**Return of Private Foundation** 

2949105107121 OMB No. 1545-G047

Open to Public Inspection

Department of the Treasury Intental Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990PF for instructions and the latest information.

. <u>F</u> e	or ca	lendar year 2019 or tax year beginning			, 2019	<u>, and ending</u>	g		<u>, 20</u>		
		foundation					1	Employer identif	ication number		
	THE	TOMARES FAMILY FOUNDATION,	NC.	•				52-210333	2		
N	umber	and street (or P O box number if mail is not delivered to	street a	ddress)		Room/suite	E	3 Telephone numb	er (see instructions)		
	260	O TOWER OAKS BLVD			•	620	1	(301) 95	51-0500		
<u></u>		own, state or province, country, and ZIP or foreign postal	code	_		1 020		(301) 931 0300			
Ci	ty Or to	own, state or province, country, and zir or loreign postal	code					If exemption application pending, check here	ation is	_ (	
_		KVILLE, MD 20852		<del> </del>				, -			
G	Che	ck all that apply Initial return		Initial return	•	oublic charit	y	) 1 Foreign organiza			
		Final return	<u> </u>	Amended re				2 Foreign organiza 85% test, check I		_	
_		Address change		Name chang		- 4	_		▶∟		
H	_	eck type of organization $X$ Section 501(				g) d	E	If private foundatio	n status was terminated	-	
3 1		section 4947(a)(1) nonexempt charitable trust	<del></del>	ther taxable pr	<del></del>			under section 507(t	)(1)(A), check here . 🕨 🗀		
			-	method X C	ash Acc	crual	F		in a 60-month termination	_	
LIV				pecify)				under section 507(b	)(1)(B), check here		
			column	(d), must be on c	ash basis )	<del></del>				—	
	Part l	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))		Revenue and openses per books	( <b>b)</b> Net inven		(c)	Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	•	
-	1	Contributions, gifts grants, etc., received (attach schedule)		57,725.				,		— (	
	1 2	Check if the foundation is not required to	-	, , , _		-				<u> </u>	
	3	attach Sch B		129.					<del>,</del>	<del></del>	
	4	Dividends and interest from securities		28,820.							
	1	Gross rents		· · · · · · · · · · · · · · · · · · ·			-		*;		
		Net rental income or (loss)						`			
a		Net gain or (loss) from sale of assets not on line 10		9,083.							
Revenue	Ъ	Gross sales price for all 50, 332									
e Š	7	Capital gain net income (from Part IV, line 2)				9,083.					
ď	8	Net short-term capital gain								;	
	9	Income modifications								<del>_</del> .	
		Gross sales less returns									
	h	and allowances									
	1	Gross profit or (loss) (attach schedule)									
	11	Other income (attach schedule)							,		
	12	Total Add lines 1 through 11		95,757.		9,083.				<del>-</del> .	
_	13	Compensation of officers, directors, trustees, etc		0.							
es	14	Other employee salaries and wages									
Expensi	15	Pension plans, employee benefits									
Q.	16a	Legal fees (attach schedule)									
		Accounting fees (attach schedule)ATCH 1									
) <u>\$</u>	c	Other professional fees (attach schedule)						10	OCDEN		
j	17	Interest						77			
7	18	Taxes (attach schedule) (see instructions)						8 0/02	. , <b>D</b>		
<del>-</del> -	19	Depreciation (attach schedule) and depletion.						₹ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	S YAM S		
CHNNV O	20	Occupancy						CL			
<b>□</b> 4	:\	Travel, conferences, and meetings						NED ]	BECE		
_ Al	22	Printing and publications									
		Other expenses (attach schedule) ATCH . 2		2,100.							
S 1 8	24	Total operating and administrative expenses.									
အာမ္မီ	; -·	Add lines 13 through 23		2,100.							
ے ج	25	Contributions, gifts, grants paid		72,720.					72,7		
2021 2021 2021	26	Total expenses and disbursements Add lines 24 and 25		74,820.					72,7	720.	
	27	Subtract line 26 from line 12						<del> </del>			
	a a	Excess of revenue over expenses and disbursements		20,937.	,	1					
		Net investment income (if negative, enter -0-)				9,083.					
	~	- · · · · · · · · · · · · · · · · · · ·			<del>                                     </del>		-		<u> </u>		

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orr	n 990	-PF (2019) THE TOMARES FAMILY FO	OUNDATION, INC.	52	-2103332 Page <b>2</b>
Ρa	art II	Balance Sheets Attached schedules and amounts in the	Beginning of year	End o	f year
		description column should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
Т	Ч	Cash - non-interest-bearing			
1	2	Savings and temporary cash investments	31,161.	30,111.	30,111.
		Accounts receivable ▶			, , -
		Less allowance for doubtful accounts ▶		- "	
	4	Pledges receivable ▶	, .	_	
1	•	Less allowance for doubtful accounts ▶	, ,		
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	•	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			1
	•	Less allowance for doubtful accounts	~ ~		
2	_			<del>_</del>	·
Sec		Inventories for sale or use			
Ž,	9	Prepaid expenses and deferred charges			
`		Investments - U.S. and state government obligations (attach schedule).	317,987.	290,618.	1,400,392.
		Investments - corporate stock (attach schedule) ATCH 3	3177307.	230,0201	
	11	Investments - corporate bonds (attach schedule)			
	•	and equipment basis Less accumulated depreciation			
		(attach schedule)			
- 1	12	Investments - mortgage loans			
- 1	13 14	Investments - other (attach schedule)			· · · · · · · · · · · · · · · · · · ·
	14	Land, buildings, and equipment basis			
-		equipment basis Less accumulated depreciation (attach schedule)			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers - see the			
$\perp$		ınstructions Also, see page 1, item I)	349,148.	320,729.	1,430,503
	17	Accounts payable and accrued expenses			
1	18	Grants payable		= 1	<u> </u>
es	19	Deferred revenue			
≘	20	Loans from officers, directors, trustees, and other disqualified persons			
abilities	21	Mortgages and other notes payable (attach schedule)		<u>-</u>	
	22	Other liabilities (describe ►)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
ပ္သ		Foundations that follow FASB ASC 958, check here			
<u> </u>		and complete lines 24, 25, 29, and 30			
ā	24	Net assets without donor restrictions			
g	25	Net assets with donor restrictions · · · · · · · · · · · · · · · · · · ·			
g		Foundations that do not follow FASB ASC 958, check here			
ַ≒		and complete lines 26 through 30			,
٦	26	Capital stock, trust principal, or current funds			!
S	27	Paid-in or capital surplus, or land, bldg , and equipment fund			
ĕ	28	Retained earnings, accumulated income, endowment, or other funds	302,541.		
Š	24 25 26 27 28 29 30	Total net assets or fund balances (see instructions)	302,541.	0.	
둜	30	Total liabilities and net assets/fund balances (see			
žΙ		instructions)	302,541.	0.	,
Б	art l	Analysis of Changes in Net Assets or Fund Balan		- <del></del>	
_		al net assets or fund balances at beginning of year - Part I		ust agree with	
•		d-of-year figure reported on prior year's return)		<b> </b>	302,541
2		er amount from Part I, line 27a			20,937
		ner increases not included in line 2 (itemize)			
		d lines 1, 2, and 3			323,478
		creases not included in line 2 (itemize) ► ATCH 4		5	2,749
Ç	DE	creases not included in line 2 (itemize) ATCH 4			<del></del>

