

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

Name of foundation GROSSMAN FAMILY CHARITABLE FUNDS INC		A Employer identification number 13-6091872	
Number and street (or P.O. box number if mail is not delivered to street address) 8505 SALEM WAY	Room/suite	B Telephone number (see instructions) (301) 654-8077	
City or town, state or province, country, and ZIP or foreign postal code BETHESDA, MD 20814		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <div><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ 1,429,749	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	115,115			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	22,871	22,871		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	3,565			
	b Gross sales price for all assets on line 6a _____ 147,057				
	7 Capital gain net income (from Part IV, line 2) . . .		3,565		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less: Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 Total. Add lines 1 through 11 . . . . .	141,551	26,436		
	13 Compensation of officers, directors, trustees, etc.	0	0		0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .	2,100	315		1,785
	b Accounting fees (attach schedule) . . . . .	1,485	223		1,262
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . .	268	268		0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	649	110		539
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	4,502	916		3,586
	25 Contributions, gifts, grants paid . . . . .	60,490			60,490
	26 Total expenses and disbursements. Add lines 24 and 25	64,992	916		64,076
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	76,559			
	b Net investment income (if negative, enter -0-)		25,520		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing . . . . .			
	2 Savings and temporary cash investments . . . . .	483,120	435,089	435,089
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ 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) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use . . . . .			
	9 Prepaid expenses and deferred charges . . . . .			
	10a Investments—U.S. and state government obligations (attach schedule)	127,181	166,774	166,774
	b Investments—corporate stock (attach schedule) . . . . .	702,379	801,465	801,465
	c Investments—corporate bonds (attach schedule) . . . . .			
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans . . . . .			
	13 Investments—other (attach schedule) . . . . .	18,254	26,421	26,421
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	1,330,934	1,429,749	1,429,749	
Liabilities	17 Accounts payable and accrued expenses . . . . .			
	18 Grants payable . . . . .			
	19 Deferred revenue . . . . .			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule) . . . . .			
	22 Other liabilities (describe ▶ _____)			
	23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/></b> <b>and complete lines 24, 25, 29 and 30.</b>			
	24 Net assets without donor restrictions . . . . .			
	25 Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/></b> <b>and complete lines 26 through 30.</b>			
	26 Capital stock, trust principal, or current funds . . . . .	0	0	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	1,330,934	1,429,749	
	29 <b>Total net assets or fund balances</b> (see instructions) . . . . .	1,330,934	1,429,749	
30 <b>Total liabilities and net assets/fund balances</b> (see instructions) .	1,330,934	1,429,749		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	1,330,934
2 Enter amount from Part I, line 27a . . . . .	2	76,559
3 Other increases not included in line 2 (itemize) ▶ _____	3	22,256
4 Add lines 1, 2, and 3 . . . . .	4	1,429,749
5 Decreases 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, column (b), line 29 .	6	1,429,749

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

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b> See Additional Data Table				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$		<b>2</b>	3,565
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8 . . . . .		<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income****SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

<b>1</b> Reserved			
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
<b>2</b> Reserved . . . . .		<b>2</b>	
<b>3</b> Reserved. . . . .		<b>3</b>	
<b>4</b> Reserved . . . . .		<b>4</b>	
<b>5</b> Reserved . . . . .		<b>5</b>	
<b>6</b> Reserved . . . . .		<b>6</b>	
<b>7</b> Reserved . . . . .		<b>7</b>	
<b>8</b> Reserved , . . . .		<b>8</b>	

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

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Reserved.	<b>1</b>	355
<b>c</b>	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2.	<b>3</b>	355
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-.	<b>5</b>	355
<b>6</b>	Credits/Payments:		
<b>a</b>	2020 estimated tax payments and 2019 overpayment credited to 2020	<b>6a</b>	748
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>	0
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	0
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d.	<b>7</b>	748
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> .	<b>10</b>	393
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> 393 <b>Refunded</b>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. ► \$ 0 <b>(2)</b> On foundation managers. ► \$ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	<b>5</b>	No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	<b>6</b>	No
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ► NY		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	<b>8b</b>	Yes
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	<b>10</b>	No

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

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ▶ <u>EDWARD GROSSMAN</u> Telephone no. ▶ <u>(301) 654-8077</u>			

Located at ▶ 8505 SALEM WAY BETHESDA MD ZIP+4 ▶ 208144705

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . ▶ <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶ <b>15</b>			
<b>16</b>	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			

