Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052

2017

Dergitment of the Treasury

 $\,\blacktriangleright\,$ Do not enter social security numbers on this form as it may be made public.

		nue Service	▶ G	o to www.irs.go	ov/Form990	PF for instructions	and t	he late	st informatio	on. c)pen t	o Public Inspection	2
For	calend	dar year 2017	or tax year beginning			, 201	7, and	ending				, 20	9
Na	me of f	foundation							A Employer i	dentification numb	er		4
_ <u>D</u> a	avid	P Tenberg	Charit Found	Inc					20-3160	444			9
Nı	ımber a	and street (or P C	box number if mail is no	ot delivered to stree	et address)		Room	/suite	B Telephone	number (see instruc	tions)		-
1:	1206	Boxer Hil	l Road						(410)56	1-0635			2
Cı	ty or tov	wn, state or prov	ince, country, and ZIP or f	foreign postal code	•				C If exemption	on application is pen	dına, d	check here	9
_C	ockey	ysville, 1	D 21030								J, 1	\mathcal{H}	0'
G	heck a	all that apply:	Initial return		Initial retum	of a former public c	narity		D 1. Foreign	organizations, chec	k here	▶ 🗍	
			Final retum		Amended re	etum			2 Foreign	organizations meet	ing the	85% test	မ
			Address cha	ange	Name chang	ge				ere and attach com			
H	check t	type of organiz	ation X	Section 501(c)(3) exempt pri	vate foundation		04) E If private fo	oundation status wa	c torm	unated under	
	Secti	ion 4947(a)(1)	nonexempt charitable			taxable private found	dation	UT		7(b)(1)(A), check he			
I F	air ma	rket value of a	Il assets at	J Accountin		X Cash	Acc	rual /	F If the foun-	dation is in a 60-moi	ath ton	mination	∞
e	nd of y	year (from Part	II, col. (c),		(specify)		_	1		tion 507(b)(1)(B), ch		1 1	•
lı	ne 16)	▶ \$	878,956	(Part I, colum	n (d) must b	e on cash basis)							
Pa	rt I	Analysis	of Revenue and	Expenses (The total of	(a) Barrana and						(d) Disbursements	
		amounts in co	lumns (b), (c), and (d) ma	y not necessanly e	equal	(a) Revenue and expenses per			investment	(c) Adjusted net		for chantable purposes	
		the amounts i	n column (a) (see instructi	ions).)		books		in	come	income		(cash basis only)	
<i></i>	1	Contributions	, gifts, grants, etc., rece	eived (attach sch	edule)				۲,		- 1	÷^ ;	
	2		if the foundation is not									, , ,	
	3		vings and temporary c				69		69		69	*	
	4		d interest from securitie			28,6	90		25,690	28,	690	•	
	5a	Gross rents				•					4	, ,	
	b		ome or (loss)			,				, · · ·		*	
as	6a		oss) from sale of asset	ts not on line 10		364,2	17		, t	A (, , , , , , ,	
Revenue	ь	•	ce for all assets on line 6a					V1. V		*	.		
Š	7		net income (from Part I			· · · · · · · · · · · · · · · · · · ·	-		364,217	· · · · · · · · ·	27,		
8	8	-	n capital gain					,	-				
	9		fications			,	١.		, %,			~ *	
	10a		s returns and allowances	1		, ,	Ť		,	4 5			
	b		goods sold			u - u		:		مهم چو مقصد پر ایران در او			
	С		or (loss) (attach schedu					4	1				
	11		(attach schedule) .									· · · · · · · · · · · · · · · · · · ·	
	12	Total. Add In	nes 1 through 11			392,9	76		389,976	28,	759	. , , .	
	13					a in				·			
Ś	14	Other employ	n of officers, directors, ee salaries and wages	REGE	INED	(3)							
ses	15		s, employee benefits			101							
ber	16a		ttach schedule)	ી a = a . a.	7-2018	8							
X	ь		15	4 SEP 1	7 2010	181							
and Administrative Expen	С	-	sional fees (attach sch	edule)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	57 1							
ati	17			OGD	N, UT								
	18		schedule) (see instruc								i		
	19		(attach schedule) and	•								4.2	
45	20	•		•									
▼	21		rences, and meetings										,
au'	22		oublications										•
S E	23		ses (attach schedule)			2,0	80		946	2,	680	2,680	
ع¥ر	24		ing and administrative										•
Operating			through 23			2,0	80		946	2,	680	2,680	
ξŌ	25		, gifts, grants paid .			167,0						167,000	•
2	26		ses and disbursemer			169,6			946	2.	680	169,680	•
5	27		26 from line 12:										•
Ŋ	а		venue over expenses	and disbursen	nents .	223,2		,			-		!
	b		ent income (if negative			==-71	1		389,030	,			
	ı		t income (if negative.	-			$\neg \neg$;	,		079	7	