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320,729.

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29.

	shs MLC Co)	(b) How acquired P - Purchase	(c) Date acquired (mo , day, yr )	( <b>d)</b> Date sold (mo_day, yr)
		D - Donation		
		-		<del>-</del>
		<del>.</del>		· · · · · ·
				<del></del>
· · · · · · · · · · · · · · · · · · ·				
(f) Depreciation allowed	(g) Cost or other basis	<del></del>	(h) Gain or (los	:e)
(or allowable)	plus expense of sale		((e) plus (f) minu	
<u></u>		<u>-</u> .		
				·
awar row in column (b) and awars	hy the foundation on 12/21/60			
(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI	Losses (from col	
		-	·	
			_	
ain or (loss) as defined in sections art I, line 8, column (c). See ins	s 1222(5) and (6) structions If (loss), enter -0- in	2		
		_ગ		
	= -	ase perio	d?	Yes X N
		na any ei	<del> </del>	] 163 [] I
Tount in each column for each ye		ing arry er	atrice	] 163 [] I
	(c)  Net value of nonchantable-use assets			] Tes [] !
(b) Adjusted qualifying distributions	1100 12100 01 11011011011010 000 000010		ntries (d) Distribution ra (col (b) divided by	tio
	1,162,922.		(d) Distribution ra (col (b) divided by	tio col (c))
Adjusted qualifying distributions			(d) Distribution ra (col (b) divided by	tio col (c)) 0.063114
Adjusted qualifying distributions 73, 397.	1,162,922.		(d) Distribution ra (col (b) divided by	tio col (c)) 0.063114 0.067754
Adjusted qualifying distributions 73,397. 74,752. 72,468.	1,162,922. 1,103,291. 935,766.		(d) Distribution ra (col (b) divided by	tio col (c)) 0.063114 0.067754
73,397. 74,752. 72,468. 70,372.	1,162,922. 1,103,291.		(d) Distribution ra (col (b) divided by	tio col (c)) 0.063114 0.067754 0.077442
73,397. 74,752. 72,468. 70,372. 71,550.	1,162,922. 1,103,291. 935,766. 988,379. 823,001.	2	(d) Distribution ra (col (b) divided by	tio col (c)) 0.063114 0.067754 0.077442 0.071199
Adjusted qualifying distributions 73,397. 74,752. 72,468. 70,372. 71,550.	1,162,922. 1,103,291. 935,766. 988,379. 823,001.	2	(d) Distribution ra (col (b) divided by	tio col (c)) 0.063114 0.067754 0.077442 0.071199
73,397. 74,752. 72,468. 70,372. 71,550.	1,162,922. 1,103,291. 935,766. 988,379. 823,001.	2 3	(d) Distribution ra (col (b) divided by	tio (c)) 0.063114 0.067754 0.077442 0.071199 0.086938
Adjusted qualifying distributions  73,397.  74,752.  72,468.  70,372.  71,550.  3)  of for the 5-year base period - divide foundation has been in existence	1,162,922. 1,103,291. 935,766. 988,379. 823,001.		(d) Distribution ra (col (b) divided by	tio (c)) 0.063114 0.067754 0.077442 0.071199 0.086938 0.366447
Adjusted qualifying distributions  73,397.  74,752.  72,468.  70,372.  71,550.  3)	1,162,922. 1,103,291. 935,766. 988,379. 823,001.  de the total on line 2 by 5 0, or by if less than 5 years	3	(d) Distribution ra (col (b) divided by	tio (c)) 0.063114 0.067754 0.077442 0.071199 0.086938 0.366447
Adjusted qualifying distributions 73,397. 74,752. 72,468. 70,372. 71,550.  If the 5-year base period - divide foundation has been in existence sincharitable-use assets for 2019	1,162,922. 1,103,291. 935,766. 988,379. 823,001.  de the total on line 2 by 5 0, or by of less than 5 years	3	(d) Distribution ra (col (b) divided by	tio (c)) 0.063114 0.067754 0.077442 0.071199 0.086938 0.366447 0.073289 253,793.
Adjusted qualifying distributions  73,397.  74,752.  72,468.  70,372.  71,550.  d)  of for the 5-year base period - divide foundation has been in existence encharitable-use assets for 2019  ent income (1% of Part I, line 27b)	1,162,922. 1,103,291. 935,766. 988,379. 823,001.  de the total on line 2 by 5 0, or by if less than 5 years	3 4 5	(d) Distribution ra (col (b) divided by	tio
	owing gain in column (h) and owned  (j) Adjusted basis as of 12/31/69  or (net capital loss)  ain or (loss) as defined in sections art I, line 8, column (c) See ins  inder Section 4940(e) for Re private foundations subject to the eave this part blank the section 4942 tax on the distril the qualify under section 4940(e)  nount in each column for each years	owing gain in column (h) and owned by the foundation on 12/31/69  (j) Adjusted basis as of 12/31/69  Or (net capital loss)  If gain, also enter in Part I, line 7  If (loss), enter -0- in Part I, line 7  ain or (loss) as defined in sections 1222(5) and (6)  art I, line 8, column (c) See instructions If (loss), enter -0- in ain or loss)  Inder Section 4940(e) for Reduced Tax on Net Investment In private foundations subject to the section 4940(a) tax on net investment line are this part blank	owing gain in column (h) and owned by the foundation on 12/31/69  (i) Adjusted basis as of 12/31/69  over col (j), if any  or (net capital loss)  If gain, also enter in Part I, line 7  If (loss), enter -0- in Part I, line 7  and or (loss) as defined in sections 1222(5) and (6)  art I, line 8, column (c) See instructions If (loss), enter -0- in ander Section 4940(e) for Reduced Tax on Net Investment Income private foundations subject to the section 4940(a) tax on net investment income eave this part blank  the section 4942 tax on the distributable amount of any year in the base period to qualify under section 4940(e). Do not complete this part	owing gain in column (h) and owned by the foundation on 12/31/69  (i) Adjusted basis (k) Excess of col (i) col (k), but not less the converse of 12/31/69  over col (j), if any  or (net capital loss)  If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7  ain or (loss) as defined in sections 1222(5) and (6) art I, line 8, column (c) See instructions If (loss), enter -0- in 3  ander Section 4940(e) for Reduced Tax on Net Investment Income  private foundations subject to the section 4940(a) tax on net investment income)  eave this part blank