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

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

		<b>Yes</b>	<b>No</b>
<b>1a</b>	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . . <input type="checkbox"/>	<b>1b</b>	
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? . . . . .	<b>1c</b>	<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b>	At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2020.) . . . . .	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	<b>4b</b>	<b>No</b>

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

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

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

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
EDWARD GROSSMAN 8505 SALEM WAY BETHESDA, MD 20814	DIRECTOR, PRESIDENT, TREASURER 2.00	0	0	0
ROCHELLE STANFIELD 8505 SALEM WAY BETHESDA, MD 20814	DIRECTOR, SECRETARY 0.00	0	0	0
DAVID GROSSMAN 1752 T ST NW WASHINGTON, DC 20009	DIRECTOR, VICE PRESIDENT 0.00	0	0	0
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
<b>Total number of other employees paid over \$50,000.</b> . . . .				0

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

**3** **Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. . . . . ►		0

**Part IX-A** **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
<b>1</b> N/A	0
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B** **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
Total. Add lines 1 through 3 . . . . . ►	

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	825,783
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	446,985
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	1,272,768
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	1,272,768
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	19,092
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	1,253,676
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	62,684

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

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	62,684
<b>2a</b>	Tax on investment income for 2020 from Part VI, line 5. . . . .	<b>2a</b>	355
<b>b</b>	Income tax for 2020. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	355
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	62,329
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	62,329
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	62,329

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	64,076
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	64,076
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	64,076

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



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

		(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b>	Distributable amount for 2020 from Part XI, line 7				62,329
<b>2</b>	Undistributed income, if any, as of the end of 2020:				
<b>a</b>	Enter amount for 2019 only. . . . .			0	
<b>b</b>	Total for prior years: 20____, 20____, 20____		0		
<b>3</b>	Excess distributions carryover, if any, to 2020:				
<b>a</b>	From 2015. . . . .				
<b>b</b>	From 2016. . . . .	5,265			
<b>c</b>	From 2017. . . . .	6,335			
<b>d</b>	From 2018. . . . .	12,648			
<b>e</b>	From 2019. . . . .	1,817			
<b>f</b>	<b>Total</b> of lines 3a through e. . . . .	26,065			
<b>4</b>	Qualifying distributions for 2020 from Part XII, line 4: ► \$ 64,076				
<b>a</b>	Applied to 2019, but not more than line 2a			0	
<b>b</b>	Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b>	Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b>	Applied to 2020 distributable amount. . . . .				62,329
<b>e</b>	Remaining amount distributed out of corpus	1,747			
<b>5</b>	Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6</b>	<b>Enter the net total of each column as indicated below:</b>				
<b>a</b>	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	27,812			
<b>b</b>	Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b>	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b>	Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b>	Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b>	Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				0
<b>7</b>	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b>	Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions). . . .	0			
<b>9</b>	<b>Excess distributions carryover to 2021.</b> Subtract lines 7 and 8 from line 6a. . . . .	27,812			
<b>10</b>	Analysis of line 9:				
<b>a</b>	Excess from 2016. . . . .	5,265			
<b>b</b>	Excess from 2017. . . . .	6,335			
<b>c</b>	Excess from 2018. . . . .	12,648			
<b>d</b>	Excess from 2019. . . . .	1,817			
<b>e</b>	Excess from 2020. . . . .	1,747			

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

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

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

EDWARD GROSSMAN

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

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

Check here ☒ 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:

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			▶ <b>3a</b>	60,490
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			▶ <b>3b</b>	0

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) (See instructions.)
<b>1</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .					
<b>4</b> Dividends and interest from securities. . . . .			14	22,871	
<b>5</b> Net rental income or (loss) from real estate:					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			14	2,444	1,121
<b>9</b> Net income or (loss) from special events:					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e). . . . .		0		25,315	1,121
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . . (See worksheet in line 13 instructions to verify calculations.)			<b>13</b>		<b>26,436</b>

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

[illegible]

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

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:			
<b>(1)</b> Cash. . . . .	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .	<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions:			
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .	<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .	<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .	<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .	<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .	<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .	<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	<b>1c</b>		<b>No</b>

