

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation ISRAEL & MOLLIE MYERS FOUNDATION		A Employer identification number 52-1314430	
Number and street (or P.O. box number if mail is not delivered to street address) 3635 OLD COURT ROAD NO 207		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21208		B Telephone number (see instructions) (410) 653-0556	
G Check all that apply: <div><input type="checkbox"/> Initial return<input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return<input type="checkbox"/> Amended return <input type="checkbox"/> Address change<input type="checkbox"/> Name change</div>		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 10,042,020		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	179,158			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	104,452	104,452		
	5a Gross rents . . . . .				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	521,207			
	b Gross sales price for all assets on line 6a 539,652				
	7 Capital gain net income (from Part IV, line 2) . . .		521,207		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	-114,084	-115,123		
	12 Total. Add lines 1 through 11 . . . . .	690,733	510,536		
	13 Compensation of officers, directors, trustees, etc.	25,000	0		25,000
	14 Other employee salaries and wages . . . . .	11,112	11,112		0
	15 Pension plans, employee benefits . . . . .	889	889		0
	16a Legal fees (attach schedule) . . . . .	1,855	1,855		0
	b Accounting fees (attach schedule) . . . . .	8,464	8,464		0
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .	38,560	38,560		0
	18 Taxes (attach schedule) (see instructions) . . .	16,588	2,543		0
	19 Depreciation (attach schedule) and depletion . . .	144	144		
	20 Occupancy . . . . .	997	997		0
	21 Travel, conferences, and meetings . . . . .	136	136		0
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	42,091	42,091		0
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	145,836	106,791		25,000
	25 Contributions, gifts, grants paid . . . . .	634,387			634,387
	26 Total expenses and disbursements. Add lines 24 and 25	780,223	106,791		659,387
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-89,490			
	b Net investment income (if negative, enter -0-)		403,745		
c Adjusted net income (if negative, enter -0-) . . .					

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		<b>(a)</b> Book Value	<b>(b)</b> Book Value	<b>(c)</b> Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .			
	<b>3</b> Accounts receivable ▶ <u>129,000</u>			
	Less: allowance for doubtful accounts ▶ _____	210,000	129,000	129,000
	<b>4</b> Pledges receivable ▶ _____			
	Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .	14,835		
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____			
	Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____			
Less: accumulated depreciation (attach schedule) ▶ _____				
<b>12</b> Investments—mortgage loans . . . . .				
<b>13</b> Investments—other (attach schedule) . . . . .	6,678,206	6,868,029	9,761,136	
<b>14</b> Land, buildings, and equipment: basis ▶ _____				
Less: accumulated depreciation (attach schedule) ▶ _____				
<b>15</b> Other assets (describe ▶ _____)	1,959	151,884	151,884	
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	6,905,000	7,148,913	10,042,020	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	7,875	502,859	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)	76,000	0	
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .	83,875	502,859	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .			
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .	0	0	
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds	6,821,125	6,646,054	
	<b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	6,821,125	6,646,054	
<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	6,905,000	7,148,913		

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>		
<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	6,821,125
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-89,490
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	1
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	6,731,636
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	85,582
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	6,646,054

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1 a</b> HIGHFIELDS EXCESS DISTRIBUTION		P	2008-01-01	2019-03-31
<b>b</b> ELLIOT DISTRIBUTION		P	1997-01-01	2019-01-01
<b>c</b> PARTNERSHIP CAPITAL GAINS		P	2000-01-01	2019-12-31
<b>d</b> UBIT CAPITAL		P	2019-01-01	2019-12-31
<b>e</b> UBIT CAPITAL		P	2019-01-01	2019-12-31

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 80,836			80,836
<b>b</b> 152,625		18,445	134,180
<b>c</b> 304,114			304,114
<b>d</b> 1			1
<b>e</b> 2,076			2,076

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
<b>a</b>			80,836
<b>b</b>			134,180
<b>c</b>			304,114
<b>d</b>			1
<b>e</b>			2,076

<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	521,207
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐

