# EXTENDED TO APRIL 15, 2021

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.

		T 1 2010		MAY 31, 2020	Open to Public Inspection
		1 1, 2019	, and ending		
	of foundation  RMALD FAMILY FOUNDATION,	TNO ጥሀው	•	A Employer identification	number
	NMALD FAMILY FOUNDATION,  ROBERT K. WORMALD	INC., THE		20-2047616	
	and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
	121 CHAPEL ROAD	200,000,	1	(301) 695-	6614
	town, state or province, country, and ZIP or foreign p	nostal code		C If exemption application is p	
	FOMAC, MD 20854	Josiai Code		o it exemption application is p	ending, check here
	ck all that apply: Initial return	Initial return of a f	ormer public charity	D 1. Foreign organizations	s check here
<b>u</b> 0.100	Final return	Amended return	o	2 1. Foreign organization	5, 6110611 11010
	Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test,
H Chec	ck type of organization: X Section 501(c)(3) ex		1)4	E If private foundation sta	· —
		Other taxable private found	ation	under section 507(b)(1)	
		ing method: X Cash	Accrual	F If the foundation is in a	
(from		ther (specify)		under section 507(b)(1)	. —
\$	582,456. (Part I, colu	mn (d), must be on cash bas	sis.)		
.Part	The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		expenses per books	income	income	(cash basis only)
1	Contributions, gifts, grants, etc., received	115,000.			
. 2	Check Interest on savings and temporary				
3	cash investments	533.	533.		STATEMENT 1
4	Dividends and interest from securities	17,102.	17,102.		STATEMENT 2
-	a Gross rents				
	Net rental income or (loss)	3,129.			
ag °	A Net gain or (loss) from sale of assets not on line 10     Cross sales price for all     A Solon price for all     A Solon price for all	7,129		The public and the second of t	A Desiry production of the contract of
Revenue 2	D assets on line 6a		0.	amanimitation of the contraction	L. GILLIO, III. AND PARAMETERS OF THE STATE
8 g	Net short-term capital gain			N/A	
وا	Income modifications				
10	Gross sales less returns		The second of th		
	b Less Cost or goods sold				
	c Gross profit or (loss)				
11	Other income	95.	0.	0.	STATEMENT 3
12	Total. Add lines 1 through 11	129,601.	17,635.	0.	
13	Compensation of officers, directors, trustees, etc	0.	0.	0,	0.
14	Other employee salaries and wages	ļ	·		<del>'</del>
15				<del> </del>	
(C)	a Legal fees	1 200	1 200	<del></del>	
~1	b Accounting fees STMT 4	1,200. 1,257.	1,200.	0.	0.
	c Other professional fees STMT 5		RECEIVED		
Administrative 15 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			RECLIVED	0	
19 19	Depreciation and depletion	20		8	
iii 20	Occupancy	5	MAR 1 2 2021	Ø	Consumeration appearable processories and
된 21	Travel, conferences, and meetings	- 19		<u>  =   </u>	
D 22	Printing and publications	1	OGDEN, UT		
		207.	207.	0.	0.
	Total operating and administrative				
Operating 23	expenses. Add lines 13 through 23	2,664.	2,664.	0.	0.
0 25	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	160,031.			160,031.
26	•	1.50 50-	0.553		160 001
-	Add lines 24 and 25	162,695.	2,664.	0.	160,031.
27		-33,094.			
	2 Excess of revenue over expenses and disbursements	-33,094.	14,971.		
	b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)		14,2/1.	0.	
	A VATRACCO DEL DICODO (9 DEPARTAS COLOS CO	The state of the s	MANAGEMENT TO ANGLE STATE AND ANGLES		TOTAL CONTROL SERVE SERVE SERVE SERVE SERVE SERVE SERVE

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E D	2007	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	of year
3 5	ai t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	138,569.	96,283.	96,283.
	2	Savings and temporary cash investments			
	3	Accounts receivable			4-7-14
		Less: allowance for doubtful accounts			
	4	Pledges receivable >			Market State of the State of th
	İ	Less; allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable		100	
		Less: allowance for doubtful accounts			
Ø	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ą	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 7	416,466.	425,658.	486,173.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
_		instructions. Also, see page 1, item I)	555,035.	521,941.	582,456.
	ı	Accounts payable and accrued expenses			
	18	Grants payable			TOTAL CONTRACTOR OF THE STATE O
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ia de	21	Mortgages and other notes payable			12 To
_	22	Other liabilities (describe			
		7.4.1 P. 6 P. C. / - dd Ivano d 7.4 branch 00\	0.	0.	
	23	Total liabilities (add lines 17 through 22)  Foundations that follow FASB ASC 958, check here	U •	U •	
	ĺ	•			
ës		and complete lines 24, 25, 29, and 30.  Net assets without donor restrictions -	555,035.	521,941.	
and	24	Net assets with donor restrictions	333,033.	321,341,	STANDARD CONTRACTOR OF THE STANDARD CONTRACTOR O
or Fund Balances	23	Foundations that do not follow FASB ASC 958, check here		-	
틷		and complete lines 26 through 30.			
Œ	26	Capital stock, trust principal, or current funds			<b>为数:</b> 集
8	27	Paid-in or capital surplus, or land, bldg., and equipment fund			* F
set	28	Retained earnings, accumulated income, endowment, or other funds			
Net Assets	29	Total net assets or fund balances	555,035.	521,941.	
Ž	-•			. <u>.</u>	
	30	Total liabilities and net assets/fund balances	555,035.	521,941.	1
Fr.					
<u> </u>	ärt	Alialysis of Olianges in Net Assets of Fund Bo			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	29		
	(mus	st agree with end-of-year figure reported on prior year's return)		1	555,035.
2	Ente	r amount from Part I, line 27a		2	-33,094.
3	Othe	r increases not included in line 2 (itemize)		3_	0.
		lines 1, 2, and 3		4	521,941.
		eases not included in line 2 (itemize)		5	0.
6_	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 29	6	521,941.
					Form <b>990-PF</b> (2019)

