sales of assets		,						
		other than inventory	7a		(400)					
e n	·p	Less cost or other basis								
evenue		and sales expenses	7b							
Re		Gain or (loss)	7c		(400)	0				
er		Net gain or (loss)		i			(400)		Kr. 1924	(400
Other	8a	Gross income from		ndraising					\$40	
		events (not including of contributions re		d on line		'				
~		1c) See Part IV, line		u on me	8a					
	b	Less direct expens			8b					
	C	Net income or (loss)		fundraisin		ents <b>•</b>	0	A 12 TO 12 T	. On the substitute of the control o	THE A ST OF STREET, THE A ST. ST. A.
	9a	Gross income f	-	gaming	9 000					
	υņ	activities See Part I			9a				gest by die	
	b	Less direct expens			9b					
	С	Net income or (loss)		gaming ac	tivitie	es Þ	0			,
	10a	Gross sales of in	•					58527277		
		returns and allowan		,,	10a					
	b	Less: cost of goods	sold		10b				<b>平海路路</b> 地区建	<b>发表的</b> 。在188
	C	Net income or (loss)	) from	sales of in	vento	ory 🕨	0			
SI						Business Code			SHAME THE	
eo e	11a									,
scellaneo Revenue	b			·						
ie Č	С		<del>-</del> -							
Miscellaneous Revenue	d	All other, revenue						. 12 \$45000000000000000000000000000000000000	#45, c7 500 16141600	ann mar al germentare it been a
_	е	Total. Add lines 11a					<del></del>		05/20/20/C(3/2/	CALL SALES
	12	Total revenue. See	ınstr	uctions		▶	3,006,633			6,633

Dort IV	Statemen	t of Functiona	LEVACACAC
Parlix	Statemen	i oi runctiona	i Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp			must complete col	umn (A)
	<ul> <li>Check if Schedule O contains a response</li> </ul>	e or note to any line	e in this Part IX		
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	2,477,000	2,477,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	·			
7	Other salaries and wages		-		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	,			,
9	Other employee benefits		-		
10	Payroll taxes	,			
11	Fees for services (nonemployees)			,	`
а	Management				
. b	Legal			,	
С	Accounting	v			
d	Lobbying	•			
- е	Professional fundraising services See Part IV, line 17	•			
f	Investment management fees	1,828		1,828	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	· ·			· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization				
23	Insurance	CONTRACTOR STATE OF THE STATE O	Naco do Luertas Sasas Sago Sago		00155000000000000000000000000000000000
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а		CARROLT - TARRES CONTROL CONTR	an military and the second of		in the REPORT OF SAFETY OF STREET
b			,		
C					
d					-
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,478,828	2,477,000	1,828	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	25 11 050200	2511.73000	,,520	

Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X								
	•	·		(A) Beginning of year		(B) End of year			
	1	Cash—non-interest-bearing			1				
	2	Savings and temporary cash investments		2					
	3	Pledges and grants receivable, net			3	•			
	4	Accounts receivable, net		4					
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, subst controlled entity or family member of any of thes		5					
	6	Loans and other receivables from other disqua under section 4958(f)(1)), and persons described			6				
2	7	Notes and loans receivable, net			7				
Assets	8	Inventories for sale or use			8				
¥ ∣	9	Prepaid expenses and deferred charges			9.				
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a .						
	b	Less accumulated depreciation	10b		10c	0			
	11	Investments—publicly traded securities	· · · · · · · · · · · · · · · · · · ·		11				
	12	Investments—other securities See Part IV, line 1	15,592	12	595,331				
	13	Investments—program-related See Part IV, line		13					
	14	Intangible assets		14					
	15	Other assets See Part IV, line 11		15					
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)	15,592	16	595,331			
	17	Accounts payable and accrued expenses		17					
	18	Grants payable	v		18				
	19	Deferred revenue			19	,			
	20	Tax-exempt bond liabilities			20				
- [	21	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	ut transaction and a second of the			
Liabilities	22	Loans and other payables to any current or trustee, key employee, creator or founder, subst controlled entity or family member of any of thes	antial contributor, or 35%		22				
흔	23	Secured mortgages and notes payable to unrela			23				
	24	Unsecured notes and loans payable to unrelated			24				
	25	Other liabilities (including federal income tax,	•						
	20	parties, and other liabilities not included on lines of Schedule D			25				
	26	Total liabilities. Add lines 17 through 25		0	26	0			
Seou		Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.	ck here ▶ □						
ᇐ	27	Net assets without donor restrictions		15,592	27	595,331			
<u>~</u>	28	Net assets with donor restrictions	,		28				
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 9 and complete lines 29 through 33.	58, check here ▶ 🗌						
9	29	Capital stock or trust principal, or current funds	•		29				
ets	30	Paid-in or capital surplus, or land, building, or ed	juipment fund		30				
Ass	31	Retained earnings, endowment, accumulated ind	come, or other funds		31				
닯	32	Total net assets or fund balances		15,592	32	595,331			
ž	33	Total liabilities and net assets/fund balances	· <del></del>	15,592	33	595,331			