**d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	***** 2021-08-25 *****	Signature of officer or trustee Date Title
			<div style="border: 1px solid black; padding: 5px;">           May the IRS discuss this return with the preparer shown below            (see instr.) <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> </div>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	KENNETH M SMITH				P00166454
	Firm's name <b>►</b> KENNETH M SMITH CPA PC				Firm's EIN <b>►</b> 52-2070264
	Firm's address <b>►</b> 8737 COLESVILLE RD SUITE 501 SILVER SPRING, MD 20910				Phone no. (301) 565-9103

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
40 SHS DOLLAR TREE		2009-08-25	2020-04-14
25 SHS JPMORGAN CHASE		2002-02-02	2020-04-14
400 SHS LEHMAN BROTHERS HOLDINGS CAP TR IV		2003-10-09	2020-04-14
400 SHS LEHMAN BROTHERS HOLDINGS CAP TR V		2004-04-01	2020-12-28
US TREAS SEC STRIPPED INT PMT		2019-05-14	2020-11-16
40 SHS VERIZON		2006-01-10	2020-04-14
VIATRIS INC CASH IN LIEU		2000-08-02	2020-11-20
BOFI FED BK SAN DIEGO CA CD		2015-03-23	2020-03-27
37 SHS JOHNSON & JOHNSON		2017-05-21	2020-04-15
US TREASURY NOTES			2020-03-06

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
3,184		634	2,550
2,378		223	2,155
22		10,000	-9,978
42		10,000	-9,958
100,000		100,000	0
2,311		1,141	1,170
14		16	-2
5,000		5,000	0
5,368		2,364	3,004
10,294		9,680	614

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			2,550
			2,155
			-9,978
			-9,958
			0
			1,170
			-2
			0
			3,004
			614

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
US TREASURY SER BC-2020			2020-06-30
15 SHS NETEASE		2009-07-17	2020-04-07
10 SHS NETEASE		2009-07-17	2020-04-14
12 SHS NETEASE		2009-07-17	2020-05-13
CAPITAL GAINS DIVIDENDS	P		

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
3,000		2,988	12
5,093		586	4,507
3,449		391	3,058
4,458		469	3,989
2,444			2,444

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			12
			4,507
			3,058
			3,989
			2,444

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
A WIDER BRIDGE 2912 DIAMOND ST 348 SAN FRANCISCO, CA 94131		PC	FOR PROMOTING GREATER GENDER-EQUITY IN ISRAEL	500
AMERICA-ISRAEL CULTURAL FOUNDATION 178 COLUMBUS AVENUE PO BOX 237133 NEW YORK, NY 10023		PC	FOR TRAINING IN THE ARTS	1,000
AMERICAN ASSOCIATES OF BEN GURION UNIVERSITY OF THE NEGEV 4800 HAMPDEN LANE SUITE 200 BETHESDA, MD 20814		PC	FOR SCIENTIFIC RESEARCH	500
<b>Total . . . . .</b>			<b>3a</b>	60,490



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE (ACWIS) 633 THIRD AVENUE NEW YORK, NY 10017		PC	FOR SCIENTIFIC RESEARCH	150
AMERICAN FRIENDS OF COMBATANTS FOR PEACE PO BOX 27671 SAN FRANCISCO, CA 94127		PC	FOR PROMOTING EDUCATION TOWARDS PEACE IN THE MIDDLE EAST	100
AMERICAN FRIENDS OF LEKET ISRAEL PO BOX 2090 TEANECK, NJ 07666		PC	FOR REDUCTION OF HUNGER	200
<b>Total . . . . . ▶ 3a</b>				60,490

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN FRIENDS OF THE HEBREW UNIVERSITY ONE BATTERY PARK PLAZA 25TH FLOOR NEW YORK, NY 10004		PC	FOR PROMOTING HIGHER EDUCATION	250
AMERICAN FRIENDS OF THE PARENTS CIRCLE--FAMILY FORUM 4 EAST 95TH ST 5C NEW YORK, NY 10128		PC	FOR PROMOTING PEACE AND RECONCILIATION IN ISRAEL	150
AMERICAN UNIVERSITY (CENTER FOR ISRAEL STUDIES) 4400 MASSACHUSETTS AVE NW WASHINGTON, DC 20016		PC	FOR EDUCATION AND DISSEMINATION OF KNOWLEDGE OF ISRAELI CULTURE AND HISTORY	250
<b>Total . . . . .</b> ▶ <b>3a</b>				60,490