Yes

☒

No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	640,460	9,359,907	0.068426
2017	752,490	9,636,666	0.078086
2016	780,151	9,449,806	0.082557
2015	661,502	10,005,039	0.066117
2014	676,322	10,233,391	0.066090

<b>2</b> Total of line 1, column (d)	<b>2</b>	0.361276
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0.072255
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	<b>4</b>	8,993,660
<b>5</b> Multiply line 4 by line 3	<b>5</b>	649,837
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	4,037
<b>7</b> Add lines 5 and 6	<b>7</b>	653,874
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	659,387

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	4,037
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	4,037
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	4,037
<b>6</b>	Credits/Payments:		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	12,900
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	0
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	12,900
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	<b>8</b>	43
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	8,820
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> 8,820 <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .		No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .		No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. <input type="checkbox"/> \$ 0 <b>(2)</b> On foundation managers. <input type="checkbox"/> \$ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>		No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .		No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	Yes	
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	Yes	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>		No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .		No
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> . . . . .	Yes	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> MD		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>	Yes	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .		No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> . . . . .		No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>JON MYERS JUDITH LANGENTHAL</u> Telephone no. ► <u>(410) 653-0556</u>			

Located at ► 3635 OLD COURT ROAD BALTIMORE MD ZIP+4 ► 21208

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . .	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year . . . . .	► <b>15</b>		
<b>16</b>	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		<b>Yes</b>	<b>No</b>
<b>1a</b>	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . .	<b>1b</b>	
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>		
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? . . . . .	<b>1c</b>	<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b>	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If "Yes," list the years ► 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) . . . . .	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	<b>4b</b>	<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

<b>5a</b>	During the year did the foundation pay or incur any amount to:		<b>Yes</b>	<b>No</b>
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions . . . . .		<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance check here. . . . . 	<input type="checkbox"/>		
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>	<b>No</b>
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			
	If "Yes" to 6b, file Form 8870.			
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>7b</b>	
<b>b</b>	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .			
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
<b>(a)</b> Name and address	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
<b>(a)</b> Name and address of each employee paid more than \$50,000	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances
NONE				
<b>Total</b> number of other employees paid over \$50,000. . . . . 				<b>0</b>

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
<b>(a)</b> Name and address of each person paid more than \$50,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ▶		<b>0</b>

<b>Part IX-A Summary of Direct Charitable Activities</b>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

<b>Part IX-B Summary of Program-Related Investments</b> (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	<b>0</b>

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	9,131,134
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	-2,296
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	1,781
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	9,130,619
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	9,130,619
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	136,959
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	8,993,660
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	449,683

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	449,683
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b>	4,037
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	4,037
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	445,646
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	445,646
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	445,646

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	659,387
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	659,387
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	4,037
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	655,350

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				445,646
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			0	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .	176,561			
<b>b</b> From 2015. . . . .	165,278			
<b>c</b> From 2016. . . . .	312,213			
<b>d</b> From 2017. . . . .	270,851			
<b>e</b> From 2018. . . . .	189,489			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	1,114,392			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ 659,387				
<b>a</b> Applied to 2018, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2019 distributable amount. . . . .				445,646
<b>e</b> Remaining amount distributed out of corpus	213,741			
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,328,133			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .	176,561			
<b>9</b> <b>Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a. . . . .	1,151,572			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .	165,278			
<b>b</b> Excess from 2016. . . . .	312,213			
<b>c</b> Excess from 2017. . . . .	270,851			
<b>d</b> Excess from 2018. . . . .	189,489			
<b>e</b> Excess from 2019. . . . .	213,741			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶					
<b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

<b>1 Information Regarding Foundation Managers:</b>	
<b>a</b> List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) See Additional Data Table	
<b>b</b> List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.	
<b>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b>	
Check here <input type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions	
<b>a</b> The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: ISRAEL MOLLIE MYERS FOUNDATION JONA 3635 OLD COURT ROAD SUITE 207 BALTIMORE, MD 212083906 (410) 653-0556	
<b>b</b> The form in which applications should be submitted and information and materials they should include: NO SPECIFIC FORM	
<b>c</b> Any submission deadlines: NO DEADLINES	
<b>d</b> Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: NO RESTRICTIONS	