	(==)					9°
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
.1	Total revenue (must equal Part VIII, column (A), line 12)	1	<del> </del>	-		06,633
2	Total expenses (must equal Part IX, column (A), line 25)	2	<del> </del>			78,828
3	Revenue less expenses Subtract line 2 from line 1	3				27,805
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				15,592
5	Net unrealized gains (losses) on investments	5	<u> </u>			1,934
6	Donated services and use of facilities	_6.	<del></del>			
7	Investment expenses	7				
8	Prior period adjustments .	8	<u> </u>			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	<u> </u>			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		1			
	32, column (B))	10	<u> </u>		59	5,331
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII .					
					Yes	No
1 ′	Accounting method used to prepare the Form 990 🗵 Cash 🔲 Accrual 🔲 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	വം 🏻			
	Schedule O		8			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•	L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	j or 🖁		3, 3, 8	
	reviewed on a separate basis, consolidated basis, or both		ĺ		10 AKEN	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				N. 60.00 J.	
b	Were the organization's financial statements audited by an independent accountant?	•	L	2b		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted o	na 🖟	藝生		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
	separate basis, consolidated basis, or both		8		12.	
-	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		(E)			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersigh	it of			
,	the audit, review, or compilation of its financial statements and selection of an independent accounts			2c	ŀ	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	າon 🏻	<b>7.</b>		134
•	Schedule O	•				4
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the T			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did-the organization undergo the required audit or audits? If the organization did not und	lerao	- ⊢			
_	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		
				Forn	n <b>990</b>	(2019)
				. 0111		,_0.0,

## SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization Volosov Family Foundation, Inc. 52-1249913 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having h control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations 1 Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No The Associated Jewish Community Federation of Baltimore 52-0607957 10 X 425,000 (B) (C) (D)

425,000

(E)

Page	2
raye	-

Part	(Complete only if you checked the	he box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Socti	Part III If the organization fails to on A. Public Support	o quality unde	er the tests is	stea below, p	lease comple	ete Part III )	/
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")			(2)	(1)		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge				,		
4	Total. Add lines 1 through 3	10f months . Familia	APPLEASANCE AND A COMME	COMMIC -SWIMMY	/ / / / / / / / / / / / / / / / / / /	The problem (Street or Accepted on the	<u> </u>
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	FAMILY STATES			ASSESSED FOR		<u> </u>
	on B. Total Support	T	1 11 10010	/ 1 201#	1 (0.0040	( ) 0040	(D. T) -1
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2015	<b>(b)</b> 2016	(c) 201 <i>j</i> 7	(d) 2018	(e) 2019	(f) Total
. 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 12	Gross receipts from related activities, etc.	(see instructi				12	504(-)(2)
13	First five years. If the Form 990 is for the organization, check this box and stop he	_ ,	n's first, secon	a, thira, fourtr	n, or tiπn tax y	ear as a section	on 501(c)(3) ► □
Secti	on C. Computation of Public Suppo	<u></u>	ie				<u>,                                     </u>
14	Public support percentage for 2019 (line	<del></del>		1, column (f))		14	%
15	Public support percentage from 2018 Sc	hedule A, Part	II, line 14 .		•	15	%
16a	331/3% support test—2019. If the organ				nd line 14 is 3	3 <sup>1</sup> /3% or more,	check this
	box and <b>stop here</b> . The organization qua	,		-	Sa and line 15	10 221:00/ or m	ara abaak
b	331/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization/qualifies as a publicly supported organization						
17a							
b	10% -facts-and-circumstances test—2 15 is 10% or more, and if the organize Explain in Part VI how the organization supported organization	ation meets the meets the "fac	ne "facts-and- cts-and-circum	circumstances stances" test	" test, check The organizat	this box and ion qualifies as	stop here. s a publicly . ► □
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see ▶ ┌
	moductions /				•		

Part	III Support Schedule for Organiza	ations Descr	ibed in Sect	ion 509(a)(2)			^
	(Complete only if you checked the						der/Part II
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	ll.)	
_	ion A. Public Support	(-) 204 <i>5</i>	(b) 204C	(-) 2047	(4) 2040	(-) 2040	/ (D.T-1-1
Caler 1	ndar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
•	rèceived (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise						, , , , , , , , , , , , , , , , , , , ,
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513		, ,			<i>[</i>	
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf					, <u> </u>	
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			-			<del></del>
7a	Amounts included on lines 1, 2, and 3						<del> </del>
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified			· /			
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	•						
, C	Add lines 7a and 7b <b>Public support</b> . (Subtract line 7c from	47, 17 <b>, 23, 28</b> , 27	· · · · · · · · · · · · · · · · · · ·	THE RESIDE	75 755, a <b>nd</b>	ರ್ , ಫ್ಲೆಫ್ಟ್ ಟ್	
Ū	line 6)						
Secti	on B. Total Support	1100 E 2 ( E 2 NE 2			Co. 1 Accompany on a	7 17 17 17 17 17 17 17 17 17 17 17 17 17	
Calen	dar year (or fiscal year beginning in) 💺	(a) 2015	<b>(b)</b> 2016	/(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6		#	/			
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less		/				
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b		1				
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income Do not include gain or	#					
_	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
44	and 12)			d 45 d & db	545 4		- F04(-)/2)
14	First five years. If the Form 990 is for the organization, check this box and stop he	7	is tirst, secon	a, thira, tourth	, or titth tax ye	ear as a sectio	n 501(c)(3) ► □
Secti	on C. Computation of Public Suppor				·		<u> </u>
15	Public support percentage for 2019 (line			13. column (f))		15	%
16	Public support percentage from 2018 Sch	//	-	(7)	·	16	%
Secti	on D. Computation of Investment Iก	come Perce	ntage				
17	Investment income percentage for 2019 (			y line 13, colu	mn (f))	17	<u>%</u>
18	Investment income percentage from 2018					18 /	<u>%</u>
19a	331/3% support tests—2019. If the organ 17 is not more than 331/3%, check this box						
h	331/3% support tests—2018. If the organiz	-	_				
D	line 18 is not more than 331/3%, check this						
20	Private foundation If the organization di		_	· ·			