		RT K. WORMA							0-204		Page 3
<u> </u>		ses for Tax on In					TACH		<u> </u>	NT	
		of property sold (for example sold)		te,	(p)	How acc - Purch	quired   ase	(c) Date	acquired ay, yr.)	(d) Da (mo., d	te sold
2-story brick wai	ehouse; or	common stock, 200 shs	s. MLC Co.)		D	- Donat	tion	(1110., 0	ay, yr.)	(1110., 0	ay, yr.) ———
la					↓						
b					↓						
c					<u> </u>						
<u>d</u>				_	↓						
е		···			<u> 1                                    </u>						_
(e) Gross sales price	٠,,	epreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss) s (f) minus (		
a		· · · · · ·									
b											
c											
d											
e 12,805.				15,93	4.					-3	<u>,129.</u>
Complete only for assets showing	gain in co	lumn (h) and owned by t	the foundation	on 12/31/69.					ol. (h) gain		
(i) FMV as of 12/31/69		Adjusted basis as of 12/31/69		cess of col. (I) col. (j), if any			col.		not less than (from col. (f		
a											
b											
c			1								
d		_									
e					$\neg$			•		-3	,129.
		C 16	Dowl I loo	7	7						• — — . <del> </del>
! Capital gain net income or (net cap	nital loss)	If gain, also enter If (loss), enter -0	r III Part I, IIIIe - In Part I, line	/ 17	-	2				-3	,129.
, , ,	•	•		• •	7						,
Net short-term capital gain or (loss	,		id (6):		٦١						
If gain, also enter in Part I, line 8, (	column (c).	•			-	ا ۽					-896.
Part V   Qualification Ur	ider Se	ction 4940(e) for	Reduced	Tax on Net	Inve	stme	nt Inco	me			0,500
							•				
For optional use by domestic private	roundation	is subject to the section 4	1940(a) tax on	net investment in	come.	.)					
f section 4940(d)(2) applies, leave th	ıs part blan	ık.									
					- 40						X No
Vas the foundation liable for the secti				-	1007					Yes	LA NO
f "Yes," the foundation doesn't qualify					ntrioc						
Enter the appropriate amount in e	acii coluliii		ISH UCHUNS DEI	ore making any er						(4)	
(a) Base period years	.	(b) Adjusted qualifying dis	tributions	Net value of no	(c)		ca accate		Distrib	(d) ution ratio	4-33
Calendar year (or tax year beginnin	g in)			IVEL VAIUE OF III	Hitilai				(col. (b) divi		
2018			3,189.				,447				42099
2017			9,161.				,611		<del></del>		74786
2016			0,394.				,671				46378
2015			4,401.				,963				<u>73678</u>
2014		14	1,297.			518	, <u>385</u> .	•		. 2	72572
2 Total of line 1, column (d)								2		1.3	09513
Average distribution ratio for the 5	-vear base	period - divide the total of	on line 2 by 5.0	0, or by the numbe	er of v	ears/					
the foundation has been in existen	-			-,,	,			3		. 2	61903
the foundation has been in existen	00 11 1000 11	ian o youro									
t. Enter the net value of pencharitable		to for 2010 from Part V I	lina 5					4		618	,823.
Enter the net value of noncharitable	e-use asse	15 101 20 19 110111 Falt A, 1	HIIE 3					<b>-</b>		- 010	,023.
								.		162	,072.
Multiply line 4 by line 3								5		102	,014.
											150
Enter 1% of net investment incom-	e (1% of Pa	art I, line 27b)						6			150.
										4.55	000
Add lines 5 and 6								7		162	<u>,222.</u>
Enter qualifying distributions from	Part XII, li	ne 4						_8_		<u> 160</u>	<u>,031.</u>
If line 8 is equal to or greater than	line 7. che	ck the box in Part VI. line	1b, and com	olete that part usin	ig a 19	% tax ra	te.				
See the Part VI instructions.			, 44								
923521 12-17-19		-							F	orm <b>990-</b>	PF (2019)