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	634,387
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	0

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .					
<b>4</b> Dividends and interest from securities. . . . .			14	104,452	
<b>5</b> Net rental income or (loss) from real estate:					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .	523000	2,077	18	519,130	
<b>9</b> Net income or (loss) from special events:					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue:					
<b>a</b> PTNSHIP K-1 INCOME (LOSS) _____	523000	1,039	14	-115,123	
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e). . . . .		3,116		508,459	0
<b>13</b> <b>Total.</b> Add line 12, columns (b), (d), and (e). . . . . (See worksheet in line 13 instructions to verify calculations.)			<b>13</b>		511,575

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

## Part XVII

- |   |  |    |  |    |
|---|--|----|--|----|
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .  | 1c |  | No |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. |    |  |    |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- | b If "Yes," complete the following schedule. |                          |                                 |
|--|--------------------------|---------------------------------|
| (a) Name of organization                     | (b) Type of organization | (c) Description of relationship |
|  |                          |                                 |
|  |                          |                                 |
|  |                          |                                 |
|  |                          |                                 |

**Sign  
Here**

<p><b>Sign Here</b></p> <p>*****</p> <p>_____</p> <p>Signature of officer or trustee</p>	<p>2020-11-13</p> <p>_____</p> <p>Date</p>	<p>*****</p> <p>_____</p> <p>Title</p>
--	--	--

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ **Yes** ☐ **No**

**Paid  
Preparer  
Use Only**

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JEFFREY ABERBANEL	DIRECTOR 1.00	0	0	0
10096 RED RUN BLVD SUITE 200 OWINGS MILLS, MD 21117				
JONATHAN P MYERS	PRESIDENT 10.00	0	0	0
3635 OLD COURT ROAD SUITE 207 BALTIMORE, MD 21208				
DAVID GOLDNER	TREASURER 1.00	0	0	0
1801 PORTER STREET SUITE 500 BALTIMORE, MD 21230				
HERSCHEL L LANGENTHAL	VICE PRESIDENT 10.00	0	0	0
3635 OLD COURT ROAD SUITE 207 BALTIMORE, MD 21208				
JUDITH LANGENTHAL	PRESIDENT 10.00	0	0	0
3635 OLD COURT ROAD SUITE 207 BALTIMORE, MD 21208				
BEVERLY MYERS	VICE PRESIDENT 10.00	0	0	0
3635 OLD COURT ROAD SUITE 207 BALTIMORE, MD 21208				
CAROL ROGERS	SECRETARY 1.00	0	0	0
3635 OLD COURT ROAD SUITE 207 BALTIMORE, MD 21208				
JENNIFER MYERS	DIRECTOR 1.00	0	0	0
3635 OLD COURT ROAD SUITE 207 BALTIMORE, MD 21208				
DAVID MYERS	DIRECTOR 1.00	0	0	0
3635 OLD COURT ROAD SUITE 207 BALTIMORE, MD 21208				
JEFFREY MYERS	DIRECTOR 1.00	25,000	0	0
3635 OLD COURT ROAD SUITE 207 BALTIMORE, MD 21208				
DANIEL LANGENTHAL	DIRECTOR 1.00	0	0	0
3635 OLD COURT ROAD SUITE 207 BALTIMORE, MD 21208				
JOSHUA LANGENTHAL	DIRECTOR 1.00	0	0	0
3635 OLD COURT ROAD SUITE 207 BALTIMORE, MD 21208				

**Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).**

JONATHAN P MYERS
HERSCHEL L LANGENTHAL
JUDITH LANGENTHAL
BEVERLY MYERS

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ACTIVE MINDS 2001 S STREET NW SUITE 450 WASHINGTON, DC 20009	NONE	PUBLIC	UNRESTRICTED	5,000
AMERICAN RED CROSSPO BOX 37839 BOONE, IA 500370839	NONE	PUBLIC	UNRESTRICTED	2,500
ASSOCIATED CENTER-FUNDS AND FOUNDATIONS 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201	NONE	PUBLIC	UNRESTRICTED	181,100
<b>Total . . . . . ▶ 3a</b>				634,387