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
  - b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
  - c Substitutions only. Was the substitution the result of an event beyond the organization's control?
  - Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
  - 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
  - 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7' If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
  - 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
  - **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
  - c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			9.5
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	¥.	X
b	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
	on B. Type I Supporting Organizations		_	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	33		12 H
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	3.33	Ty s	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	3, 4		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			3.55 ×
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported	1	feet (	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			3
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	101,000,000		
	supervised, or controlled the supporting organization	2	_X_	
Secti	on C. Type II Supporting Organizations			<del></del>
4		Anton Co	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control		Š.	
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s)	4	<u> </u>	
Section	on D. All Type III Supporting Organizations			<u> </u>
	on b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		7879	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
•	year, (ii) a copy of the Form, 990 that was most recently filed as of the date of notification, and (iii) copies of the	21.		15
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	5	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	733	\$ 1	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	135	- E	4
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		1945 1945	
	significant voice in the organization's investment policies and in directing the use of the organization's			17.7
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		Will	
	supported organizations played in this regard	3		
	on E. Type III Functionally Integrated Supporting Organizations			· ·
1_	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ctions	s)
a	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below	/000 In	otalot	ione)
с 2	The organization supported a governmental entity Describe in Part VI how you supported a government entity Activities Test Answer (a) and (b) below.	,see	Yes	No
		357	162	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	12	10.5	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2		Ē
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	78.25M		18 P
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
<sub>'</sub> 3	Parent of Supported Organizations Answer (a) and (b) below.	A		15.75
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			, å
	trustees of each of the supported organizations? Provide details in Part VI.	3a		لنسحي
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	27.7	Ē.	
	of its supported organizations? If "Vos" describe in Part VI the role played by the amerization in this regard	2 h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>jan</u>	izations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E						
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1	-				
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6-					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)						
a Average monthly value of securities	1a					
<b>b</b> Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets -	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other						
factors (explain in detail in Part VI)	3					
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d	3					
<b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by 035	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8	·	,			
Section C—Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	<b>建设在2分级建了,于在2</b> 5				
2 Enter 85% of line 1	2		`			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	Mark of the Mark Sec. of the Co.				
4 Enter greater of line 2 or line 3	4					
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6					
<ul> <li>7 Check here if the current year is the organization's first as a non-functionall instructions)</li> </ul>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	g organization (see			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sect	Section D—Distributions							
1	Amounts paid to supported organizations to accomplish	exempt purposes						
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations					
4	Amounts paid to acquire exempt-use assets	3		· · · · · · · · · · · · · · · · · · ·				
5	·	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions							
7	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to whic (provide details in Part VI) See instructions	h the organization is res	sponsive	,				
9	Distributable amount for 2019 from Section C, line 6							
10	Line 8 amount divided by line 9 amount	·	<u>-</u> -					
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) -Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
_1_	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ) See instructions		,					
3	Excess distributions carryover, if any, to 2019							
a	From 2014			THE RESIDENCE OF THE SECOND				
b	From 2015 .			777				
· c	From 2016							
d	From 2017	e Michigan State						
е	From 2018	AND THE REAL PROPERTY.	<b>高級、発売に対して表現</b>					
f	Total of lines 3a through e		FS, K. M. R. R. R.					
g	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2019 distributable amount							
i_	Carryover from 2014 not applied (see instructions)	·						
<u>i_</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f	AN ANAMASTAL CASAS AND AN ANAMAS AND AN ANAMAS AND ANAMAS ANAMAS AND ANAMAS ANAMAS AND ANAMAS AND ANAMAS AND ANAMAS AND ANAMAS AND ANAMAS AND A						
4	Distributions for 2019 from Section D, line 7 \$							
a	Applied to underdistributions of prior years							
b	Applied to 2019 distributable amount							
С	Remainder Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions							
6	Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions							
7	Excess distributions carryover to 2020. Add lines 3j and 4c	The second of th						
8	Breakdown of line 7		Yan ahara ahar					
а	Excess from 2015							
b	Excess from 2016	ex.x.x.xex						
С	Excess from 2017		A Maria Cara					
d	Excess from 2018		<b>"科学科学</b> "					
	Excess from 2019		FOR THE STATE OF T					