P	art IV   Capital Gains and Lo	sses for Tax on Investment Income				
		describe the kind(s) of property solution describe the kind(s) of property solution (s) described the kind(s) describe		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
	ARES CAPITAL CO	ORP	<del></del>	P	06/08/15	06/10/19
-		ISTICS PROPERTIES	TRUST	P	12/28/18	
		Y STR SH BEN INT	-	P	11/15/11	
	SABRA HEALTH C			P	01/05/17	09/18/19
_	SABRA HEALTH C			P	09/27/17	09/18/19
_	SCE TR II PFD		-	P	03/27/20	03/31/20
	TWO HBRS INCT	CORP COM NEW		P	04/06/20	04/08/20
	WESTROCK CO COL			P	05/05/20	05/07/20
$\equiv$	CAPITAL GAINS	DIVIDENDS				
$\Box$						
k						
_1						
_m		<u> </u>				
<u>_n</u>	<u> </u>					
_0					<u> </u>	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)	
a	1,226.		1,119.			107.
<u>b</u>	2,068.		846.		_	1,222.
С	2,104.		4,743.			-2,639.
d	269.		260.			9.
е	1,970.		1,780.			190.
<u>f</u>	2,210.		2,057.			153.
g	287.		1,442.			-1,155.
<u>h</u>	2,571.		3,687.			-1,116.
	100.					100.
丄				<del></del>		
k						
		-		<del>"</del>		
<u>m</u>						
<u>n</u>	·	<del></del>				
0	Complete only for accets chayer	l ng gain in column (h) and owned by t	he foundation on 12/31/69	//\ \	ses (from col. (h))	
_	Complete only for assets shown		(k) Excess of col. (I)		of col. (h) gain over	
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	over col. (j), if any		ot less than "-0-")	, ,,
_			\ <i>,,,</i>			107.
<u>a</u> b				**		1,222.
C_		-				-2,639.
d	<del></del>			<del></del>		9.
e	·					190.
f				**		153.
g				**		-1,155.
h				**		-1,116.
工						100.
I						
k						
$\overline{\perp}$						
m				<del></del>		
n						
0				1		
		r If nam also enter	ın Part I, line 7			2 4 4 4 4
2	Capital gain net income or (net ca	apital loss) {   If gain, also enter   If (loss), enter "-0	-" in Part I, line 7	2		-3,129.
3		ss) as defined in sections 1222(5) an	d (6):			
	If gain, also enter in Part I, line 8,	column (c).	<b>}</b>	. [		006
	If (loss), enter "-0-" in Part I, line	8		3		-896 <b>.</b>

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Part VI Excise Tax Based on Investment Income (Section 49)			948 -	see instru	iction	s)	
1a Exempt operating foundations described in section 4940(d)(2), check here							
Date of ruling or determination letter: (attach copy of letter if				72.5			
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here		and enter 1%	1	78888888882X47/20	<u></u>	<u>99.</u>	
of Part I, line 27b							
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter							
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only	, others, ent	er -0-)	2			<u>0.</u>	
3 Add lines 1 and 2			3			<u>99.</u>	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	<b>r</b> , others, en	ter -0-)	4	<u> </u>		$\frac{0}{2}$	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5	describeration of the CE	2	99.	
6 Credits/Payments:	1 1						
a 2019 estimated tax payments and 2018 overpayment credited to 2019	6a	0.					
<b>b</b> Exempt foreign organizations - tax withheld at source	6b	0.	-				
c Tax paid with application for extension of time to file (Form 8868)	6c	0.					
d Backup withholding erroneously withheld	6d	0.					
7 Total credits and payments. Add lines 6a through 6d			7			0.	
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is	attached		8			0.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		•	9		2	99.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1	, <b>•</b>	10				
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax		Refunded <b>▶</b>	11				
Part VIEA Statements Regarding Activities				1	*1		
1a During the tax year, did the foundation attempt to influence any national, state, or local le	egislation or	did it participate or intervene	ın	×85 (4)	∄ Yes		
any political campaign?				1a	<u> </u>	X	
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political pu	rposes? See	the instructions for the defin	iition	1 <u>b</u>		X	
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copi	es of any ma	aterials published or					
distributed by the foundation in connection with the activities.				44.444		<u> </u>	
c Did the foundation file Form 1120-POL for this year?				10		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 manage	jers. ► \$ _	0.	_	(10.7)			
e Enter the reimbursement (if any) paid by the foundation during the year for political expe	inditure tax i	imposed on foundation		1120		100	
managers. ► \$0.				***			
2 Has the foundation engaged in any activities that have not previously been reported to the	e IRS?			2	<u> </u>	X	
If "Yes," attach a detailed description of the activities.				,8 🖫			
3 Has the foundation made any changes, not previously reported to the IRS, in its governil	ng instrumer	nt, articles of incorporation, o	r	3.5.			
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		X	
b If "Yes," has it filed a tax return on Form 990-T for this year?			N	/A 4b			
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	ar?			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) satisfie	d either:						
<ul> <li>By language in the governing instrument, or</li> </ul>						233	
<ul> <li>By state legislation that effectively amends the governing instrument so that no manda</li> </ul>	itory directio	ons that conflict with the state	e law				
remain in the governing instrument?				_ 6_	X	<u> </u>	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co	mplete Part	II, col. (c), and Part XV		7	X		
				W.2			
8a Enter the states to which the foundation reports or with which it is registered. See instru	ctions.						
MD							
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to th	e Attorney G	General (or designate)					
of each state as required by General Instruction G2 If "No," attach explanation	•			8b	X		_
9 Is the foundation claiming status as a private operating foundation within the meaning of	f section 494	42(j)(3) or 4942(j)(5) for cale	ndar			\$ 7.5	Ŋ
year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," or				9		Х	1
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a sch				10		Х	•
		-		Form 99	າດ-PF	/2010\	