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
ARLINGTON FOOD ASSISTANCE CENTER (AFAC) 2708 S NELSON ST ARLINGTON, VA 22206		PC	FOR PROVIDING SUPPLEMENTAL GROCERIES TO ARLINGTON, VA NEEDY RESIDENTS	1,000
AMERICANS FOR PEACE NOW 1320 19TH ST NW SUITE 400 WASHINGTON, DC 20036		PC	FOR INCREASED EFFORTS TOWARDS PEACE IN THE MIDDLE EAST	250
BALTIMORE SYMPHONY ORCHESTRA 1212 CATHEDRAL ST BALTIMORE, MD 21201		PC	FOR EDUCATION AND PERFORMANCE IN THE ORCHESTRAL ARTS	250
<b>Total . . . . . ▶ 3a</b>				60,490

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BEND THE ARC A JEWISH PARTNERSHIP FOR JUSTICE 330 SEVENTH AVE SUITE 1900 NEW YORK, NY 10001		PC	FOR PROMOTING GREATER EQUITY IN DISTRIBUTION OF RESOURCES	300
BREAD FOR THE CITY1525 7TH ST NW WASHINGTON, DC 20001		PC	FOR PROVIDING FOOD AND SOCIAL SERVICES FOR THE POOR	1,000
CALVARY WOMEN'S SERVICES 1217 GOOD HOPE RD SE WASHINGTON, DC 20020		PC	FOR PROVIDING COMPREHENSIVE SERVICES FOR HOMELESS WOMEN	1,250
<b>Total . . . . .</b> ► <b>3a</b>				60,490

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CAPITAL AREA FOOD BANK (CAFB) 4900 PUERTO RICO AVE NE WASHINGTON, DC 20017		PC	FOR PROVIDING FOOD ASSISTANCE IN THE WASHINGTON METROPOLITAN REGION	1,000
CUTURAL ACADEMY FOR EXCELLENCE (CAFE) 11305 CHANTILLY LANE MITCHELLVILLE, MD 20721		PC	FOR AFTER-SCHOOL MUSIC ENRICHMENT PROGRAMS FOR UNDERSERVED YOUTH	100
DC YOUTH ORCHESTRA 1700 E CAPITOL ST NE WASHINGTON, DC 20003		PC	FOR EDUCATION OF YOUTH IN THE ORCHESTRAL ARTS	600
<b>Total . . . . . ▶ 3a</b>				60,490

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
EDUCATION THROUGH MUSIC 122 EAST 42ND ST SUITE 1501 NEW YORK, NY 10168		PC	FOR EDUCATION OF YOUTH IN THE MUSICAL ARTS	400
ERASE RACISM 6800 JERICHO TURNPIKE SUITE 109W SYOSSET, NY 11791		PC	FOR EFFORTS TO ERADICATE RACISM IN THE GREATER NYC AREA	250
FIRST NATIONAL DEVELOPMENT INSTITUTE (FNDI) 2432 MAIN ST 2ND FLOOR LONGMONT, CO 80501		PC	FOR COVID-19 RELIEF	375
<b>Total . . . . . ▶ 3a</b>				60,490

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FOOD BANK FOR NEW YORK CITY 39 BROADWAY 10TH FLOOR NEW YORK, NY 10006		PC	FOR FOOD ASSISTANCE TO ADDRESS HUNGER IN THE NYC AREA	1,750
FRIENDS OF THE ISRAEL DEFENSE FORCES (IDF) PO BOX 4224 NEW YORK, NY 10163		PC	FOR ASSISTANCE TO DISABLED VETERANS	100
GIVEDIRECTLY INC CHURCH STREET STATION PO BOX 3221 NEW YORK, NY 10008		PC	FOR COVID-19 RELIEF	500
<b>Total . . . . . ▶ 3a</b>				60,490

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GOD'S LOVE WE DELIVER 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013		PC	FOR FOOD ASSISTANCE TO NEIGHBORS IN NEED IN NYC	500
GREATER WASHINGTON COMMUNITY FOUNDATION (FOOD FOR MONTGOMERY) 1325 G ST NW SUITE 480 WASHINGTON, DC 20005		PC	FOR FOOD ASSISTANCE TO THOSE IN NEED IN MONTGOMERY COUNTY, MD	500
HAND IN HANDPO BOX 80102 PORTLAND, OR 97280		PC	FOR K-12 EDUCATION THAT PROMOTES PEACE BETWEEN ARABS AND JEWS IN ISRAEL	750
<b>Total . . . . . ▶ 3a</b>				60,490