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	Enolo	year
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	73,020	736	736
-	2	Savings and temporary cash investments		75,001	75,001
	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 ▶	•		-
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations (attach schedule)			
			564,642	784,824	803,219
	C	Investments - corporate bonds (attach schedule)	301,012	7017021	0037223
	11	1			
	• •	Less accumulated depreciation (attach schedule)	and the collection that after the total and an end to the total decrease of	A	
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	·			
	14		A company of		
	45	Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			250 256
	4-7	ınstructions. Also, see page 1, item I)	637,662	860,561	878,956
	17	Accounts payable and accrued expenses			
Ś	18	Grants payable			· · · · · · · · · · · · · · · · · · ·
iţie	19	Deferred revenue			, , , , , , , , , , , , , , , , , , ,
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ľ	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe	_		
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here · · · · · · ► X			ادو م د ب مهمار _{ه م} ما
es		and complete lines 24 through 26, and lines 30 and 31.			*
alances	24	Unrestricted	637,662	860,561	
	25	Temporarily restricted			
8	26	Permanently restricted			
or Fund		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds] · · · · · · ·
ë	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds			_
at /	30	Total net assets or fund balances (see instructions)	637,662	860,561	
ž	31	Total liabilities and net assets/fund balances (see			
		instructions)	637,662	860,561	
	art II	I Analysis of Changes in Net Assets or Fund Balance			
1		net assets or fund balances at beginning of year - Part II, column (a), line			
	end⊣	of-year figure reported on prior year's return)		1	637,662
2	Ente	r amount from Part I, line 27a		2	223,296
3	Othe	r increases not included in line 2 (itemize) ►STM115		3	109
		lines 1, 2, and 3			861,067
5	Decr	eases not included in line 2 (itemize) STM116		5	506
_	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	column (b) line 30	6	860,561

Tartiv Capital Callis	ariu	E03363 for Tax off filte	Sunent Mcome				
		kind(s) of property sold (for example, or common stock, 200 shs. MLC		(b) How acquired P-Purchase D-Donation		acquired day, yr)	(d) Date sold (mo , day, yr.)
1a Short Term Gains	See	Schedule No. 1		P	-		
b Long Tern Gains				P			
C				·			
d							
е							
(e) Gross sales price		(f) Depreciation allowed (or allowable)	(g) Cost or o plus expen				n or (loss) (f) minus (g))
a 199,287				199,905	· ·		(618)
b 897,429	<u> </u>		- **	532,594			364,835
C							
d							
е							
Complete only for assets sho	wina a	ain in column (h) and owned b	v the foundation on 1	2/31/69.			
(i) FMV as of 12/31/69		(j) Adjusted basis as of 12/31/69	(k) Excess over col (of col (i)	co	(k), but not	l. (h) gain minus less than -0-) or rom col. (h))
a		· · · · · · · · · · · · · · · · · · ·					(618)
b			ì		i — — —		364,835
C							
d	 			_ 			
<u> </u>							
2 Capital gain net income or (i	net capi	ital loss)	so enter in Part I, lin	· · · · · · · · · · · · · · · · · · ·	2		364,217
3 Net short-term capital gain of	r (loss)	as defined in sections 1222(5) and (6)				
. •		olumn (c). See instructions. If (lo		1			
		<u>.</u> <u></u>	•	·	3		(618)
		Section 4940(e) for Re		Net Investme	nt Inco	me	
(For optional use by domestic pr							
(ci opiloliai dee a) delileate pi					,		
If section 4940(d)(2) applies, lea	ve this	part blank.					
Was the foundation liable for the	coction	2 4042 tay on the distributable of	amount of any year is	the bace period	2		Yes X No
If "Yes," the foundation doesn't			• •	i the base period	•		L les Willo
		ch column for each year, see the		making any entri	ies		
(a)	it iri ea	ur column for each year, see u	ie msiliacions beidie	I making any emi	163.		(d)
Base period years		(b) Adjusted qualifying distributio	ns Net value of	(c) noncharitable-use a	ssets		ribution ratio
Calendar year (or tax year begins	ing in)	, tajasta qaaniying alaabaa	1101 10100 011	10.10.10.11.11.10.10.10.10.10	-	(COI (D)	divided by col (c))
2016							
2015							
2014							
2013							
2012		<u> </u>		~			
					_		_
2 Total of line 1, column (d).					2	0.	. 0
3 Average distribution ratio for	-	•	•	-		. _	_
the number of years the four	ndation	has been in existence if less th	nan 5 years		3	0.	.0
					Ì	1	
4 Enter the net value of nonch	antable	e-use assets for 2017 from Part	X, line 5		• •	<u> </u>	909,423
					-	l l	
5 Multiply line 4 by line 3				. .	5	<u>i </u>	0
6 Enter 1% of net investment	ncome	(1% of Part I, line 27b)			6	<u>i</u>	3,890
7 Add lines 5 and 6					7	,	3,890
				· · · · ·	-		
8 Enter qualifying distributions	from P	art XII, line 4			8	3	169,680
		ine 7, check the box in Part VI,					
Part VI instructions.		,		. 3			