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Pa	int 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		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ▶ ROBERT K. WORMALD Telephone no. ▶ 301-69	<del>5</del> –6	614	
	Located at ▶ 10121 CHAPEL ROAD, POTOMAC, MD ZIP+4 ▶20			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			$\overline{\ }$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	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			
P	irt 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.	2.3	Yes	No
1a	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? $igsquare$ Yes $igsquare$ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified 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)?			137
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after		î (	
	termination of government service, if terminating within 90 days.)		( 4, 5)	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	2000	and the second	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	Canaca	5.899-036000
	Organizations relying on a current notice regarding disaster assistance, check here			
C	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?	1c	2537.16	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)):		100	
8	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		ا مواهدهه «المدر عمدا»	
	If "Yes," list the years \( \bigs_{	2		
C	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	4		
	statement - see instructions.)  N/A	2b	# 22 February	<u> (0112)</u>
	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		
•				
20	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?  — Yes X No			
H	of "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 Form 4720,			
	Schedule C, to determine if the foundation had excess business holdings in 2019.)  N/A	3b	ANABARATE	
49	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			.Kar
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X
	Fo	rm <b>99</b> 0	)-PF	(2019)

Page 6

Part VII B Statements Regarding Activities for Which F	orm 4720 May Be R	equired <sub>(contin</sub>	ued)	=
5à During the year, did the foundation pay or incur any amount to:			ı	Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?		es 🗓 No 📱	
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire	ectly,		
any voter registration drive?		Y	es 🗓 No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	7	Y	es 🗶 No 🖁	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		l	
4945(d)(4)(A)? See instructions		Y	es 🗓 No 🖁	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo	or		
the prevention of cruelty to children or animals?		Y	es 🗶 No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations	130	
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	5b
Organizations relying on a current notice regarding disaster assistance, check h	ere		▶□ [	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned	18	
expenditure responsibility for the grant?			es 🔲 No 🏅	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		8	
a personal benefit contract?		Y	es 🗶 No 🐰	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.			7	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		es X No	
b If "Yes." did the foundation receive any proceeds or have any net income attribu			N/A	7b
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration or		•	
excess parachute payment(s) during the year?			es 🗶 No 🦨	
Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors	es, Foundation Mar	agers, Highly		
List all officers, directors, trustees, and foundation managers and the	pair compansation			<del></del>
List all officers, directors, dustees, and foundation managers and tr	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	account, other
	to position	enter -0-)	compensation	allowances
·	PRES/TREAS/DI	RECTOR		
10121 CHAPEL ROAD	0 10	١ ,	١ ,	۱ ,
POTOMAC, MD 20854	0.10	0.	0.	0.
	SECRETARY, DI	RECTOR		
10121 CHAPEL ROAD	0 10		١ ,	۸ ا
POTOMAC, MD 20854	0.10	0.	0.	0.
			İ	
2 Compensation of five highest-paid employees (other than those incl	uded on line 1) If none	ntor "NONE "		<u></u>
2 Compensation of the ingliest-paid employees fourer than those incl	(b) Title, and average	ALC: HONE.	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	account, other
NONE	devoted to position		compensation	allowances
NONE				
		-	-	<del> </del>
				<del></del>
		<del></del>		
				1
			ļ	<del> </del>
<b>7</b>		l		L
Total number of other employees paid over \$50,000				990-PF (2019)
			Form	200-FF (2019)

Form 990-PF (2019) C/O ROBERT K. WORMALD	20-2047	616 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NC	ONE."	<del></del>
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<del> </del>	
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities	<b>&gt;</b>	0
	· · · · · · · · · · · · · · · · · · ·	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced,		Expenses
1 N/A		
· · · · · · · · · · · · · · · · · · ·		
	-	
2		
3		_
4		
Part IX-R Summany of Brogram Bolated Investments		······································
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2	Amount
1 N/A	Tallu Z.	Amount
147/11		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>▶</b>	0. m <b>990-PF</b> (2019)
	For	m 330-FF (2019)

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ĮP.	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see instru	ctions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
•	Average monthly fair market value of securities	1 <u>1a</u>	528,405.
	Average of monthly cash balances	1b	99,842.
	Fair market value of all other assets	1c	•
d	Total (add lines 1a, b, and c)	1d	628,247.
e	Reduction claimed for blockage or other factors reported on lines 1a and		•
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	628,247.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	9,424.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	618,823.
6	Minimum investment return. Enter 5% of line 5	6	30,941.
[P.	art∤XI■ Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations, check here   and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	30,941.
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	299.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	30,642.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	30,642.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	30,642.
IP.	art:XIII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	160,031.
p	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	160,031.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	160,031.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	qualifies for the section	1