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)							
Part IV, Section A, Line 6 -							
The Supported Organization works to preserve and enhance Jewish Life It addresses charitable, educational, religious, humanitarian,							
health, cultural and social service needs of the Jewish community locally, nationally, in Israel and throughout the world. In furtherance							
of that mission, the Supported Organization encourages families to establish supporting organizations in partnership with it, in							
order to engage interested donors and succeeding generations in philanthropic pursuits and enhance both the Jewish and							
general communities in keeping witht he Jewish tradition of repairing the world. All grants are made to tax-exempt							
charitable organizations registered with the Internal Revenue Service							
Part IV, Section B, Line 2 -							
Grants to organizations, other than the Supported Organization, are made at the discretion of the Board of Directors of the Supporting							
Organization and are made in furtherance of the mission of the Supported Organization to support Jewish, cultural, educational							
and social justice work							
,							
·							

## SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- · Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Гах) (s	see separate instructions), t	hen			•
• S	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III			
Name	of organization			Employer ide	ntification number
Volos	ov Family Foundation, Inc.			52-1249913	
Part	I-A Complete if the	e organization is exempt un	der section 501(	c) or is a section 527	organization.
1	Provide a description of definition of political car	f the organization's direct and i	ndirect political ca	ampaign activities in Par	t IV (see instructions for
2	•	y expenditures (see instructions)		<b>&gt;</b> 3	\$
3	, .	cal campaign activities (see instri			`
Part		e organization is exempt un		c)(3).	
1		excise tax incurred by the organi			\$
2	-	excise tax incurred by organization			\$
3		ed a section 4955 tax, did it file F	-		Yes No
4a	Was a correction made?	·	·		Yes No
b	If "Yes," describe in Part	IV			
Part	I-C Complete if the	e organization is exempt un	der section 501(	c), except section 501	1(c)(3).
1	Enter the amount direct activities	ly expended by the filing organ	ization for section		<b>5</b>
2	Enter the amount of the 527 exempt function acti	filing organization's funds contr vities	ibuted to other org	ganizations for section  • \$	5
3	Total exempt function of line 17b	expenditures Add lines 1 and	2 Enter here and	on Form 1120-POL, ▶ \$	5
4	Did the filing organization	n file Form 1120-POL for this year	ır?		Yes No
5	organization made payme the amount of political co	ses and employer identification ni ents. For each organization listed ontributions received that were pr fund or a political action committ	, enter the amount omptly and directly	paid from the filing organ delivered to a separate p	nization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)			-		
(2)					
(3)			-		
(4)			_		
(5)					
(6)		<u></u>			

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

Schedule C (Form 990 or 990-EZ) 2019

Pa	art II-	A	Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and file	d Form 5768 (ele	ection under
A	Che	ck' ►		is to an affiliated group (and list in Part IV each affi hare of excess lobbying expenditures)	liated group memb	per's name,
В	Che	ck ▶	☐ if the filing organization checked	ed box A and "limited control" provisions apply		
				ying Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
	1a T	otal lo	obbying expenditures to influence i	oublic opinion (grassroots lobbying)		
	b T	otal lo	obbying expenditures to influence	a legislative body (direct lobbying)	<b>-</b> 75,000	
	c T	otal lo	bbying expenditures (add lines 1a	and 1b)	75,000	
	<b>d</b> (	Other e	exempt purpose expenditures .	•	2,402,000	
	e T	otal e	xempt purpose expenditures (add	lines 1c and 1d)	. 2,477,000	
	f L	f Lobbying nontaxable amount Enter the amount from the following table in both columns				
	c					
	If	the an	nount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	N	ot ove	r \$500,000	20% of the amount on line 1e		
	С	ver \$5	00,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	0	ver \$1	,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	0	ver \$1	,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	0	ver \$1	7,000,000	\$1,000,000	<b>通行业</b> 12年全	
	g (	rassr	oots nontaxable amount (enter 25%	% of line 1f)	68,463	
	h S	Subtra	ct line 1g from line 1a. If zero or les	ss, enter -0-	0	
	i 5	Subtra	ct line 1f from line 1c If zero or les	s, enter -0-	0	
	-		e is an amount other than zero ong section 4911 tax for this year?	on either line 1h or line 1i, did the organization	file Form 4720	Yes No
			•	er Averaging Period Under Section 501(h)		

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

	Lobby	ing Expenditures	During 4-Year Av	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018 `	( <b>d)</b> 2019	(e) Total
2a	Lobbying nontaxable amount	225,360	182,527	220,377	273,850	902,114
b	Lobbying ceiling amount (150% of line 2a, column (e))		<b>建</b> 的是一种			1,353,171
С	Total lobbying expenditures	100,000	30,000	30,000	75,000	235,000
d	Grassroots nontaxable amount	56,340	45,632	55,094	68,463	225,529
e	Grassroots ceiling amount (150% of line 2d, column (e))					338,294
f	Grassroots lobbying expenditures	. 0	0	. 0	0	