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
BALTIMORE COMMUNITY FOUNDATION-WOMEN'S GIVING CIRCLE 2 EAST READ STREET 9TH FLOOR BALTIMORE, MD 21202	NONE	PUBLIC	UNRESTRICTED	1,150
BALTIMORE CURRICULUM PROJECT 2707 E FAYETTE STREET BALITMORE, MD 21224	NONE	PUBLIC	UNRESTRICTED	500
BALTIMORE EDUCATIONAL SCHOLARSHIP TRUST 808 N CHARLES STREET SUITE 200C BALITMORE, MD 21201	NONE	PUBLIC	UNRESTRICTED	7,500
<b>Total . . . . . ▶ 3a</b>				634,387

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BERKELY HIGH SCHOOL DEVELOPMENT GROUP PO BOX 519 BERKELEY, CA 947010519	NONE	PUBLIC	UNRESTRICTED	5,000
BETH AM ANNUAL FUND 2501 EUTAW PLACE BALTIMORE, MD 21217	NONE	PUBLIC	UNRESTRICTED	9,705
BETH EL CONGREGATION 8101 PARK HEIGHTS AVENUE BALTIMORE, MD 21208	NONE	PUBLIC	UNRESTRICTED	4,000
<b>Total . . . . . ▶ 3a</b>				634,387

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BLUE PATH SERVICE DOGS INC 8 COUNTRY CLUB RD HOPEWELL JUNCTION, NY 12533	NONE	PUBLIC	UNRESTRICTED	500
BNAI VAIL19 VAIL ROAD VAIL, CO 81657	NONE	PUBLIC	UNRESTRICTED	1,641
BOSTON LANDMARKS ORCHESTRA 214 LINCOLN ST SUITE 331 BOSTON, MA 02134	NONE	PUBLIC	UNRESTRICTED	250
<b>Total . . . . . ▶ 3a</b>				634,387

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOSTON LATIN SCHOOL 78 LOUIS PASTOR AVENUE BOSTON, MA 02115	NONE	PUBLIC	UNRESTRICTED	1,000
BRANDEIS UNIVERSITY 415 SOUTH STREET MD 122 WALTHAM, MA 022549110	NONE	PUBLIC	UNRESTRICTED	40,000
CAMP GREENTOP 1111 EAST COLD SPRING LANE BALITMORE, MD 21239	NONE	PUBLIC	UNRESTRICTED	10,000
<b>Total . . . . .</b> ► <b>3a</b>				634,387

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHARLES RIVER CONSERVANCY 4 BRATTLE STREET CAMBRIDGE, MA 02138	NONE	PUBLIC	UNRESTRICTED	1,000
CHESTNUT RIDGE FIRE DEPARTMENT 12020 GREENSPRING AVENUE OWINGS MILLS, MD 21117	NONE	PUBLIC	UNRESTRICTED	1,500
CITY SPROUTS 678 MASSACHUSETTES AVENUE CAMBRIDGE, MA 02139	NONE	PUBLIC	UNRESTRICTED	4,000
<b>Total . . . . . ▶ 3a</b>				634,387

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COLORADO ROCKY MOUNTAIN SCHOOL 1493 COUNTY ROAD 106 CARBONDALE, CO 81623	NONE	PUBLIC	UNRESTRICTED	1,000
COMMUNITY FOOD SHARE 6363 HORIZON LANE LONGMONT, CO 80503	NONE	PUBLIC	UNRESTRICTED	11,000
CONNECTICUT FOOD BANK 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	PUBLIC	UNRESTRICTED	2,000
<b>Total . . . . . ▶ 3a</b>				634,387