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Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amo	ount for 2019 from Part XI,	остраз	roars prior to 2010	2010	
line 7					30,642.
2 Undistributed income	e, if any, as of the end of 2019				
a Enter amount for	2018 only			0.	
<b>b</b> Total for prior year	ars:				
- Fuence distribution	,, to 0010t		0.		
-	ons carryover, if any, to 2019:				
a From 2014	· · · · · · · · · · · · · · · · · · ·				
<b>b</b> From 2015	7 007				
c From 2016	7,027.				
d From 2017	138,558.				
e From 2018	114,239.	250 024			<u> </u>
f Total of lines 3a t	-	259,824.			
4 Qualifying distribu					
	\$ 160,031.			0.	
	but not more than line 2a			0.	
	ributed income of prior		0.		
•	quired - see instructions)		0.		
	utions out of corpus	0.			
•	1 - see instructions)	0.			30,642.
• •	distributable amount	129,389.			30,042.
-	nt distributed out of corpus	129,309.			
	carryover applied to 2019 s in column (d), the same amount lumn (a).)	0.			0.
6 Enter the net tota indicated below:	ul of each column as				
& Corpus Add lines 3f,	, 4c, and 4e Subtract line 5	389,213.			
<b>b</b> Prior years' undis	stributed income. Subtract				
line 4b from line 2	2b		0.		
c Enter the amount	of prior years' ome for which a notice of				
deficiency has be	en issued, or on which				
the section 4942( assessed	a) tax has been previously		0.		
	rom line 6b. Taxable				
amount - see inst			0.		
	ome for 2018. Subtract line				
	axable amount - see instr.			0.	
	ome for 2019. Subtract				
	m line 1. This amount must				
be distributed in 2					0.
7 Amounts treated	as distributions out of				
corpus to satisfy	requirements imposed by				
section 170(b)(1)	(F) or 4942(g)(3) (Election				
may be required -	- see instructions)	100,000.			
8 Excess distribution	ons carryover from 2014				
not applied on line	e 5 or line 7	0.			
9 Excess distribution	ons carryover to 2020.				
Subtract lines 7 a	nd 8 from line 6a	289,213.			
<ul><li>Analysis of line 9;</li></ul>	:	onerstersoffiffiffiffitest follow that the	anennuntandun	шихоно	nownance newhoo
a Excess from 2015		U 0 ( AMAA A 1	A14 WIAMMARCIANA 11 19 19 .	15 11 1	C 974474749 W C997(777 777777 7777
<b>b</b> Excess from 2016		7 <del>- 2004/00 20 2</del> 7	NAAA AAN //	, 1997) 141 <b>141 44 4</b> 4 AMM 1177777 1	),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
c Excess from 2017					
d Excess from 2018		/W/YAA/A/A AA / \\\\\\\\\\\\\\\\\\\\\\\\\\\\	. Yes , market minimaket , yes , market , was per		######################################
e Excess from 2019	129,389.				

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Part XIV Private Operating F			l-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo	•	-	▶ └	· —	
<b>b</b> Check box to indicate whether the foun		<u>ig foundation described i</u>		4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	4) 0040	Prior 3 years	(4) 0046	///
income from Part I or the minimum	(a) 2019	<b>(b)</b> 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for	<b>\</b>				
each year listed		_			
b 85% of line 2a					<u> </u>
<ul> <li>Qualifying distributions from Part XII,</li> </ul>					
line 4, for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					ļ
e Qualifying distributions made directly		<u> </u>	1		
for active conduct of exempt activities.					]
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the		l X			
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) 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					
c "Support" alternative test - enter:					
(1) Total support other than gross	/				
investment income (interest			`		
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or paore exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					_
(3) Largest amount of support from					
an exempt organization					<u> </u>
(4) Gross investment income				<del> </del>	
Part XV   Supplementary Info	rmation (Complet	te this part only i	f the foundation	had \$5,000 or mor	re in assets
at any time during t				, ,	
1 Information Regarding Foundation	n Managers:	·		•	· · ·
a List any managers of the foundation wh	•	than 2% of the total conti	ribiltions received by the	foundation before the clos	e of any tax
year (but only if they have contributed i			,		
SEE STATEMENT 8					
b List any managers of the foundation wh	o own 10% or more of the	e stock of a corporation (	or an equally large portion	on of the ownership of a pa	artnership or
other entity) of which the foundation ha					
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		-
Check here ► X if the foundation				not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	her or email address of th	e person to whom applic	ations should be address	sed:	
2 The name, and rees, and compiler of them		, and an intermediate		•	
b The form in which applications should	pe submitted and informat	ion and materials they st	nould include:		
		.,			
c Any submission deadlines;					
d Any restrictions or limitations on award	s, such as by geographica	il areas, charitable fields.	kinds of institutions, or	other factors:	
. , ,		,	<b>, -</b> -		