	550-r (2017) David P Temberg Charit Found Inc / 20-3160			age 4
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instr	uction	s)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			1
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		3	,890
	here ► X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of			
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) . 2			0
3	Add lines 1 and 2		3	,890
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) .			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		3	,890
6	Credits/Payments			
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 6a			
b	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c 500			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d			500
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8			22
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		3	,412
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax			
	t VII-A Statements Regarding Activities	_		
1a		-	Yes	No
	participate or intervene in any political campaign?	1a_		<u>X</u>
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	45		Х
	Instructions for the definition	1b		
	published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	<u>''</u>		
u	(1) On the foundation. > \$ (2) On foundation managers. > \$, ,	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		• •	,
	on foundation managers. \$, ,	, ,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			, ,
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			•
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
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?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			- :
	By language in the governing instrument, or			1 1 1
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that 	_		
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X_	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered. See instructions		l	
	MD			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			4
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	_8b_	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See instructions for Part XIV)? If "Yes,"	_		
40	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			١

	990-FF (2017) David P Tenberg Charit Found Inc 20-31604	44		age 5
	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		<u>X</u>
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		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_X	
	Website address ► N/A			
14	The books are in care of ▶ Marvin M Tenberg Telephone no. ▶ 410-5	61-0	53 <u>5</u>	
	Located at ► 11206 Boxer Hill Drive, Cockeysville, MD ZIP+4 ► 21030			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-check here			▶ ∐
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, secunties, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			
Par	t 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.		Yes	No
1a	During the year, did the foundation (either directly or indirectly).	1		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	ŀ	-	1
	disqualified person?	1		y~
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		-	_ !
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	1		,
	(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)?	-		- 1
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		1	
	foundation agreed to make a grant to or to employ the official for a period after		. ,	
	termination of government service, if terminating within 90 days.)		`	ءُ ' ۔ اُ
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	ļ.,	·	. 1
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here	1	1,70	Ĭ .
C	Did the foundation engage in a pnor 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 2017?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	1	~	4
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	'		* ## · ·
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2017?	1	1	_
	If "Yes," list the years		-	1 11.
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		1 .1	1
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		ļ`	
	all years listed, answer "No" and attach statement - see instructions.)	2b	ļ	<u> </u>
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			1.
	•			[
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			1
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		-	
	foundation had excess business holdings in 2017.)	3b	↓	<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	↓	X
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 2017?	4b	1	X
EEA		orm 9	90-PF	(2017)