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HEBREW CONGREGATION OF ST THOMAS 2116 KRYSTAL GADE CHARLOTTE AMALIE ST, VI 00802		PC	FOR SUPPORT OF A HISTORICALLY SIGNIFICANT RELIGIOUS CONGREGATION	250
HIAS1300 SPRING ST SUITE 500 SILVER SPRING, MD 20910		PC	FOR PROVIDING ASSISTANCE TO NEEDY IMMIGRANTS	500
HOUSE OF RUTH5 THOMAS CIRCLE NW WASHINGTON, DC 20005		PC	FOR ASSISTANCE FOR VICTIMS OF DOMESTIC VIOLENCE AND HOMELESSNESS	500
<b>Total . . . . . ▶ 3a</b>				60,490

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ISLAND HARVEST FOOD BANK 15 GRUMMAN RD WEST SUITE 1450 BETHPAGE, NY 11714		PC	FOR FOOD ASSISTANCE TO ADDRESS HUNGER ON LONG ISLAND	1,000
ISRAEL TENNIS AND EDUCATION CENTERS FOUNDATION 57 W 38TH ST SUITE 605 NEW YORK, NY 10018		PC	FOR ASSISTANCE IN SPORTS FOR DIVERSE AND NEEDY POPULATIONS	500
JEWISH FEDERATION OF GREATER WASHINGTON 6101 EXECUTIVE BLVD SUITE 100 NORTH BETHESDA, MD 20852		PC	FOR COMMUNITY-WIDE SOCIAL SERVICES	150
<b>Total . . . . . ▶ 3a</b>				60,490

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JEWISH NATIONAL FUND 78 RANDALL AVE ROCKVILLE CENTRE, NY 11570		PC	FOR DEVELOPMENT IN UNDERSERVED PARTS OF ISRAEL	100
JEWISH THEOLOGICAL SEMINARY 3080 BROADWAY NEW YORK, NY 10027		PC	FOR EDUCATIONAL OPPORTUNITIES AT A RELIGIOUS SEMINARY	250
JOHNS HOPKINS UNIVERSITY (PEABODY INSTITUTE) 1 EAST MOUNT VERNON PLACE BALTIMORE, MD 21202		PC	FOR PREPARATORY TUNED-IN PROGRAM FOR INCREASED EDUCATIONAL OPPORTUNITIES IN MUSIC	1,000
<b>Total . . . . . ▶ 3a</b>				60,490

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
MANNA FOOD CENTER 12301 OLD COLUMBIA PIKE SILVER SPRING, MD 20904		PC	FOR FOOD ASSISTANCE TO THE NEEDY	1,000
MARTHA'S TABLE2375 ELVANS RD SW WASHINGTON, DC 20020		PC	FOR FOOD, EDUCATION, AND OTHER ASSISTANCE TO THE HOMELESS	1,500
MAZON 10850 WILSHIRE BLVD SUITE 400 LOS ANGELES, CA 90024		PC	FOR OUTREACH TO MITIGATE HUNGER IN THE UNITED STATES	500
<b>Total . . . . . ▶ 3a</b>				60,490

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MEET INTERNATIONAL INC 177 HUNTINGTON AVE SUITE 1703 43558 BOSTON, MA 02115		PC	FOR INTEGRATION OF JEWISH & ARAB YOUTH THROUGH A HI-TECH HIGH SCHOOL TRAINING CURRICULUM	1,500
MICAH HOUSE 2829 WISCONSIN AVE NW WASHINGTON, DC 20007		PC	FOR TRANSITIONAL HOUSING FOR WOMEN IN RECOVERY	180
MIRIAM'S KITCHEN 2401 VIRGINIA AVE NW WASHINGTON, DC 20037		PC	FOR HEALTHY MEALS AND HOUSING FOR THE HOMELESS	1,500
<b>Total . . . . . ▶ 3a</b>				60,490

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MIT HILLEL40 MASSACHUSETTS AVE CAMBRIDGE, MA 02139		PC	FOR CREATING EDUCATIONAL AND RELIGIOUS OPPORTUNITIES FOR JEWISH STUDENTS AT MIT	100
MODEST NEEDS FOUNDATION 120 EAST 23RD ST FLOOR 5 NEW YORK, NY 10010		PC	FOR ASSISTANCE FOR NEEDY INDIVIDUALS WITH MODEST NEEDS	500
MOUNT VERNON VIRTUOSI 1 RUBY FIELD COURT BALTIMORE, MD 21209		PC	FOR EXTENDED PERFORMANCE TRAINING AND MENTORING FOR YOUNGER INSTRUMENTALISTS	100
<b>Total . . . . . ▶ 3a</b>				60,490