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3 Grants and Contributions Paid During the Ye		Payment T		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
Paid during the year				
10 DAYS FOR LIFE		₽C	GENERAL SUPPORT	
1112 EAST 29TH STREET				
BRYAN, TX 77802				40
ALLIANCE DEFENDING FREEDOM		PC	SENERAL SUPPORT	
15100 N. 90TH STREET				
SCOTTSDALE, AZ 85260				5,000
AMERICAN CENTER LAW AND JUSTICE		₽C	GENERAL SUPPORT	
P.O. BOX 90555				7 50
WASHINGTON, DC 20090				7,500
AMERICAN FAMILY ASSOCIATION		PC	GENERAL SUPPORT	
11375 GEORGETOWN RD				1 004
MECHANICSVILLE, VA 23116				1,000
AMERICAN VALUES		₽C	GENERAL SUPPORT	
P.O. BOX 1223				7,500
MERRIFIELD, VA 22116  Total SEE CON	TINUATION SHEE	T(S)	► 3a	160,031
Approved for future payment				·
11011F				
NONE				
		•		
Total			<b>&gt;</b> 3b	m <b>990-PF</b> (201

Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor PC GENERAL SUPPORT BARNABAS AID 6731 CURRAN STREET 4,500. MCLEAN, VA 22101 CENTRAL UNION MISSION GENERAL SUPPORT 65 MASSACHUSETTS AVE NW WASHINGTON, DC 20001 5,000. CHRISTIAN FREEDOM INTERNATIONAL GENERAL SUPPORT PO BOX 535 FRONT ROYAL, VA 22630 1,000. GENERAL SUPPORT FAMILY RESEARCH COUNCIL PC 801 G STREET NW WASHINGTON, DC 20001 15,000. FIRST LIBERTY INSTITUTE GENERAL SUPPORT 2001 W. PLANO PARKWAY, SUITE 1600 250. PLANO, TX 75075 GENERAL SUPPORT GNBC INTERNATIONAL CORPORATION РC 42130 CHERRY SPRING LANE 24,881. LEESBURG, VA 20176 GENERAL SUPPORT PС HELP THE PERSECUTED, INC. 977 CENTERVILLE TURNPIKE VIRGINIA BEACH, VA 23463 1,000. GENERAL SUPPORT INTERNATIONAL CHRISTIAN CONCERN PC 2020 PENNSYLVANIA AVENUE NW #941 WASHINGTON, DC 20006 4,000. INTERNATIONAL HOUSE OF PRAYER - KC GENERAL SUPPORT 3535 E. RED BRIDGE RD 2,000. KANSAS CITY, MO 64137 INTERNATIONAL JUSTICE MISSION ÞС GENERAL SUPPORT PO BOX 96961 1,000. WASHINGTON, DC 20090 138,631. Total from continuation sheets

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Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to any foundation manager Amount status of contribution Name and address (home or business) or substantial contributor recipient LANGHAM PARTNERSHIP GENERAL SUPPORT PO BOX 189 CAVE CREEK, AZ 85327 500. GENERAL SUPPORT LEADING THE WAY PO BOX 20100 ATLANTA, GA 30325 20,000. GENERAL SUPPORT MEDIA RESEARCH CENTER 1900 CAMPUS COMMONS DRIVE, SUITE 600 RESTON, VA 20191 5,500. OPEN DOORS ÞС GENERAL SUPPORT PO BOX 27001 3,000. SANTA ANA, CA 92799 OPERATION BLESSING INTERNATIONAL PC GENERAL SUPPORT PO BOX 2636 6,000. VIRGINIA BEACH, VA 23450 GENERAL SUPPORT STATE POLICY NETWORK ÞС 1655 NORTH FORT MYER DRIVE, SUITE 360 ARLINGTON, VA 22209 500. THE HERITAGE FOUNDATION GENERAL SUPPORT ÞС 214 MASSACHUSETTS AVE NE WASHINGTON, DC 20002 5,000. YOUNG AMERICA'S FOUNDATION ₽C GENERAL SUPPORT 11480 COMMERCE PARK DR, SUITE 600 RESTON, VA 20191 500. YOUNG LIFE GENERAL SUPPORT PO BOX 1685 39,000. HERNDON, VA 20172 Total from continuation sheets