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990	or 990-EZ) 2019								•
	omplete if the c lection under s			mpt under	section 50	1(c)(3) a	nd has NOT	filed Form	5768
For each "Ves	" response on	lines 1a	through	1. helow	nrovide in	Part IV	a detailed	(a)	(b)
ι οι εαίιι τευ	response on	111100 10	umougn	" DCIOW,	provide in	I all IV	a actunca		

	each fes response on lines to through it below, provide in Part IV a detailed in part IV a detailed in part IV a detailed in provide in Part IV a detailed in Part IV	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?				1
a b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		<u> </u>		
C	Media advertisements?	T	<del>  -</del> -	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	أثثث
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				30
b	If "Yes," enter the amount of any tax incurred under section 4912		·養林		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	<u>:Ziz</u>	ستأثث	IGA: SOLM 'MARO' C'REA	.5588
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	\(\begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\			्रभ
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).	)(5), (	or se	ction	
				Yes N	<u> </u>
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Paru	Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Ol answered "Yes."				<b>.</b>
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of			
а	Current year		2a		
b	Carryover from last year		2b		_
С	Total		2c		_
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	-	_
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby				
E	and political expenditure next year?  Toyoble amount of labburg and political expenditures (see instructions)		4		_
5 Par	Taxable amount of lobbying and political expenditures (see instructions)		5		_
Provid	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groe instructions), and Part II-B, line 1. Also, complete this part for any additional information	up lis	t), Pa	rt II-A, lines 1 an	nd
	,		•		
			L		
<b>-</b>					
	<del></del>				

## **SCHEDULE D** (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name o	f the organization		Employer identification number
Volos	v Family Foundation, Inc		47-4050322
Par	Organizations Maintaining Donor Ad	vised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono	r advisors in writing that the assets h	eld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors,	and donor advisors in writing that gran	<u>. — — — —                               </u>
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		☐ Yes ☐ No
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example, reci	- '	f a historically important land area
	☐ Protection of natural habitat	·	f a certified historic structure
	☐ Preservation of open space	_	
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year	·	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	its	2b
С	Number of conservation easements on a certified		2c
d	Number of conservation easements included in		on a
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, trans	isferred, released, extinguished, or tern	ninated by the organization during the
	tax year ►		
4	Number of states where property subject to conse	ervation easement is located ►	
5	Does the organization have a written policy re	garding the periodic monitoring, ins	pection, handling of
	violations, and enforcement of the conservation ea	asements it holds?	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing	g conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspection	ng, handling of violations, and enforcing	conservation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports		•
	balance sheet, and include, if applicable, the text		ancial statements that describes the
	organization's accounting for conservation easem		
Part			Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under FA	·	
	of art, historical treasures, or other similar asset	•	· · · · · · · · · · · · · · · · · · ·
	service, provide in Part XIII the text of the footnote		
b	If the organization elected, as permitted under FA		
	art, historical treasures, or other similar assets hel		esearch in furtherance of public service,
	provide the following amounts relating to these ite		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X	. Notes and the	\$
2	If the organization received or held works of art		assets for financial gain, provide the
	following amounts required to be reported under F	ASO ASC 930 relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

_	
Page	

Par	III Organizations Maintaining Co								
3	Using the organization's acquisition, accollection items (check all that apply)	cession, and ot	her reco	ds, chec	k any of th	e follow	ing that make	significant	use of its
а	☐ Public exhibition		đ	☐ Loan	or exchang	je progr	am		
b	☐ Scholarly research		е	🗌 Othei					
С	☐ Preservation for future generations								
4	Provide a description of the organization XIII	i's collections a	and expla	ain how t	hey further	the org	anızatıon's exe	empt purpo	se in Part
5	During the year, did the organization sol assets to be sold to raise funds rather that								. 🗆 Na
Por			allieu as p	Jail Of the	- Organizati	011 5 00	ilection,		s 🗌 No
Par	Complete if the organization and 990, Part X, line 21	swered "Yes							Form
1a	Is the organization an agent, trustee, cuincluded on Form 990, Part X?	ustodian or oth	ner interm	nediary fo	or contribut	ions or	other assets		s 🗌 No
-b	If "Yes," explain the arrangement in Part	XIII and comple	ete the fo	llowing ta	able		٦	Amount	
С	Beginning balance .					1c			
ď	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance .					1f			
2a	Did the organization include an amount o	n Form 990. Pa	art X. line	21. for e	scrow or cu	ustodial	account liabili	ty? 🗌 Ye	s 🗌 No
	If "Yes," explain the arrangement in Part							• –	Ö
Par									
	Complete if the organization an	swered "Yes	" on For	m 990, F	Part IV, line	e 10			
		(a) Current year	(b) Pro	or year	(c) Two year	s back	(d) Three years ba	ick (e) Four y	rears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the	current year er	nd balanc	e (line 1g	, column (a	)) held a	is		
а	Board designated or quasi-endowment	<b>-</b>	%						
b	Permanent endowment ▶	%							
С	Term endowment ▶ % The percentages on lines 2a, 2b, and 2c	shauld sausi 1	000/						
3a	Are there endowment funds not in the per	•		zation the	at are held	and adr	ministered for	the	
Ja	organization by	0336331011 01 (1	ic organi	zation the	at are riola	una aai	minotered for	_	res No
	(i) Unrelated organizations .							3a(i)	110
	(ii) Related organizations							3a(ii)	-
<b>b</b>	If "Yes" on line 3a(ii), are the related orga	nizations listed	l ac recui	red on Sc	hadula P2	•		3b	
4	Describe in Part XIII the intended uses of							30	
Par			on o onde						
Lai	Complete if the organization ar		" on For	m 990 F	Part IV line	- 11a 9	See Form 990	) Part X li	ne 10
	Description of property	(a) Cost or of		ĭ	or other basis		Accumulated	(d) Book	
	Description of property	(investm		, ,	ther)	, ,	preciation	( <b>u</b> ) 500K	
1a	Land								
b	Buildings .								
С	Leasehold improvements .							·	
d	Equipment .								
e	Other .								
Total	Add lines 1a through 1e. (Column (d) mus	t equal Form 0	Qn Part	X column	(R) line 10	(C)	<b>▶</b> !		