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstru	ction	s)	
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1				
•	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)	-		;	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1	182.	
	here ▶ and enter 1% of Part I, line 27b			ı	
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of	-			
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				
3	Add lines 1 and 2			82.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			182.	
6	Credits/Payments		•		
а	2019 estimated tax payments and 2018 overpayment credited to 2019   6a			· ·	
b	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868) 6c	-			
d	Backup withholding erroneously withheld			<u> </u>	
7	Total credits and payments Add lines 6a through 6d			0.	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			L82.	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ Refunded ▶ 11				
Par	t VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes		
	participate or intervene in any political campaign?	1a		X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the				
	instructions for the definition	1b		X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?	1c		X	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ►\$(2) On foundation managers ►\$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				ı
	on foundation managers   \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X	
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	_ 3		X	-
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х	-
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b			-
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X	-
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	1			
	By language in the governing instrument, or				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that		.,		
	conflict with the state law remain in the governing instrument?	6	X		-
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х		-
8a	Enter the states to which the foundation reports or with which it is registered. See instructions  MD,				ı
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				١
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b	Х		-
9	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 tax year beginning in 2019? See the instructions for Part XIV If "Yes,"				l
	complete Part XIV	9		X	-
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses	10	<u></u>	X	_
		om 99	0-PF	(2019)	i

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Par	t VII-A Statements Regarding Activities (continued)			
			Yes	No
11	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	11		Х
12	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	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	L
	Website address NONE			
14	The books are in care of ► AARON TOMARES  Telephone no ► 301-951	-050	υ	
	Located at ▶8120 WOODMONT AVE., #900 BETHESDA, MD ZIP+4 ▶ 20814-2	743		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	· 🛄
	and enter the amount of tax-exempt interest received or accrued during the year		r	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country	L		<u> </u>
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1	V	N.
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	Yes	No
1a	During the year, did the foundation (either directly or indirectly)		l	'
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			i
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			:
	disqualified person?			
	(b) Furnish goods, services, or racinites to (or accept them from) a disqualited person			
	(4) Pay compensation to, or pay or reimburse the expenses or, a disquainted person?			
	(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)?			,
	the benefit of doe of a dioqualified person,			:
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			1
	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.)			'
<b>.</b>	termination of government service, if terminating within 90 days)			'
D	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			i '
·	were not corrected before the first day of the tax year beginning in 2019?	1c		X
2	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))			1,
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			!
	6d and 6e) for tax year(s) beginning before 2019? Yes X No			
	if "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not 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		.	:
	all years listed, answer "No" and attach statement - see instructions )	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			'
	<b>&gt;</b>	1		1
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			1
	at any time during the year? Yes X No			
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	1		
	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 Form 4720, Schedule C, to determine if the			-
	foundation had excess business holdings in 2019)	3b	<u> </u>	V
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<del> </del>	X
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		ļ	x :
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	O DE	(2010