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er gross amounts unless otherwise indicated.	Unrelate	d business income		uded by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments			14		
Dividends and interest from securities			14		
Net rental income or (loss) from real estate:					
a Debt-financed property			<u> </u>		
<b>b</b> Not debt-financed property			<u> </u>		
Net rental income or (loss) from personal					
property					
Other investment income			01	95.	
Gain or (loss) from sales of assets other					
than inventory			18	-3,129.	
Net income or (loss) from special events			_		
Gross profit or (loss) from sales of inventory			-		
Other revenue:					
a	_		+		
b	_	•••	+		
G	_		+		
d	_		+		
e	- ,	0	• 15 cha	14 601	
	. ,	0	•		14,60
Subtotal. Add columns (b), (d), and (e)				13	14,60
Total. Add line 12, columns (b), (d), and (e)					
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.					
Total. Add line 12, columns (b), (d), and (e)		nplishment of E	xempt	Purposes	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  Art:XVI-B: Relationship of Activities	to the Acco				
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  art:XVI:B:  Relationship of Activities  ne No.  Explain below how each activity for which in	s to the Accor	ocolumn (e) of Part XVI			plishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  Relationship of Activities	s to the Accor	ocolumn (e) of Part XVI			plishment of
rotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  Relationship of Activities  le No. Explain below how each activity for which in	s to the Accor	ocolumn (e) of Part XVI			plishment of
Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations.  THE RELATIONSHIP OF ACTIVITIES  EXPLAIN below how each activity for which in	s to the Accor	ocolumn (e) of Part XVI			plishment of
Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations.  THE RELATIONSHIP OF ACTIVITIES  EXPLAIN below how each activity for which in	s to the Accor	ocolumn (e) of Part XVI			plishment of
rotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  Relationship of Activities  le No. Explain below how each activity for which in	s to the Accor	ocolumn (e) of Part XVI			plishment of
Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations.  THE RELATIONSHIP OF ACTIVITIES  EXPLAIN below how each activity for which in	s to the Accor	ocolumn (e) of Part XVI			plishment of
rotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  Relationship of Activities  le No. Explain below how each activity for which in	s to the Accor	ocolumn (e) of Part XVI			plishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  The No. Explain below how each activity for which in	s to the Accor	ocolumn (e) of Part XVI			plishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  The No. Explain below how each activity for which in	s to the Accor	ocolumn (e) of Part XVI			plishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  The No.   Explain below how each activity for which in	s to the Accor	ocolumn (e) of Part XVI			plishment of
rotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  Relationship of Activities  le No. Explain below how each activity for which in	s to the Accor	ocolumn (e) of Part XVI			plishment of
rotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  Relationship of Activities  le No. Explain below how each activity for which in	s to the Accor	ocolumn (e) of Part XVI			plishment of
Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations.  THE RELATIONSHIP OF ACTIVITIES  EXPLAIN below how each activity for which in	s to the Accor	ocolumn (e) of Part XVI			plishment of
rotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  Relationship of Activities  le No. Explain below how each activity for which in	s to the Accor	ocolumn (e) of Part XVI			plishment of
rotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  Relationship of Activities  le No. Explain below how each activity for which in	s to the Accor	ocolumn (e) of Part XVI			plishment of
rotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.  Relationship of Activities e No. Explain below how each activity for which in	s to the Accor	ocolumn (e) of Part XVI			plishment of
rotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.  Relationship of Activities e No. Explain below how each activity for which in	s to the Accor	ocolumn (e) of Part XVI			plishment of

		O ROBERT K.				20-20476		Page 13
Part 2			isfers to a	nd Transactions a	nd Relationsh	ips With Noncharita	ble	
	Exempt O	rganizations	_	<u> </u>	<del></del>		- 154	
				ig with any other organization		on 501(c)	Ye	s No
(ot	her than section 501(c)(3	) organizations) or in section	on 527, relating	to political organizations?			ĺ	
	· -	foundation to a noncharita	able exempt org	ganization of:				_  <u></u> _
	Cash						1a(1)	<u> X</u>
(2)	Other assets					-	1a(2)	<u> </u>
<b>b</b> Oth	er transactions:					,		
		charitable exempt organiza				T T	1b(1)	X
		m a noncharitable exempt	organization			F	1b(2)	X
	Rental of facilities, equip						1b(3)	X
	Reimbursement arrange						1b(4)	X
, ,	Loans or loan guarantee						1b(5)	X
		s or membership or fundra	-				1b(6) 1c	$\frac{x}{x}$
	•	ent, mailing lists, other ass			wave about the fair r	J and shoot the goods of the		<u> </u>
	•		-		-	narket value of the goods, oth or sharing arrangement, shov		
		goods, other assets, or sen		tu 1655 tilali ilali illaiket valt	ie ili aliy transaction	or snaring arrangement, snow	<b>v</b> III	
(a) Line n	<u> </u>			exempt organization	(d) Description	of transfers, transactions, and share	ına arranger	nents
(4)2	S (B) / Milodine mireon	(0) (11411110	N/A	o o o o o o o o o o o o o o o o o o o	(6) 5000 7000			
			-17.22					
	<u> </u>							
						<del></del>		
	•	•		or more tax-exempt organi	zations described	_		1
		section 501(c)(3)) or in se	ection 527?			_	Yes L	X No
<u>b lf "</u>	Yes," complete the follows			/h) Tune of executation	r	(a) Deceription of relationship		
		e of organization		(b) Type of organization	<del> </del>	(c) Description of relationship		
	IN	/A	-					
					<del>                                     </del>			
	<del></del>				<del>                                     </del>			
	<del>.</del>	·						
	Under penalties of perjury, I	declare that I have examined this	s return, including	accompanying schedules and st	Latements, and to the be	st of my knowledge	150 1	
Sign	and belief, it is true, correct,	and complete Declaration of pro	eparer (other than	taxpayer) is based on all informa	tion of which preparer h	return	e IRS discus	oarer
Here	Robert	K Worms	LD	12/18/202	PRESI		Yes	No.
	Signature of officer or	trustee		Date	Title			
	Print/Type prepai	rer's name	Preparer's si	ignature	Date	Check If PTIN		
						self- employed		
Paid	BRIAN G	ERSHEN, CPA	BRIAN	GERSHEN, CP	02/03/21	P013	32946	4
Prepa	arer Firm's name	COHNREZNICK		,		Firm's EIN ► 22-147	78099	
Use (								
	Firm's address	►7501 WISCON			400E			
		BETHESDA, M	D 2081	4		Phone no. 301-652		
						F	, 99A-P	E (00.10)