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" on Fo	orm 990, Part IV, lin	e 11b See Form 990. Part X. line 1	2
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial	derivatives			
	neld equity interests			
(3) Other				
	tment - Jewish Community Investment Funds	595,331 23	End-of-year market value	
(B) (C)		<del></del>		
(D)·				<del></del> -
<del></del>				
(F)				
`′ (G)			-	
(H)				
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 12 ) ▶	595,331		
Part VIII	Investments—Program Related.	<u></u>		
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11c See Form 990, Part X, line 13	} (
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)				
(2)				
(3)				
.(4)				
_(5)				
(6)				
(7)				
(8)				
(9) T-4-1 (0-1	(A)			
Part IX	mn (b) must equal Form 990, Part X, col (B) line 13)  Other Assets.	<u> </u>		
raitin	Complete if the organization answered "Yes" on Fo	rm 990 Part IV line	e 11d. See Form 990. Part X. line 1	5
	(a) Description	1117 330, 1 411 14, 1111	(b) Book value	<u> </u>
(1)			(2, 222, 222, 222, 222, 222, 222, 222,	
(2)				
(3)				
(4)				
(5)				
(6)	<u> </u>			
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>	
Part X	Other Liabilities.	rm 000 Bort IV lin	a 11a ar 11f Saa Farm 000 Bart V	
	Complete if the organization answered "Yes" on Fo line 25	rm 990, Part IV, Ilno	e Tie of Til. See Form 990, Part A,	
1.	(a) Description of liability		(b) Book value	
(1) Federal in	ncome taxes			
(2)				
(3)				
(4)		-		
(5)				
(6) (7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 25)	. ,	<b>D</b>	
	uncertain tax positions. In Part XIII, provide the text of the footr	note to the organization	s financial statements that reports the	

organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

Part	XI Reconciliation of Revenue per Audited Financial State	ements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statement	nts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	.   2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c	- 1	
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	•	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	٠	
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I,	line 12 )	5	
Part	XII Reconciliation of Expenses per Audited Financial Sta	tements With Exper	ses per Return.	
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a	-	
b	Prior year adjustments	2b	a l	
Ċ	Other losses .	2c	9	
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1 .		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ь	Other (Describe in Part XIII ) .	4b		
-	· · · · · · · · · · · · · · · · · · ·			
	Add lines 4a and 4b	•	4c	
с 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I	I, line 18 )	5 5	
c 5 Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I XIII Supplemental Information.		5	
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, lines 1b	5 and 2b, Part V, line 4, Part X, lii	ne
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I XIII Supplemental Information.	a and 4, Part IV, lines 1b	5 and 2b, Part V, line 4, Part X, lii	ne
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, lines 1b	5 and 2b, Part V, line 4, Part X, lii	ne
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, lines 1b	5 and 2b, Part V, line 4, Part X, lii	ne
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, lines 1b	5 and 2b, Part V, line 4, Part X, lii	ne
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, lines 1b	5 and 2b, Part V, line 4, Part X, lii	ne
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, lines 1b	5 and 2b, Part V, line 4, Part X, lii	ne
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, lines 1b	5 and 2b, Part V, line 4, Part X, lii	ne
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, lines 1b	5 and 2b, Part V, line 4, Part X, lii	ne
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, lines 1b	5 and 2b, Part V, line 4, Part X, lii	ne
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, lines 1b	5 and 2b, Part V, line 4, Part X, lii	ne
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, lines 1b	5 and 2b, Part V, line 4, Part X, lii	ne
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, lines 1b	5 and 2b, Part V, line 4, Part X, lii	ne
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, lines 1b	5 and 2b, Part V, line 4, Part X, lii	ne
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, lines 1b	5 and 2b, Part V, line 4, Part X, lii	ne
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, lines 1b	5 and 2b, Part V, line 4, Part X, lii	ne
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, lines 1b	5 and 2b, Part V, line 4, Part X, lii	ne
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, lines 1b	5 and 2b, Part V, line 4, Part X, lii	ne
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, lines 1b	5 and 2b, Part V, line 4, Part X, lii	ne
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, lines 1b	5 and 2b, Part V, line 4, Part X, lii	ne
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, lines 1b	5 and 2b, Part V, line 4, Part X, lii	ne
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, lines 1b	5 and 2b, Part V, line 4, Part X, lii	ne
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, lines 1b	5 and 2b, Part V, line 4, Part X, lii	ne
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, lines 1b	5 and 2b, Part V, line 4, Part X, lii	ne