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Pai	t VII-B	Statements Regarding Activities	tor which form	4/20 May be keq	uirea (com	inuea)_				
5a	During the	year, did the foundation pay or incur any amo	unt to						Yes	No
	(1) Carry	on propaganda, or otherwise attempt to influe	nce legislation (sectio	n 4945(e))?	Yes	X No				
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,									
	directly or indirectly, any voter registration drive?								;	
	(3) Provid	e a grant to an individual for travel, study, or o	ther similar purposes?	·	Yes	X No				
	(4) Provid	e a grant to an organization other than a	charitable, etc., org	anization described ii	1					ľ
	section	n 4945(d)(4)(A)? See instructions			Yes	X No				
		e for any purpose other than religious, ch				_				į
		ses, or for the prevention of cruelty to children				X No				1
b		swer is "Yes" to 5a(1)-(5), did any of the				scribed in				ı
	Regulation	s section 53 4945 or in a current notice regard	ding disaster assistan	ce? See instructions				5 b	_	
	Organizati	ons relying on a current notice regarding disas	ter assistance, check	here		▶[				
С	If the ans	swer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the ta	ax	•				
		maintained expenditure responsibility for the g			1 1	No				1
		ttach the statement required by Regulations se								
6a		oundation, during the year, receive any fun	, ,	ectly, to pay premiun	าร					
		nal benefit contract?	•		Yes	X No		ŀ		
b		undation, during the year, pay premiums, dire		_	ct?		[ ,	6ь	-	X
	If "Yes" to	6b, file Form 8870					Γ			
7 a	At any tim	e during the tax year, was the foundation a pa	arty to a prohibited tax	x shelter transaction?	. Yes	X No				
b		id the foundation receive any proceeds or hav						7b		
8	Is the four	ndation subject to the section 4960 tax on pay	ment(s) of more tha	n \$1,000,000 in						1
		ion or excess parachute payment(s) during the				No				
Pai	t VIII	Information About Officers, Director	rs, Trustees, Fou	indation Managers	s, Highly P	aid Emp	loyee	s,		
1		and Contractors ficers, directors, trustees, and foundati	on managers and	4b-:	Saa inatuus	tions				
				their compensation.	See mstruc	.แบบร.				
•	List all of		(b) Title, and average	(c) Compensation	(d) Contribu	tions to			e accou	
•	List un on	(a) Name and address				tions to efit plans			e accou	
		•	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contribu employee ben	tions to efit plans mpensation				s .
ATC:		•	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribu employee ben	tions to efit plans				
		•	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contribu employee ben	tions to efit plans mpensation				s .
		•	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contribu employee ben	tions to efit plans mpensation				s .
		•	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contribu employee ben	tions to efit plans mpensation				s .
		•	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contribu employee ben	tions to efit plans mpensation				s .
		•	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contribu employee ben	tions to efit plans mpensation				s .
ATC:	Ĥ 5	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribu employee ben and deferred co	tions to efit plans mpensation	óth	er allo	owance	0.
	H 5	•	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribu employee ben and deferred co	tions to efit plans mpensation	óth	er allo	owance	0.
ATC:	Ĥ 5	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribu	tions to efit plans mpensation  0.	ons). I	f no	one,	0.
ATC:	Compens	(a) Name and address	(b) Title, and average hours per week devoted to position  (other than those (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contribuen and deferred co	instruction  instruction  instruction  tions to  tions t	ons). I	f no	owance	O.
ATC:	Compens	(a) Name and address  ation of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those)	(c) Compensation (if not paid, enter -0-)  0.	(d) Contribuend co	instruction  instruction  instruction  tions to  tions t	ons). I	f no	one, o	O.
ATC:	Compens "NONE."	(a) Name and address  ation of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  0.	(d) Contribuen and deferred co	instruction  instruction  instruction  tions to  tions t	ons). I	f no	one, o	O.
ATC:	Compens	(a) Name and address  ation of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)  0.	(d) Contribuen and deferred co	instruction  instruction  instruction  tions to  tions t	ons). I	f no	one, o	O.
ATC:	Compens "NONE."	(a) Name and address  ation of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)  0.	(d) Contribuen and deferred co	instruction  instruction  instruction  tions to  tions t	ons). I	f no	one, o	O.
ATC:	Compens "NONE."	(a) Name and address  ation of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)  0.	(d) Contribuen and deferred co	instruction  instruction  instruction  tions to  tions t	ons). I	f no	one, o	O.
ATC:	Compens "NONE."	(a) Name and address  ation of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)  0.	(d) Contribuen and deferred co	instruction  instruction  instruction  tions to  tions t	ons). I	f no	one, o	O.
ATC:	Compens "NONE."	(a) Name and address  ation of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)  0.	(d) Contribuen and deferred co	instruction  instruction  instruction  tions to  tions t	ons). I	f no	one, o	O.
ATC:	Compens "NONE."	(a) Name and address  ation of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)  0.	(d) Contribuen and deferred co	instruction  instruction  instruction  tions to  tions t	ons). I	f no	one, o	O.
ATC:	Compens "NONE."	(a) Name and address  ation of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)  0.	(d) Contribuen and deferred co	instruction  instruction  instruction  tions to	ons). I	f no	one, o	O.
ATC:	Compens "NONE."	(a) Name and address  ation of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)  0.	(d) Contribuen and deferred co	instruction  instruction  instruction  tions to	ons). I	f no	one, o	O.
2 (a)	Compens "NONE." Name and a	(a) Name and address  ation of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those the following per week devoted to position to pos	(c) Compensation (if not paid, enter -0-)  0.	(d) Contribuemployee ben and deferred co	instruction  instr	ons). I	f no	one, o	O.

Page 8

Pai	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign founda	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	1,230,332.
b		1b	42,554.
С		1c	
d	Total (add lines 1a, b, and c)	1d	1,272,886.
е			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,272,886.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	19,093.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,253,793.
6	Minimum investment return. Enter 5% of line 5	6	62,690.
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating fou and certain foreign organizations, check here ▶ and do not complete this part)	ndations ,	
1	Minimum investment return from Part X, line 6	1	62,690.
2 a	Tax on investment income for 2019 from Part VI, line 5 2a 182.		
b			
С		2c	182.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	62,508.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	f l	62,508.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	62,508.
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		<u> </u>
· a		12	72,720.
h	Program-related investments - total from Part IX-B		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	15	
-	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		•
-	Suitability test (prior IRS approval required)	3a	
b		3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	72,720.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	<u> </u>	·
•	Enter 1% of Part I, line 27b See instructions.	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		72,720.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when co		
	qualifies for the section 4940(e) reduction of tax in those years	· · · •	