### 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

**Employer identification number** Name of the organization WORMALD FAMILY FOUNDATION, INC., THE 20-2047616 C/O ROBERT K. WORMALD 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 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 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 contributors **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 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 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Name of organization

WORMALD FAMILY FOUNDATION, INC., THE

**Employer identification number** 

C/O R	OBERT K. WORMALD		J-204/616
Pärt I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BOB AND MYRA WORMALD  10121 CHAPEL ROAD  POTOMAC, MD 20854	\$ <u>115,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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 Oncash 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 )

Name of organization

WORMALD FAMILY FOUNDATION, INC., THE

C/O ROBERT K. WORMALD

Employer identification number

20-2047616

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		
		\$	<u> </u>		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$	<del></del>		
(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		
		\$			

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization Employer identification number WORMALD FAMILY FOUNDATION, INC., THE 20-2047616 C/O ROBERT K. WORMALD 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 info once) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift

923454 11-06-19

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

FORM 990-PF INTERE	ST ON SAVING	GS AND TEMPO	DRARY CAS	H IN	VESTMENTS	STA	rement 1
SOURCE		(A) REVENU PER BOO		r in	(B) VESTMENT COME		(C) DJUSTED I INCOME
BROOKFIELD K-1			139.		139.		0.
CHARLES SCHWAB			119.		119.		0.
MERRILL LYNCH			2.		2.		0.
MIDDLEBURG TRUST CC			148.		148.		0.
OAKTREE CAPITAL GRO	OUP K-1		125.		125.		0.
TOTAL TO PART I, LI	NE 3		533.		533.		0.
FORM 990-PF	DIVIDENDS	AND INTERES	ST FROM S	ECUR	ITIES	STA	rement 2
		CAPITAL	(A)		(B)		(C)
SOURCE	GROSS AMOUNT	GAINS DIVIDENDS	REVEN PER BO		NET INVES		ADJUSTED NET INCOME
BROOKFIELD K-1	263.	0.		263.		3.	0.
CHARLES SCHWAB	5,569.	0.	•	569.	•		0.
MERRILL LYNCH MIDDLEBURG TRUST	3,253.	0.		253.	•		0.
COMPANY OAKTREE CAPITAL	8,042.	100	. 7,	942.	7,94	2.	0.
GROUP	75.	0.	•	75.	7	5.	0.
TO PART I, LINE 4	17,202.	100.	. 17,	102.	17,10	2.	0.
		***					
FORM 990-PF		OTHER INC	COME		•	STA'	гемент 3
DESCRIPTION			(A) REVENUE ER BOOKS		(B) ET INVEST- ENT INCOME		(C) ADJUSTED ET INCOME
K-1 REVENUE/(LOSS)			9	— — 5.	0	•	0.
TOTAL TO FORM 990-P	F, PART I, I		9	— — 5.	0		0.

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	1,200.	1,200.	0.	0.	
TO FORM 990-PF, PG 1, LN 16B	1,200.	1,200.	0.	0.	
FORM 990-PF C	THER PROFES	SIONAL FEES	S	PATEMENT 5	
DESCRIPTION		(B) NET INVEST- MENT INCOME			
INVESTMENT MANAGEMENT FEES	1,257.	1,257.	0.	0.	
TO FORM 990-PF, PG 1, LN 16C	1,257.	1,257.	0.	0.	
FORM 990-PF	OTHER E	XPENSES	S	FATEMENT 6	
DESCRIPTION	EXPENSES	(B) NET INVEST- MENT INCOME	ADJUSTED		
MISC EXPENSES	207.	207.	0.	0.	
TO FORM 990-PF, PG 1, LN 23	207.	207.	0.	0.	
	<b>:</b>		<b></b>		

FORM 990-PF CORPORATE STO	OCK	STATEMENT 7
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
MIDDLEBURG TRUST HOLDINGS	139,462.	146,425.
CHARLES SCHWAB EQUITIES	163,667.	206,313.
CHARLES SCHWAB INVESTMENTS	19,556.	34,280.
MERRILL LYNCH EQUITIES	80,268.	66,253.
MERRILL LYNCH MUTUAL FUNDS	22,705.	32,902.
TOTAL TO FORM 990-PF, PART II, LINE 10B	425,658.	486,173.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 8

NAME OF MANAGER

ROBERT K WORMALD MYRA E WORMALD