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NASSAU COUNTY MUSEUM OF ART ONE MUSEUM DR ROSLYN, NY 11576		PC	FOR EDUCATION OF THE PUBLIC IN THE VISUAL ARTS	500
NATIONAL COUNCIL OF JEWISH WOMAN NY SECTION 241 WEST 72ND ST NEW YORK, NY 10023		PC	FOR ASSISTANCE TO WOMEN WHO SUFFER PREGNANCY LOSS	250
NATIONAL DAY LABORER ORGANIZING NETWORK 1030 SOUTH ARROYO PARKWAY SUITE 106 PASADENA, CA 91105		PC	FOR IMPROVING LIVES OF LOW- INCOME WORKERS	500
<b>Total . . . . . ▶ 3a</b>				60,490

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NAVAJO NATION OFFICE OF THE CONTROLLER (COVID-19 RESPONSE FUND) PO BOX 3150 WINDOW ROCK, AZ 86515		PC	FOR COVID-19 RELIEF	375
NEW ISRAEL FUNDPO BOX 177 LEWISTON, ME 04243		PC	FOR MAKING ISRAEL A MORE EQUITABLE AND DEMOCRATIC SOCIETY	500
NEW YORK PUBLIC LIBRARY 445 FIFTH AVE NEW YORK, NY 10157		PC	FOR PUBLIC ACCESS TO EDUCATIONAL RESOURCES AND PROGRAMS	200
<b>Total . . . . . ▶ 3a</b>				60,490



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NEW YORK PUBLIC RADIO 160 VARICK ST NEW YORK, NY 10013		PC	FOR IMPROVED AND FREE-OF-ADVERTISING PROGRAMMING TO EDUCATE THE PUBLIC	100
NPR FOUNDATION 9909 JEFFERSON BLVD CULVER CITY, CA 90232		PC	FOR EXPANDED COVERAGE AND DISSEMINATION OF INFORMATION ABOUT PUBLIC AFFAIRS	250
NY TIMES NEEDIEST CASES FUND 620 EIGHTH AVE NEW YORK, NY 10018		PC	FOR ASSISTANCE TO NEEDY INDIVIDUALS	500
<b>Total . . . . . ▶ 3a</b>				60,490

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
OLNEY THEATRE CENTER 2001 OLNEY-SANDY SPRING RD OLNEY, MD 20832		PC	FOR EDUCATION AND EXCELLENCE IN THE THEATRICAL ARTS	250
PARTNERSHIP WITH NATIVE AMERICANS PO BOX 1841 MERRIFIELD, VA 22116		PC	FOR COVID-19 RELIEF	375
PLANNED PARENTHOOD OF NASSAU COUNTY 540 FULTON AVE HEMPSTEAD, NY 11550		PC	FOR HEALTH CARE SERVICES FOR NEEDY INDIVIDUALS IN NASSAU COUNTY, NY	250
<b>Total . . . . . ▶ 3a</b>				60,490

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PRINCE GEORGE'S PHILHARMONIC PO BOX 1111 RIVERSIDE, MD 20738		PC	FOR EDUCATION AND THE PROMOTION OF ORCHESTRAL MUSIC IN AN UNDERSERVED COUNTY	300
SHALOM HARTMAN INSTITUTE OF NORTH AMERICA 475 RIVERSIDE DR SUITE 1450 NEW YORK, NY 10115		PC	FOR EDUCATION ON JEWISH STUDIES	100
SHEPHERD'S TABLE8106 GEORGIA AVE SILVER SPRING, MD 20910		PC	FOR HELPING THE HOMELESS	250
<b>Total . . . . .</b> ► <b>3a</b>				60,490

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
SID JACOBSON JEWISH COMMUNITY CENTER 300 FOREST DR EAST HILLS, NY 11548		PC	FOR THE NANCY MARX CANCER WELLNESS CENTER FOR THE PROMOTION OF HEALTH AND WELLNESS	180
SIGNATURE THEATRE 4200 CAMPBELL AVE ARLINGTON, VA 22206		PC	FOR EDUCATION AND OUTREACH IN THE THEATRICAL ARTS	150
SO OTHERS MIGHT EAT (SOME) 71 O ST NW WASHINGTON, DC 20001		PC	FOR HELPING VULNERABLE POPULATIONS MOVE OUT OF POVERTY	1,000
<b>Total . . . . . ▶ 3a</b>				60,490