Page 9

Form 990-PF (2019)		_		Page 9
Part XIII Undistributed Income (see Instru	uctions)	- 		Υ
	(a)	(b)	(c)	(d)
1 Distributable amount for 2019 from Part XI,	Corpus	Years prior to 2018	2018	2019
line 7				62,508.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only				
<b>b</b> Total for pnor years 20 17 ,20 16 ,20 15				
3 Excess distributions carryover, if any, to 2019 30,739.	,			
a 170111 2014				
00.00				,
c From 2016				
15 500			•	
f Total of lines 3a through e	113,804.		·	,
4 Qualifying distributions for 2019 from Part XII,			<del>-</del>	
line 4 ▶ \$ 72,720.				
a Applied to 2018, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election				
required - see instructions)				
d Applied to 2019 distributable amount				62,508.
e Remaining amount distributed out of corpus	10,212.			
5 Excess distributions carryover applied to 2019				
(If an amount appears in column (d), the same amount must be shown in column (a) )			- <del> </del>	
6 Enter the net total of each column as		·		
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	124,016.			
b Prior years' undistributed income Subtract				
line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has				
been issued, or on which the section 4942(a)				
tax has been previously assessed				
d Subtract line 6c from line 6b Taxable				,
amount - see instructions			· · · · · · · · · · · · · · · · · · ·	
4a from line 2a Taxable amount - see				
instructions				
f Undistributed income for 2019 Subtract lines				
4d and 5 from line 1 This amount must be distributed in 2020				
			<del>-</del>	
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section				
170(b)(1)(F) or 4942(g)(3) (Election may be				
required - see instructions)				'
8 Excess distributions carryover from 2014 not			<u> </u>	
applied on line 5 or line 7 (see instructions)	30,739.			
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a	93,277.			
10 Analysis of line 9				
a Excess from 2015 21,308.				1
<b>b</b> Excess from 2016 26,053.				
c Excess from 2017				
<b>d</b> Excess from 2018 15,500.				
e Excess from 2019 10,212.	-			- 000 B5
				Form <b>990-PF</b> (2019)

Part XV

N/A

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here \( \sum \frac{X}{X} \) 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

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Page **11** 

3 · Grants and Contributions Paid D	uring the Year or App	roved for	Future Payment	
3 · Grants and Contributions Paid De Recipient Name and address (home or business)	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
nmous C				
ATCH 6	•			ı
•				
,				
				ļ
Total		<del></del>	≥ 3a	72,720
<b>b</b> Approved for future payment				
•				
•				
-				
Total			▶ 3b	

**Analysis of Income-Producing Activities** 

Part XVI-A

Page **12** 

Enter gross amounts unless otherwise indicated	Unrelated business income E		Excluded by	y section 512, 513, or 514			
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)		
·							
			<del> </del> -	-	<del>.</del>		
			<del> </del>				
c					<del></del>		
					•		
e f			<del>                                     </del>				
·			<del> </del>				
2 Membership dues and assessments			14	129.			
3 Interest on savings and temporary cash investments	1		14	28,820.	· · <del></del>		
4 Dividends and interest from securities	'						
5 Net rental income or (loss) from real estate							
a Debt-financed property							
b Not debt-financed property	i						
6 Net rental income or (loss) from personal property	1				•		
7 Other investment income			18	9,083.			
8 Gain or (loss) from sales of assets other than invento		-					
<ul><li>9 Net income or (loss) from special events</li><li>10 Gross profit or (loss) from sales of inventory</li></ul>							
11 Other revenue a CONTRIBUTIONS			01	57,725.	1-10-0°		
b							
c		7					
d							
e					`		
12 Subtotal Add columns (b), (d), and (e)				95,757.			
13 Total Add line 12, columns (b), (d), and (e)				13	95,757.		
(See worksheet in line 13 instructions to verify ca	lculations)						
Part XVI-B Relationship of Activiti	es to the A	ccomplishment of E	xempt Pur	poses			
Line No Explain below how each activ	ity for whic	h income is reported i	n column (	e) of Part XVI-A contrib	uted importantly to the		
▼ accomplishment of the foundar	tion's exemp	ot purposes (other than	by providing	g funds for such purpose	s) (See instructions)		
		<del></del>					
		·					
		<del></del>					
					<del></del>		
		-			· · · · · · · · · · · · · · · · · · ·		
		<u> </u>					
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		· · · · · · · · · · · · · · · · · · ·					
				<u></u>			
		<u> </u>			<del></del>		
					5 990 DE (0040		

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Part XVII **Organizations** 

1				ngage in any of the following				Yes	No
	ın sect	tion 501(c) (other	er than section 5	01(c)(3) organizations) or	in section 527, re	lating to political			
	organiz	ations?							
а				noncharitable exempt orga					
				. <b></b> .					X
	(2) Oth	er assets					1a(2)		X
b	Other to	ransactions							
	(1) Sale	es of assets to a	noncharitable exemp	pt organization			1b(1)		X
	(2) Pur	chases of assets	from a noncharitabl	le exempt organization			1b(2)		X_
	(3) Ren	ntal of facilities, ed	quipment, or other as	ssets			1b(3)		X
									X
	(5) Loa	ns or loan guaran	tees				1b(5)		X
	(6) Per	formance of servi	ices or membership	or fundraising solicitations.			1b(6)		X
С	Sharing	of facilities, equip	oment, mailing lists,	other assets, or paid emplo-	yees		1c		X
d				" complete the following s					
	value o	f the goods, othe	er assets, or service	es given by the reporting fo	oundation If the found	dation received less	than	faır m	arket
	value ir	n any transaction	or sharing arrange	ment, show in column (d)	the value of the good	s, other assets, or s	ervice	s rec	eived
(a) L	ine no	(b) Amount involved	(c) Name of nor	ncharitable exempt organization	<del>_                                    </del>	sfers, transactions, and sha	nng arra	ingeme	nts
		N/A			N/A				
		·							
						<u></u>			
			-						
	-	<del></del>							
			-	-	-	<del></del> -			
		·			-				
		-1							
		- 1-1							
2a	Is the	foundation directl	ly or indirectly affili	iated with, or related to, or	ne or more tax-exemp	ot organizations			
			•	ion 501(c)(3)) or in section 5			Y	es X	No
b	if "Yes,	" complete the fo	llowing schedule						
		(a) Name of organiza	ation	(b) Type of organization		(c) Description of relations	ship		
				=					
	111.4			d this return including accompanying	schodular and statements and	to the best of my knowled	ne and l	naliaf it	is this
				payer) is based on all information of which		to the best of my knowledge	ge and i	ochor, re	10 (100,
Sig	n 📗 "	ARON TOMARES	c	1 = hu 1-	PRESIDENT	May the IR:			
Her	·^   '—			5/14/20		with the pr	' -	shown Yes	
	Sign	nature of officer or trust	ee	Date	Title	See instruction	.3^	168	No
		Print/Type preparer's	name	Preparer's signature	Date	Chart	PTIN		
Pai	d		sname SHIAN	r reparer s signature		Cireck "	P008	เรกสร	39
	parer		MN BLUM LLC -	MARAL NAKASHIAN	4 78 7	46.0			
	Only		1395 PICCARD			Firm's EIN ► 46-2			
JSt	Uilly	,		ID	20850	Phone no 301-3	37-3	300	
		<u> </u>				1 110110 110	m 99		(2019)