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CREATIVE ALLIANCE 3134 EASTERN AVENUE BALTIMORE, MD 21224	NONE	PUBLIC	UNRESTRICTED	12,500
FRIENDS OF GREAT KIDS FARM 6601 BALTIMORE NATIONAL PIKE CATONSVILLE, MD 21228	NONE	PUBLIC	UNRESTRICTED	10,000
FRIENDS OF THE JEWISH CHAPEL 5700 PARK HEIGHTS AVENUE BALTIMORE, MD 21215	NONE	PUBLIC	UNRESTRICTED	1,500
<b>Total . . . . .</b> ► <b>3a</b>				634,387

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HARVARD124 MOUNT AUBURN STREET CAMBRIDGE, MA 021385795	NONE	PUBLIC	UNRESTRICTED	1,500
ITINERIS2050A ROCKROSE AVENUE BALTIMORE, MD 21211	NONE	PUBLIC	UNRESTRICTED	74,000
JCC ASSOCIATION520 8TH AVENUE NEW YORK, NY 10018	NONE	PUBLIC	UNRESTRICTED	38,500
<b>Total . . . . . ▶ 3a</b>				634,387



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JEMICY SCHOOL11 CELADON ROAD OWINGS MILLS, MD 21117	NONE	PUBLIC	UNRESTRICTED	4,000
JEWISH MUSEUM OF MARYLAND (BOARD LEADERSHIP) 15 LLOYD STREET BALTIMORE, MD 21202	NONE	PUBLIC	UNRESTRICTED	5,500
JEWISH STUDIO PROJECT 2643 DANA STREET BERKELEY, CA 94704	NONE	PUBLIC	UNRESTRICTED	1,500
<b>Total . . . . . ▶ 3a</b>				634,387

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JOHNS HOPKINS UNIVERSITY - HEART & VASCULAR INSTITUTE 100 N CHARLES STREET321 BALITMORE, MD 21201	NONE	PUBLIC	UNRESTRICTED	20,000
JUVENILE DIABETES RESEARCH 120 WALL STREET 19TH FLOOR NEW YORK, NY 100054001	NONE	PUBLIC	UNRESTRICTED	1,500
KESHET284 AMORY STREET JAMAICA PLAIN, MA 02130	NONE	PUBLIC	UNRESTRICTED	1,500
<b>Total . . . . . ▶ 3a</b>				634,387

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
LAGOND MUSIC SCHOOL 9 HAVEN STREET ELMSFORD, NY 10523	NONE	PUBLIC	UNRESTRICTED	2,500
LEFT HAND FIRE DISTRICT 900 LEFTHAND CANYON DRIVE BOULDER, CO 80302	NONE	PUBLIC	UNRESTRICTED	500
LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL DEPARTMENT OF DEVELOPMENT 2401 W BELVEDERE AVENUE BALTIMORE, MD 212159950	NONE	PUBLIC	UNRESTRICTED	2,500
Total . . . . . ▶ 3a				634,387

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MCDANIEL COLLEGE2 COLLEGE HILL WESTMINSTER, MD 211574390	NONE	PUBLIC	UNRESTRICTED	2,000
MCDONOGH SCHOOLPO BOX 380 OWINGS MILLS, MD 21117	NONE	PUBLIC	UNRESTRICTED	2,500
MENTORING MALE TEENS IN THE HOOD 8 MARKET PLACE 5TH FLOOR BALITMORE, MD 21202	NONE	PUBLIC	UNRESTRICTED	5,000
<b>Total . . . . . ▶ 3a</b>				634,387

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MERIT HOPKINS BAYVIEW MEDICAL CENTER 5200 EASTERN AVENUE BALITMORE, MD 21224	NONE	PUBLIC	UNRESTRICTED	10,000
MIRIAM LODGE KSB 7310 PARK HEIGHTS AVE BALITMORE, MD 21208	NONE	PUBLIC	UNRESTRICTED	10,000
MISSION OF MERCY 22 S MARKET STREET SUITE 6D FREDERICK, MD 21701	NONE	PUBLIC	UNRESTRICTED	12,500
<b>Total . . . . .</b> ► <b>3a</b>				634,387