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SOCIAL GOOD FUND 12651 SAN PABLO AVE 5473 RICHMOND, CA 94805		PC	FOR COVID-19 RELIEF	375
TEMPLE SINAI OF ROSLYN 425 ROSLYN RD ROSLYN HEIGHTS, NY 11577		PC	FOR SUPPORT OF RELIGIOUS AND EDUCATIONAL PROGRAMS	3,295
THE HABERMAN INSTITUTE FOR JEWISH STUDIES 2200 BALTIMORE RD SUITE B ROCKVILLE, MD 20851		PC	FOR COMMUNITY EDUCATION ON JEWISH TOPICS	100
<b>Total . . . . . ▶ 3a</b>				60,490

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UJA FEDERATION OF NEW YORK 130 EAST 59TH ST NEW YORK, NY 10022		PC	FOR A COMMUNAL RESPONSE TO POVERTY AND NEED	10,000
UNITED STATES ARTISTS 200 WEST MADISON ST CHICAGO, IL 60606		PC	FOR COVID-19 RELIEF	500
UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM (USCJ) 3080 BROADWAY SUITE B208 NEW YORK, NY 10027		PC	FOR RELIGIOUS EDUCATION OF CLERGY IN THE CONSERVATIVE JEWISH MOVEMENT	200
<b>Total . . . . . ▶ 3a</b>				60,490

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNITY HEALTH CARE 1100 NEW JERSEY AVE NW WASHINGTON, DC 20003		PC	TO ASSIST IN COVID-19 RESPONSE	500
WORLD CENTRAL KITCHEN 1342 FLORIDA AVE NW WASHINGTON, DC 20009		PC	FOR COVID-19 RESPONSE	500
YACHAD8720 GEORGIA AVE 705 SILVER SPRING, MD 20910		PC	FOR IMPROVING LOW-INCOME HOUSING IN THE GREATER WASHINGTON DC AREA	5,173
<b>Total . . . . . ▶ 3a</b>				60,490

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
YOUNG ARTISTS OF AMERICA AT STRATHMORE 5301 TUCKERMAN LANE NORTH BETHESDA, MD 20852		PC	FOR VIDEO PRODUCTION AND PURCHASE OF EQUIPMENT FOR UNDERSERVED STUDENTS	3,462
ZAMIR CHORAL FOUNDATION 475 RIVERSIDE DR SUITE 1948 NEW YORK, NY 10115		PC	FOR EDUCATION AND TRAINING OF CHORAL CONDUCTORS TO TEACH JEWISH CHORAL MUSIC	5,000
WASHINGTON CONSERVATORY OF MUSIC ONE WESTMORELAND CR BETHESDA, MD 20816			FOR EDUCATION OF STUDENTS AND THE PUBLIC IN INSTRUMENTAL MUSIC	250
<b>Total . . . . . ▶ 3a</b>				60,490



**TY 2020 Accounting Fees Schedule****Name:** GROSSMAN FAMILY CHARITABLE FUNDS INC**EIN:** 13-6091872

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	1,485	223		1,262

**TY 2020 Investments Corporate Stock Schedule****Name:** GROSSMAN FAMILY CHARITABLE FUNDS INC**EIN:** 13-6091872**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
INVESTMENTS - CORPORATE STOCK	801,465	801,465

**TY 2020 Investments Government Obligations Schedule****Name:** GROSSMAN FAMILY CHARITABLE FUNDS INC**EIN:** 13-6091872**US Government Securities - End  
of Year Book Value:**

166,774

**US Government Securities - End  
of Year Fair Market Value:**

166,774

**State & Local Government  
Securities - End of Year Book  
Value:**

0

**State & Local Government  
Securities - End of Year Fair  
Market Value:**

0

**TY 2020 Investments - Other Schedule****Name:** GROSSMAN FAMILY CHARITABLE FUNDS INC**EIN:** 13-6091872**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
CERTIFICATES OF DEPOSIT	FMV	26,421	26,421