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2019

Name of the organization Employer identification number THE TOMARES FAMILY FOUNDATION, INC. 52-2103332 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 1527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 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 X 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 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 1/3% 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 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization THE TOMARES FAMILY FOUNDATION, INC.

Employer identification number

•			32-2103332
Part I	Contributors (see instructions) Use duplicate copies	s of Part I if additional space is ne	eded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AARON TOMARES REVOCABLE TRUST  8120 WOODMONT AVENUE, SUITE 900  BETHESDA, MD 20814	\$ 57,725.	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		   \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	•	\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number 52-2103332

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(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

Employer identification number 52-2103332

(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the	the year from any ons completing Parte year (Enter this in	one contributor. On the contributor on the contributor. On the contributor on the contributor.	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,
(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	(e) Transf	er of gift	
Transferee's name, address, an	nd ZIP + 4	Relation	nship of transferor to transferee
(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	(e) Transf	er of gift	
Transferee's name, address, ar			nship of transferor to transferee
(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	(e) Transf	er of gift	
Transferee's name, address, an	nd ZIP + 4	Relatio	nship of transferor to transferee
(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	(e) Transi	fer of gift	
Transferee's name, address, at	nd ZIP + 4	Relatio	nship of transferor to transferee
	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addition (b) Purpose of gift  Transferee's name, address, and (b) Purpose of gift  (b) Purpose of gift  (b) Purpose of gift  Transferee's name, address, and (b) Purpose of gift  (b) Purpose of gift  (b) Purpose of gift	(10) that total more than \$1,000 for the year from any the following line entry. For organizations completing Part contributions of \$1,000 or less for the year (Enter this in Use duplicate copies of Part III if additional space is needed (b) Purpose of gift (c) Use (e) Transf  Transferee's name, address, and ZIP + 4  (b) Purpose of gift (c) Use (e) Transf  Transferee's name, address, and ZIP + 4  (b) Purpose of gift (c) Use (e) Transf  Transferee's name, address, and ZIP + 4  (b) Purpose of gift (c) Use (e) Transf  Transferee's name, address, and ZIP + 4	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relation  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  (b) Purpose of gift  (c) Use of gift

ATTACHMENT 1

FORM 990PF, PART I - ACCOUNTING FEES

REVENUE AND EXPENSES PER BOOKS

DESCRIPTION

MN BLUM

TOTALS

DESCRIPTION

ACCOUNTING FEE

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ATTACHMENT 2

FORM 990PF, PART I - OTHER EXPENSES

REVENUE

AND

EXPENSES

PER BOOKS

2,100.

TOTALS

2,100.

STOCK
CORPORATE
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ENDING <u>FMV</u>	1,400,392.	1,400,392.
ENDING BOOK VALUE	290,618.	290,618.
BEGINNING BOOK VALUE	317,987.	317,987.
		TOTALS
DESCRIPTION	STOCKS	

ATTACHMENT 4

# FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

AMOUNT DESCRIPTION

NON DEDUCTIBLE FEDERAL TAX LIABILITY

NON DEDUCTIBLE EXPENSES

249. 2,500.

TOTAL

2,749.

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ENT 5	EXPENSE ACCT AND OTHER ALLOWANCES	.0	. 0	. 0	·	.0	0
ATTACHMENT	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0.	. 0	· o	Ö	.0	0.
	COMPENSATION	.0	· o	·	Ö	.0	0
T OF OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR 0.	DIRECTOR 0.	DIRECTOR 0.	DIRECTOR 0.	DIRECTOR 0.	GRAND TOTALS
FORM 990PF, PART VIII - LIST	NAME AND ADDRESS	AARON TOMARES 2600 TOWER OAKS BLVD 620 ROCKVILLE, MD 20852	ZIVA TOMARES 2600 TOWER OAKS BLVD 620 ROCKVILLE, MD 20852	JONATHAN TOMARES 2600 TOWER OAKS BLVD 620 ROCKVILLE, MD 20852	STEVEN TOMARES 2600 TOWER OAKS BLVD. 620 ROCKVILLE, MD 20852	STUART TOMARES 2600 TOWER OAKS BLVD 620 ROCKVILLE, MD 20852	