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MOVEABLE FEASTPO BOX 2298 BALTIMORE, MD 212032298	NONE	PUBLIC	UNRESTRICTED	10,000
MYERBERG SR CENTER 3101 FALLSTAFF ROAD BALTIMORE, MD 212092967	NONE	PUBLIC	UNRESTRICTED	500
NATIONAL GLAUCOMA RESEARCH 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 20871	NONE	PUBLIC	UNRESTRICTED	1,500
<b>Total . . . . .</b> ▶ <b>3a</b>				634,387

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NEW ISRAEL FUND (MABAT) PO BOX 96712 WASHINGTON, DC 200777438	NONE	PUBLIC	UNRESTRICTED	17,000
ORGANIC TORAH81 BROOKSIDE AVE NEWTONVILLE, MA 02460	NONE	PUBLIC	UNRESTRICTED	1,000
PAUL'S PLACE INC1118 WARD STREET BALTIMORE, MD 21230	NONE	PUBLIC	UNRESTRICTED	7,500
<b>Total . . . . . ▶ 3a</b>				634,387

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
PLANNED PARENTHOOD HUDSON VALLEY 7 COATES DRIVE GOSHEN, NY 10924	NONE	PUBLIC	UNRESTRICTED	2,500
ROXBURY LATIN SCHOOL 101 ST THERESA AVENUE WEST ROXBURY, MA 021323496	NONE	PUBLIC	UNRESTRICTED	1,000
SHRIVER HALL CONCERT SERIES 3400 N CHARLES STREET BALITMORE, MD 212182698	NONE	PUBLIC	UNRESTRICTED	500
<b>Total . . . . . ▶ 3a</b>				634,387




Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SISTERS CIRCLEPO BOX 84 TIMONIUM, MD 21094	NONE	PUBLIC	UNRESTRICTED	12,500
ST VINCENT DE PAUL BALTIMORE 2305 N CHARLES ST BALTIMORE, MD 21218	NONE	PUBLIC	UNRESTRICTED	15,000
TALMAR1994 CROMWELL BRIDGE RD PARKVILLE, MD 21234	NONE	PUBLIC	UNRESTRICTED	7,500
<b>Total . . . . . ▶ 3a</b>				634,387

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TEMPLE BETH ZION 1566 BEACON STREET BROOKLINE, MA 02446	NONE	PUBLIC	UNRESTRICTED	4,000
THE FAMILY TREE 2108 N CHARLES STREET BALTIMORE, MD 21218	NONE	PUBLIC	UNRESTRICTED	10,000
THE HONK FESTIVAL 100 JACKSON STREET CAMBRIDGE, MA 02140	NONE	PUBLIC	UNRESTRICTED	250
<b>Total . . . . . ▶ 3a</b>				634,387

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE THREAD INCPO BOX 1584 BALTIMORE, MD 21203	NONE	PUBLIC	UNRESTRICTED	15,000
TOWSON HILLEL8000 YORK ROAD TOWSON, MD 21252	NONE	PUBLIC	UNRESTRICTED	2,320
UMMC CHILDREN'S HOSPITAL NICU 110 S PACA STREET 9TH FLOOR BALITMORE, MD 21201	NONE	PUBLIC	UNRESTRICTED	5,000
<b>Total . . . . . ▶ 3a</b>				634,387

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNIV MD GREENEBAUM CANCER CENTER 22 S GREEN ST BALTIMORE, MD 21201	NONE	PUBLIC	UNRESTRICTED	3,334
UNIVERSTY OF TOLEDO FOUNDATION PO BOX 586 TOLEDO, OH 43697	NONE	PUBLIC	UNRESTRICTED	3,000
VARIOUS PASSTHROUGH ENTITIES ADDRESS OF RECIPIENTS - VARIOUS BALTIMORE, MD 21208	NONE	PUBLIC	UNRESTRICTED	137
<b>Total . . . . . ▶ 3a</b>				634,387

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WILMER MEMORIAL FUND - JOHNS HOPKINS MEDICAL INSTITUTE 600 N WOLFE WILMER 112 BALITMORE, MD 212879015	NONE	PUBLIC	UNRESTRICTED	5,000
<b>Total</b> . . . . .  <b>3a</b>				634,387