**TY 2020 Legal Fees Schedule****Name:** GROSSMAN FAMILY CHARITABLE FUNDS INC**EIN:** 13-6091872

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL	2,100	315		1,785

**TY 2020 Other Expenses Schedule****Name:** GROSSMAN FAMILY CHARITABLE FUNDS INC**EIN:** 13-6091872**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NY FILING FEES	250	38		212
FIDELITY ACCOUNT FEES	14	14		0
NYS ANNUAL PUBLICATION NOTICE	320	48		272
POSTAGE	65	10		55

**TY 2020 Other Increases Schedule****Name:** GROSSMAN FAMILY CHARITABLE FUNDS INC**EIN:** 13-6091872**Other Increases Schedule**

Description	Amount
NONDIVIDEND DISTRIBUTIONS - RETURN OF CAPITAL	2,223
UNREALIZED APPRECIATION- SECURITIES	20,033

**TY 2020 Taxes Schedule**

**Name:** GROSSMAN FAMILY CHARITABLE FUNDS INC  
**EIN:** 13-6091872

**Taxes Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	268	268		0



<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ <b>Attach to Form 990, 990-EZ, or 990-PF.</b> ▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information.	OMB No. 1545-0047
		<b>2020</b>
Name of the organization GROSSMAN FAMILY CHARITABLE FUNDS INC		Employer identification number 13-6091872

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

Name of organization GROSSMAN FAMILY CHARITABLE FUNDS INC	Employer identification number 13-6091872
--	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)

Name of organization GROSSMAN FAMILY CHARITABLE FUNDS INC	Employer identification number 13-6091872
--	--

<b>Part II</b> Noncash Property			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>1</u>	27 SHARES NETEASE	\$ 9,983	2020-05-13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>2</u>	14 SHARES COSTCO, 22 SHARES PAYPAL	\$ 9,188	2020-08-05
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>3</u>	60 SHS 3M; 40 SHS SEL SECT SPDR TR TECH; 70 SHS PROCTOR & GAMBLE; 80 SHS ORACLE; 30 SHS MCDONALDS	\$ 35,863	2020-10-06
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>6</u>	13 SHARES COSCO, 40 SHARES SELECT SPECTOR SPIDER TRUST TECH (XLK), 18 SHARES DEERE	\$ 14,637	2020-12-21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>8</u>	43 SHARES HANNON ARMSTRONG; 27 SHARES JOHNSON & JOHNSON; 20 SHS PAYPAL; 34 SHS APPLE; 9 SHS FEDEX	\$ 18,626	2020-12-24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Name of organization GROSSMAN FAMILY CHARITABLE FUNDS INC	Employer identification number 13-6091872
--	--

Part III

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

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

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

Additional Data

Software ID:  
Software Version:  
EIN: 13-6091872  
Name: GROSSMAN FAMILY CHARITABLE FUNDS INC

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	EDWARD GROSSMAN	\$ 9,983	Person <input type="checkbox"/>
	8505 SALEM WAY		Payroll <input type="checkbox"/>
	BETHESDA, MD 208144705		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution.)
<u>2</u>	DAVID GROSSMAN	\$ 9,188	Person <input type="checkbox"/>
	1752 T STREET NW		Payroll <input type="checkbox"/>
	WASHINGTON, DC 20009		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution.)
<u>3</u>	EDWARD GROSSMAN	\$ 35,863	Person <input type="checkbox"/>
	8505 SALEM WAY		Payroll <input type="checkbox"/>
	BETHESDA, MD 208144705		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution.)
<u>4</u>	EDWARD GROSSMAN	\$ 8,081	Person <input checked="" type="checkbox"/>
	8505 SALEM WAY		Payroll <input type="checkbox"/>
	BETHESDA, MD 208144705		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>5</u>	EDWARD GROSSMAN	\$ 3,737	Person <input checked="" type="checkbox"/>
	8505 SALEM WAY		Payroll <input type="checkbox"/>
	BETHESDA, MD 208144705		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>6</u>	EDWARD GROSSMAN	\$ 14,637	Person <input type="checkbox"/>
	8505 SALEM WAY		Payroll <input type="checkbox"/>
	BETHESDA, MD 208144705		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution.)

**Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.**

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	EDWARD GROSSMAN	\$ 15,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	8505 SALEM WAY		
	BETHESDA, MD 208144705		
8	DAVID GROSSMAN	\$ 18,626	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution.)
	1752 T STREET NW		
	WASHINGTON, DC 20009		