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

ATTACHMENT 6

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
JEWISH FEDERATION OF GREATER WASHINGTON	NONE	GENERAL SUPPORT	20,000
1529 16TH ST NW	DG .		
WASHINGTON, DC 20036			
CHABAD SCHUL OF POTOMAC	NONE	GENERAL SUPPORT	4,500
11621 SEVEN LOCKS RD	PC		
POTOMAC, MD 20854			
ROHR CHABAD HOUSE AT VANDERBILT	NONE	GENERAL SUPPORT	
111 23RD AVENUE N	PC		
NASHVILLE, TN 37203		•	
NEW ISRAEL FUND	NONE	GENERAL SUPPORT	
330 SEVENTH AVE, 11TH FL	DG 24		
NEW YORK, NY 10001			
PROJECT EZRA	NONE .	GENERAL SUPPORT	200
465 GRAND ST, 4TH FL	PC PC		
NEW YORK, NY 10002			
AMERICAN RED CROSS	NONE	GENERAL SUPPORT	500.
430 17TH STREET	PC		
WASHINGTON, DC 20006			
		_	

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THE TOMARES FAMILY FOUNDATION, INC

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FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	IONS PAID DURING THE YEAR	``	ATTACHMENT 6 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
KENNEDY CENTER	NONE	GENERAL SUPPORT	6,000.
2700 F ST NW	PC		
WASHINGTON, DC 20566			
	NONE	GENERAL SUPPORT	1,500.
3939 CAMPBELL AVE	PC		
ARLINGTON, VA 22206			
CHABAD ADEL FUND	NONE	GENERAL SUPPORT	
6125 MONTROSE RD	PC		
POTOMAC, MD 20854			
	NONE	GENERAL SUPPORT	
6125 MONTROSE RD	PC		
ROCKVILLE, MD 20852		٠	
MARYLAND PUBLIC TELEVISION	NONE	GENERAL SUPPORT	250.
11767 OWINGS MILLS BLVD	PC		
OWINGS MILLS, MD 21117			
	NONE	GENERAL SUPPORT	
2000 L STREET, NW, SUITE 510	PC		
WASHINGTON, DC 20036			

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

FORM STORES, The Common rate Common trace.			ATTACHMENT 6 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
FRIENDS OF LUBAVITCH	NONE	GENERAL SUPPORT	7,500.
2110 LEROY PL NW	PC		
WASHINGTON, DC 20008			
JEWISH COUNCIL FOR AGING	NONE	GENERAL SUPPORT	. 500.
12320 PARKLAWN DR	PC		
ROCKVILLE, MD 20852			
SO OTHERS MAY EAT	NONE	GENERAL SUPPORT	
71 O STREET NW	PC		
WASHINGTON, DC 20001			
CENTRAL UNION MISSION	NONE	GENERAL SUPPORT	
65 MASSACHUSETTS AVE NW	PC		
WASHINGTON, DC 20036			
ANTI DEFAMATION LEAGUE	NONE	GENERAL SUPPORT	. 900.
1100 CONNECTICUT AVE, NW #1020	PC		
WASHINGTON, DC 20036			
YIDDISH BOOK CENTER	NONE	GENERAL SUPPORT	360
1021 WEST ST	PC		
AMHERST, MA 01002			

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	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
THE CROHNS AND COLITIS FOUNDATION	NONE	GENERAL SUPPORT	. 500.
733 THIRD AVE, SUITE 510	PC		
JEWISH SOCIAL SERVICE AGENCY	NONE	GENERAL SUPPORT	1,000.
	PC		
	NONE	GENERAL SUPPORT	400
70 LINCOLN CENTER PLAZA, 6TH FL	PC		
	NONE	GENERAL SUPPORT	
	PC		
WHITE PLAINS, NY 10605			
	NONE	GENERAL SUPPORT	200
	PC		
	NONE	GENERAL SUPPORT	
1330 W PEACHTREE ST. SUITE 100	PC		
•			

THE TOMARES FAMILY FOUNDATION, INC.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 6 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ALZHEIMERS ASSOCIATION 225 N MICHIGAN AVE, FL 17 CHICAGO, IL 60601	NONE PC	GENERAL SUPPORT	200
CABIN JOHN VOLUNTEER FD 8001 RIVER ROAD BETHESDA, MD 20817	NONE PC	GENERAL SUPPORT	
SOCIETY FOR THE ADVANCEMENT OF JUDIASM 15 WEST 86TH ST NEW YORK, NY 10024	NONE PC	GENERAL SUPPORT	
AMERICAN FRIENDS OF THE ISRAEL PHILARMONIC ORCHEST 122 EAST 42ND ST, SUITE 4507 NEW YORK, NY 10168	NONE PC	GENERAL SUPPORT	
JERUSALEM FOUNDATION 420 LEXINGTON AVE, SUITE 1645 NEW YORK, NY 500	NONE PC	GENERAL SUPPORT	
AMERICAN ISRAEL CULTURAL FOUNDATION 1140 BROADWAY, SUITE 304 NEW YORK, NY 10001	NONE PC	GENERAL SUPPORT	1,800.

# FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

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ATTACHMENT 6 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AMERICAN COMMITTEE FOR THE TEL AVIV 1201 BROADWAY SUITE 802 NEW YORK, NY 10001	NONE PC	GENERAL SUPPORT	
FRIENDS OF VAIL MOUNTAIN RESCUE 1055 EDWARDS VILLAGE BLVD EDWARDS, CO 81632	NONE PC	GENERAL SUPPORT	
JEWISH FOUNDATION FOR GROUP HOMES 1500 EAST JEFFERSON ST ROCKVILLE, MD 20852	NONE PC	GENERAL SUPPORT	1,000
HADASSAH 50 WEST 58TH ST NEW YORK, NY 10019	NONE PC	GENERAL SUPPORT	500.
US HOLOCAUST MUSEUM 100 RAOUL WALLENBERG PL WASHINGTON, DC 20024	NONE PC	GENERAL SUPPORT	
MUSUEM OF MODERN ART 1071 5TH AVENUE NEW YORK, NY 10019	NONE PC	GENERAL SUPPORT	360

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 6 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GUGENHEIM MUSEUM 1071 5TH AVENUE	NONE PC	GENERAL SUPPORT	400.
NEW YORK, NY 10128		PODDOT KIDDA	
JUVENILE DIABETES FOUNDALLON 26 BROADWAY	NONE. PC	מנוגנית מסונסני	
NEW YORK, NY 10004			
AVALON THEATRE	NONE	GENERAL SUPPORT	
5612 CONNECTICUT AVE, NW	PC		
WASHINGTON, DC 20015			
AMERICAN HEART ASSOCIATION	NONE	GENERAL SUPPORT	
7272 GREENVILLE AVE	22		
DALLAS, TX 75231			
WOUNDED WARRIOR PROJECT	NONE	GENERAL SUPPORT	
4899 BELFORT RD, SUITE 300	PC		
JACKSONVILLE, FL 32256			
THE FRIENDSHIP CIRCLE	NONE	GENERAL SUPPORT	1,000.
11621 SEVEN LOCKS RD	PC		
POTOMAC, MD 20854	٦		

2019 FORM 990-PF

THE TOMARES FAMILY FOUNDATION, INC.