**TY 2019 Accounting Fees Schedule****Name:** ISRAEL & MOLLIE MYERS FOUNDATION**EIN:** 52-1314430

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	8,464	8,464		0

**TY 2019 Investments - Other Schedule****Name:** ISRAEL & MOLLIE MYERS FOUNDATION**EIN:** 52-1314430**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
WESTGATE INTERNATIONAL	AT COST	131,903	1,355,679
M/L THREE, LLC	AT COST	5,964,477	7,581,608
JMD PARTNERSHIP	AT COST	706,649	765,581
CRP EXEMPT FUND	AT COST	60,000	51,700
MONTCALM CAPITAL FUND	AT COST	5,000	5,000
HIGHFIELDS CAPITAL	AT COST	0	1,568

**TY 2019 Legal Fees Schedule****Name:** ISRAEL & MOLLIE MYERS FOUNDATION**EIN:** 52-1314430

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	1,855	1,855		0



**TY 2019 Other Assets Schedule****Name:** ISRAEL & MOLLIE MYERS FOUNDATION**EIN:** 52-1314430**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
EXCISE TAX	1,959	3,384	3,384
DUE FROM INVESTMENT PARTNERSHIP	0	148,500	148,500

**TY 2019 Other Decreases Schedule**

**Name:** ISRAEL & MOLLIE MYERS FOUNDATION  
**EIN:** 52-1314430

Description	Amount
PASSTHROUGH NONDEDUCTIBLE EXPENSES	85,582

**TY 2019 Other Expenses Schedule****Name:** ISRAEL & MOLLIE MYERS FOUNDATION**EIN:** 52-1314430**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	17,241	17,241		0
MANAGEMENT FEES	177	177		0
CUSTODIAL FEES	709	709		0
EMPLOYEE BENEFITS	4,165	4,165		0
OFFICE EXPENSE	12,333	12,333		0
POSTAGE & SHIPPING	100	100		0
INSURANCE	205	205		0
TELEPHONE	217	217		0
REPAIRS & MAINTENANCE	231	231		0
BROKER FEES	6,713	6,713		0

## TY 2019 Other Income Schedule

**Name:** ISRAEL & MOLLIE MYERS FOUNDATION

**EIN:** 52-1314430

### Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PTNSHIP K-1 INCOME (LOSS)	-114,084	-115,123	-114,084

**TY 2019 Other Increases Schedule**

**Name:** ISRAEL & MOLLIE MYERS FOUNDATION  
**EIN:** 52-1314430

Description	Amount
TAX EXEMPT INTEREST	1

**TY 2019 Other Liabilities Schedule****Name:** ISRAEL & MOLLIE MYERS FOUNDATION**EIN:** 52-1314430

Description	Beginning of Year - Book Value	End of Year - Book Value
DUE TO INVESTMENT PARTNERSHIP	76,000	0

**TY 2019 Taxes Schedule****Name:** ISRAEL & MOLLIE MYERS FOUNDATION**EIN:** 52-1314430

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAX	755	755		0
ML 3 STATE TAXES PAID	21	21		0
JMD STATE TAXES PAID	156	156		0
FOREIGN TAXES PAID	1,611	1,611		0
EXCISE TAX	14,045	0		0

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ <b>Attach to Form 990, 990-EZ, or 990-PF.</b> ▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information.	OMB No. 1545-0047
		<b>2019</b>
Name of the organization ISRAEL & MOLLIE MYERS FOUNDATION		<b>Employer identification number</b> 52-1314430

Organization type (check one):

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Name of organization  
ISRAEL & MOLLIE MYERS FOUNDATION

Employer identification number  
52-1314430

**Part I**

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ISRAEL MYERS CHARITABLE LEAD 3635 OLD COURT ROAD 207 BALTIMORE, MD 21208	\$ 179,158	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization ISRAEL & MOLLIE MYERS FOUNDATION	Employer identification number 52-1314430
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Name of organization ISRAEL & MOLLIE MYERS FOUNDATION	Employer identification number 52-1314430
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Part III

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_**

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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