# **SCHEDULE 1** (Form 990)

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

OMB No 1545-0047 2010 9

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

Open to Public Inspection

Department of the Treasury	► Attach to Form 990.	Open to F
Internal Revenue Service	▶ Go to www.irs.gov/Form990 for the latest information.	Inspect
Name of the organization		Employer identification number
Volosov Family Foundation, Inc	idation, Inc	52-1249913
Part   General	Part I General Information on Grants and Assistance	
1 Does the orga	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	assistance, and

ĭ ‡ -	Does the organization maintain records to substantiate the ar the selection criteria used to award the grants or assistance?	in records to subs	stantiate the amou	nt of the grants or	assistance, the g	rantees' eligibility t	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	and 🖂 🗸 🖂 🕦
<b>7</b>	Describe in Part IV the organization's procedures for monitor	zation's procedur	es for monitoring t	ing the use of grant funds in the United States	nds in the United	States		
Part II	Grants and Other As Part IV. line 21, for any	sistance to Do	mestic Organiza	ations and Dom	estic Governm I can be duplica	ents. Complete intentional s	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be dublicated if additional space is needed	ed "Yes" on Form 990,
1 (a) Nar	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(e) Amount of non- (book, FMV, appraisal, cash assistance cash as cash	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Atta	(1) Attachment #1							
(2)								
(3)				,				
(4)								
(2)								
(9)								
(2)								
(8)								
(6)					•			
10)								
11)								
12)								

Enter total number of other organizations listed in the line 1 table

N 6

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

19

Schedule I (F	Schedule I (Form 990) (2019)
Part III G	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
	Part III can be duplicated if additional space is needed

rat III carl be auplicated II additional space is lieeded	al space is liceded				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
S			-		
9					
		1		~	
Part IV Supplemental Information. Provide the information	the information r	equired in Part I, lin	e 2, Part III, columr	required in Part I, line 2, Part III, column (b), and any other additional information	onal information
Grant requests are reviewed to ensure that they are permissible and in accordance with applicable laws and regulations	missible and in acco	rdance with applicable	laws and regulations		
The Foundation will request and receive periodic reports and updates from the grantees regarding how grants are utilized, and take such information	ts and updates from	the grantees regarding	g how grants are utiliz	ed, and take such informatio	
into account in considering future grant awards					
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				-	Schedule I (Form 990) (2019)

## **SCHEDULE J** (Form 990)

Compensation Information

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

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

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

OMB No 1545-0047

2019

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

Volosov Family Foundation, Inc. 52-1249913 **Questions Regarding Compensation** Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b A A 1170 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of 5a a The organization? b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

9

Page 2

Schedule J (Form 990) 2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII Section A. Ine 1a. applicable column (D) and (E) amounts for that individual Note:

Note: The sum of columns (B)(I)—(III) to	or each	n listed individual mu	ust equal the total amo	ount of Form 990, Pa	rt VII, Section A, line	1a, applicable colum	in (U) and (E) amount:	s for that individual
(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontavable (E) Total of columns (F) Compensation		(B) Breakdown c	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	eldexetuoN (O)	(F) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)(D)(D)	in column (B) reported as deferred on prior Form 990
	(3)							
1 Marc B Terrill	(E)	493,326	, 75,000	20,030	161,200	30,000	779,556	0
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	(j)							
3	(ii)					1 0 0 9 9 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Schedule J (Form 990) 2019

Page 3

Fo.	Page
Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this par for any additional information.	complete this par
The Directors of the Volosov Family Foundation, Inc. receive no compensation for their services. However, one of the Directors is employed	
by the supported entity, The Associated. Jewish Community Federation of Baltimore, Inc. (The Associated). All of the compensation and benefits are	
paid by The Associated, none of it is attributable to the service as a Director and/or Officer of the Foundation	
Part I, Line 4b	
Marc B Ternll participates in a nonqualified deferred compensation plan No amounts were vested during the year	
One hundred and fifty thousand dollars (\$150,000) was deferred and 1s included on Form 990, Part VII, Column F and Schedule J, Part II, Column C	
A new five-year contract was executed for Marc B Terrill beginning January 1, 2017 The terms and conditions of the deferred compensation	
plan are outlined in the contract	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	;
Sche	Schedule J (Form 990) 201

## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

201

Employer identification number

Open to Public Inspection

Volosov Family Foundation, Inc	52-1249913
Form 990 Part VI, Section A,	
Line 2 - There are family relationships among the Donor Members and Directors Paul S Voloso	v and David Volosov have
a family relationship	
Line 6 - The organization has two classes of members, a Public Member - The Associated Jewish	Community Federation of Baltimore Inc. and
~	Community i cuciation of Datimote, the and
Donor Members consisting of Paul S Volosov and David Volosov	
Line 7a - The Members appoint the Board of Directors The Public Member appoints the majorit	y and Donor Members appoint the remainder
Line 7b - Amendments to the Bylaws are subject to change or recission by the Members before the	ney are adopted
Form 990 Part VI, Section B,	
Line 11a - The Form 990 and supporting schedules are distributed to the officers and directors up	oon completion for review and comments
prior to filing	
Line 12c - The supported organization monitors and enforces the potential of any conflict of inte	rest by regularly reviewing the Board of
Directors, its actions and the investment of assets to ensure it complies with the conflict of interest	policy of The Associated
Line 15 - Marc B Terrill participates in a nonqualified deferred compensation plan No amouns	were paid out during the year One hundred
and fifty thousand dollars (\$150,000) was deferred and is included on Form 990 Part VI, Column F	and Schedule J, Part II, Column C A new
five-year contract was executed for Marc B Terrill beginning January 1, 2017 The terms and condi	tions of the deferred compensation plan
are outlined in the contract with The Associated	
Form 990 Part VI, Section C,	
Line 19 - The organization makes its governing documents and financial statements available to the	ne public upon request

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Volosov Family Foundation, Inc

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

2018 No 1545-004	20
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▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number 52-1249913

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity ŝ × Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Yes (f)
Direct controlling
entity (e) End-of-year assets N/A(e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete If the organization answered "Yes" on Form 990, Part IV, line 33 \_ (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501(c)(3) (c)
Legal domicile (state
or foreign country) Maryland (b) Primary activity Exempt organization (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity (1) The Associated Jewish Community Federation of Baltimore, Inc 101 West Mount Royal Avenue Baltmore, MD 21201 (a) Name, address, and EIN of related organization Part I Part II 9 4 9 (2) ව € (2) 9 E 2 ව

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

Schedule R (Form 990) 2019

(I) Section 512(b)(13) controlled entity? Percentage ownership ŝ 3 Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Yes (J) General or managing partner? Yes No (h) Percentage ownership (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) end-of-year assets (g) Share of (h)
Disproportionate
allocations? Yes No (f) Share of total income (g) Share of end-of- [ year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
( Direct controlling | entity excluded from tax under sections 512—514) (e)
Predominant
income (related,
unrelated, (c)
Legal domicile
(state or foreign country) (d)
(d)
(Direct controlling entity (b) Primary activity (c)
Legal
domicile
(state or
foreign (b) Primary activity (a) Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization N/A N/A Part IV Part I £ (2) (2) 9 € 0 E € € 9 9  $\mathbf{E}$ 3 9

Schedule R (Form 990) 2019

	rm 990, Part IV, line 34, 3
	es" on Fo
	Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36
າເກ 990) 2019	Transactions With Related Organizations.
Schedule R (Fo	Part V

Š	<b>Note</b> : Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		<u>×</u>	Yes No	0
_	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-107				
Ø		_	1a ·	×	
Ω	<b>b</b> Gift, grant, or capital contribution to related organization(s)	_	1b >	×	
ပ	c Gift, grant, or capital contribution from related organization(s)		10	×	
ס	d Loans or loan guarantees to or for related organization(s)	-	10	×	,,
a			10	>	
		1_	<u> </u>	1	
<b>-</b>	f Dividends from related organization(s)	1	<u> </u>  +	× 	٦.,
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:			= <del> </del>	<b>∜ ≯</b>	۱,
	i Lease of facilities equinment or other assets to related organization(s)		=   ;	۲ ۶	۱,
-	Lease of facilities, equipment, of other assets to related organization(s)	<u> </u>	_	4	٦
¥	k Lease of facilities, equipment, or other assets from related organization(s)	1	*	× 	٦٧
-			=	×	
Ε	m Performance of services or membership or fundraising solicitations by related organization(s)	-	13	×	1,,
_	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	-	1n	×	<u>,</u>
0	o Sharing of paid employees with related organization(s)	1	10 >	X	
<u>a</u>		<u> </u>	4	×	
٥	q Reimbursement paid by related organization(s) for expenses .	~	4	×	ار
			_ <u> </u> 	<u> </u> 	٦
_			+	$\times$	
s			18	$\stackrel{\times}{\parallel}$	ال
7	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	transaction	threst	splor	- 1
	(c) (q)	(Đ			
	Name of related organization Amount involved Method of type (a—s)	Method of determining amount involved	mount if	nvolved	_
E					1
(2)					
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•					
(5)					
(9)					
		Schedule R (Form 990) 2019	orm 9	90) 20	19

Schedule R (Form 990) 2019

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (e) (f) (g) (g) (g) Name of the standard of th	(b)	(c)	(b)	(e)	(f) Share of		(h)	(2)		(K)
מות בוא כן פונים בוא כן פונים בוא כן		(state or foreign	income (related,	section	=	_	allocations?	amount in box 20	managing	Percentage
		country)	unrelated, excluded from tax under	organizations?		assets		of Schedule K-1 (Form 1065)		
			sections 512—514)	Yes No			Yes No		Yes No	
(1)	,									
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