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

GENERAL SUPPORT

GENERAL PURPOSE

GENERAL PURPOSE

GENERAL PURPOSE

ATTACHMENT 6 (CONT'D)

AMOUNT

RECIPIENT NAME AND ADDRESS WASHINGTON, DC 20006 CHILDREN'S HOSPITAL

430 17TH ST

NONE

MUSEUM OF ART AND DESIGN 2 COLUMBUS CIRCLE

NONE

NEW YORK, NY 10019

8600 OLD GEORGETOWN RD SUBURBAN HOSPITAL

NONE

BETHESDA, MD 20814

AMERICAN FRIENDS OF THE JORDAN RIVER

NONE

244 MADISON AVE, STE 482 NEW YORK, NY 10016 AMERICAN FRIENDS OF THE TEL AVIV MUSEUM OF ART 1201 BROADWAY, STE 802 NEW YORK, NY 10001

BRAVO VAIL

NONE

2271 N. FRONTAGE RD W, STE C VAIL, CO 81657

NONE

GENERAL PURPOSE

GENERAL PURPOSE

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THE TOMARES FAMILY FOUNDATION, INC

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

5,000. AMOUNT ATTACHMENT 6 (CONT'D) PURPOSE OF GRANT OR CONTRIBUTION GENERAL PURPOSE GENERAL PURPOSE GENERAL PURPOSE GENRAL PURPOSE GENRAL PURPOSE RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT NONE NONE NONE NONE NONE AMERICAN FRIENDS OF THE ISRAEL MUSEUM BETHESDA CHEVY CHASE RESCUE SQUAD WHITNEY MUSEUM OF AFRICAN ART AMERICAN FRIENDS OF KIRSHORIT RECIPIENT NAME AND ADDRESS 945 MADISON AVE AT 75TH ST METROPOLITAN MUSEUM OF ART 1000 5TH AVE AT 81ST ST WEST HARTFORD, CT 06137 45 STH AVE, STE 920 NEW YORK, NY 10028 NEW YORK, NY 10017 NEW YORK, NY 10021 BETHESDA, MD 20814 5020 BATTERY LANE P.O.BOX 370362

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GENERAL PURPOSE

NONE

NEW YORK, NY 10006

39 BROADWAY FL 10 FOOD BANK OF NYC

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FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

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5,000. 1,500. 1,200. 1,500. AMOUNT ATTACHMENT 6 (CONT'D) PURPOSE OF GRANT OR CONTRIBUTION GENERAL PURPOSE GENERAL PURPOSE GENERAL PURPOSE GENERAL PURPOSE GENERAL PURPOSE GENERAL PURPOSE RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT NONE NONE NONE S. 2 Я PC CHARLES R BRONFMAN AUDITORIUM 03-51570000 YERUSHALAIM BLVD RECIPIENT NAME AND ADDRESS FRIENDS OF GESHER THEATER FRIENDS OF THE MIM RESCUE 300 EAST NORTHFIELD ROAD 11621 SEVEN LOCKS ROAD 512 WASHINGTONG ST SE BUSTAN B'NAI ABRAHAM LIVINGSTON, NJ 07039 FILHARMONIT ISRAEL WA PERFORMING ARTS OLYMPIA, WA 98501 POTOMAC, MD 20854 ISRAEL 68114 PO BOC #46 ADEL FUND TEL AVIV TEL AVIV ISRAEL JAFFA

# FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 6 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
WA DCJCC	NONE	GENERAL PURPOSE	1,000
1529 16TH ST NW	PC		
WASHINGTON, DC 20036			
HELIKON SOCIETY	NONE	GENERAL PURPOSE	1,000
73 NAHALAT BINYAMIN	PC		
TEL AVIV			
ISRAEL			
BREUER	NONE	GENERAL PURPOSE	
1000 FIFTH AVENUE	PC		
NEW YORK, NY 10028			
JCC OF GREATER WASHINGTON	NONE	GENERAL SUPPORT	1,500.
6125 MONTROSE ROAD	PC		
ROCKVILLE, MD 20852			
CAPITAL AREA FOOD BANK	NONE	GENERAL SUPPORT	1,000
4900 PUERTO RICO AVENUE NE	PC		
WASHINGTON, DC 20017			
BETHESDA FIRE DEPARTMENT	NONE	GENERAL SUPPORT	100.
6600 WISCONSIN AVENUE	PC		
CHEVY CHASE, MD 20817			

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2019 FORM 990-PF

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THE TOMARES FAMILY FOUNDATION, INC

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

GENERAL SUPPORT

PURPOSE OF GRANT OR CONTRIBUTION

1,500.

AMOUNT

ATTACHMENT 6 (CONT'D)

TEL AVIV FOUNDATION

2600 VIRGINIA AVENUE SUITE 1000

WASHINGTON, DC 20037

WATERGATE OFFICE BUILDING

MAIN STREET AMERICA

1201 BROADWAY #507

NEW YORK, NY 10001

NONE

GENERAL SUPPORT

1,500.

72,720.

TOTAL CONTRIBUTIONS PAID

ATTACHMENT 6

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