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions Yes X No (5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes X No b If any answer is "Yes" to 5a(1)-(5), did any 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 Organizations relying on a current notice regarding disaster assistance check here Secure It maintained expenditure responsibility for the grant? Yes 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 a personal benefit contract? No		990-PF (20		David P Tenh				4720	May Ro F	Pequir		0-3160	444	P	age (
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	_							14/20	May be I	vequii	eu (con	unueu)		Van	Na
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any volter registration drive? (3) Provide a grant to an individual for travely, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(0)(4)(A)? See instructions (5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (b) If any answer is "Yes" to 5(1)-(5), did any 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 Organizations relying on a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 56(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? 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 a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes \(\) No b If "Yes," did the foundation About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Tide, and average (c) Compensation and deferred compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (c) Expense according to the pr					-					Г	٦.,	₩.	ļ	res	No
directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (5) Provide for any purpose other than religious, chantable, etc., organization described in section 4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) If any answer is "Yes" to 54(1)-(5), did any 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 (6) If any answer is "Yes" to question 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? (7) If "Yes," attach the statement required by Regulations section 53.4945-5(d). (8) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (8) Did the foundation, during the year, any premiums, directly or indirectly, to pay premiums on a personal benefit contract? (9) Title, and average (1) Compensation (1) Title, and average (1) Compensation (1) Title, and average (1) Compensation (2) Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50.000 (b) Title, and average (1) Compensation (2) Compensation (2) Compensation (3) Contributions to employee benefit plans and deferred compensation (2) Compensation (3) Contributions to employee benefit plans and deferred compensation (3) Compensation (4) Contributions to employee benefit plans and certered compensation (4) Compensatio		-					-	•	• •	· · · [Yes	X NO			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	(-	•		•	г	٦.,	₹		1	
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or arimals? (b) If any answer is "Yes" to 5a(1)-(5), did any 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 (c) If the answer is "Yes" to question 53.4945 or in a current notice regarding disaster assistance check here (d) If "Yes" to "Yes" to question 53.4945 or in a current notice regarding disaster assistance check here (e) If "Yes" to "It aliant the statement required by Regulations section 53.4945-5(d). (a) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? (c) If "Yes" to 6b, file Form 8870. (a) No b If "Yes," did the foundation appropriation of the transaction? (b) If "Yes," did the foundation that any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? (b) If "Yes," did the foundation that year, was the foundation aparty to a prohibited tax shelter transaction? (c) Trustees, Foundation Managers, Highly Paid Employees, and Contractors (a) Name and address and foundation managers and their compensation. See instructions. (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (e) Expense according to the foundation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If plans and deferre	•									· ·					
section 4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of countly to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any 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 C 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? If "Yes," attach the statement required by Regulations section 53.4945-5(d). Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870. At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? The yes of the foundation About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (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 of the remainded compensation (e) Expense according and deferred compensation (c) Compensation (e) Expense a										<i>.</i> [Yes	X No			
(5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? If any answer is "Yes" to 5a(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions Corganizations relying on a current notice regarding disaster assistance check here 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? If "Yes," attach the statement required by Regulations section 53.4945-5(d). But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Dut the foundation, during the year, apy premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No If "Yes" to 6b, file Form 8870. At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No If "Yes" to 6b, file Form 8870. At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No If "Yes" to 6b, file Form 8870. At any time during the tax year, was the foundation and any time during the tax year, was the foundation managers and their compensation. See instructions. (a) Name and address and foundation managers and their compensation. See instructions. (a) Name and address and foundation managers and their compensation. (b) Title, and average hours per week devoted to position (fire paid, enter-0-) Trustee Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (c) Compensation (c) Compensation (e) Expense accordinar and vertical compensation of the foundation foundatio	((4) Provid	de a grar	nt to an organization oth	her than a cha	aritable, e	etc., organizati	on descr	ibed in		_				
purposes, or for the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any 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 Crganzations relying on a current notice regarding disaster assistance check here 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? If "Yes," attach the statement required by Regulations section 53.4945-5(d). Build the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes " to 6b, file Form 8870. At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? The part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average (c) Compensation (d) Contributions to employee benefit plans and deferred compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (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 (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense according provided to position (e) Compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and defer			-	,, ,, ,						\	Yes	X No	1		
b If any answer is "Yes" to 5a(1)-(5), did any 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	((5) Provid	de for an	y purpose other than re	eligious, chant	able, sci	entific, literary,	or educ	ational	_					
Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance check here 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? If "Yes," attach the statement required by Regulations section 53.4945-5(d). But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average hours preveet devoted to position for the highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours preveet devoted to position (c) Compensation (c) Compensation lorent plans and deferred compensation other allowance other allowance devoted to position (c) Compensation lorent plans and deferred compensation other allowance devoted to position (c) Compensation lorent plans and deferred compensation other allowance other allowance devoted to position (c) Compensation lorent plans and deferred compensation other allowance devoted to position (c) Compensation lorent plans and deferred compensation other allowance other allowance devoted to position (c) Compensation lorent plans and deferred compensation other allowance o		purpo:	ses, or fe	or the prevention of cru	elty to childre	n or anii	mals?	. .		[Yes	X No			
Organizations relying on a current notice regarding disaster assistance check here c 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? if "Yes," attach the statement required by Regulations section 53.4945-5(d). But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? if "Yes" to 6b, file Form 8870. At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No if "Yes" did the foundation receive any proceeds or have any net income attributable to the transaction? Tax tall officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation. (e) Expense accomplete the foundation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (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 accomplete benefit plans and deferred compensation (e) Expense accomplete benefit plans and deferred compensation (e) Expense accomplete to the position of the position of the state of the analysis of the state of the allowance of	bi	If any ans	wer is "\	es" to 5a(1)-(5), did a	ny of the tran	sactions	fail to qualify	under th	e exception:	s descrit	ed in				
Organizations relying on a current notice regarding disaster assistance check here c 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? if "Yes," attach the statement required by Regulations section 53.4945-5(d). But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? if "Yes" to 6b, file Form 8870. At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No if "Yes" did the foundation receive any proceeds or have any net income attributable to the transaction? Tax tall officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation. (e) Expense accomplete the foundation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (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 accomplete benefit plans and deferred compensation (e) Expense accomplete benefit plans and deferred compensation (e) Expense accomplete to the position of the position of the state of the analysis of the state of the allowance of	F	Regulation	ns sectio	on 53.4945 or in a curre	ent notice reg	arding d	ısaster assıstaı	nce? Sec	e instructions		<i>.</i> .		5b		
c 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? 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 a personal benefit contract? If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes" did the foundation receive any proceeds or have any net income attributable to the transaction? The part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation. 2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense accompliants and deferred compensation.						_									
because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes," to 6b, file Form 8870. At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average hours per week devoted to position for the plans, and deferred compensation. 2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position for the plans and deferred compensation (c) Compensation for the plans and deferred compensation of the employee benefit plans and deferred compensation of the employee benefit plans and deferred compensation for the plans and deferred compensation for the plans and deferred compensation of the employee benefit plans and deferred compensation of the employee benefit plans and deferred compensation for the plans and deferred compensation of the employee benefit plans and deferred compensation of the plans and deferred compensation of the employee benefit plans and deferred compensation for the plans and deferred compensation of the employee benefit plans and deferred compensation of the plans and defe					-							ب			
If "Yes," attach the statement required by Regulations section 53.4945-5(d). But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870. At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average hours per week devoted to position Frustee 1.206 Boxer Hill Road, MD 21030 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position and deferred compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense according to the foundation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (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 according plans and deferred compensatio										ſ	Vac	□ No			
Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?					-	-				<i>.</i> ['63				
on a personal benefit contract? Yes No															
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					-	-	•			г	٦.,	₹.			
If "Yes" to 6b, file Form 8870. 7a At any time duning the tax year, was the foundation a party to a prohibited tax shelter transaction?		•									Yes	MO			
At any time duning the tax year, was the foundation a party to a prohibited tax shelter transaction?					remiums, dire	ectly or II	ndirectly, on a	personal	benefit cont	act?		• • • •	6b		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?											_		-		1
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average hours per week devoted to position Trustee 1206 Boxer Hill Road, MD 21030 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (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 to enter the plant and deferred compensation (e) Expense according to the plant and deferred compensation (e) Expense according to the plant 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 plants and deferred compensation (e) Expense according to the plant and address of each employee benefit plants and deferred compensation (e) Expense according to the plant and address of each employee benefit plants and deferred compensation		-	_	=	-	•	-								
and Contractors List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average hours per week devoted to position (find paid, enter-0-) (find paid, enter	<u>b 1</u>	lf "Yes," d	lid the fou	undation receive any pr	roceeds or ha	ive any r	net income attr	butable	to the transa	ction?			7b	L	
1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (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 according to the relievance of the rel	<u>Part</u>	VIII	Inform	nation About Offi	cers, Dire	ctors,	Trustees,	Found	lation Mai	nagers	i, Highl	y Paid	Emplo	yees	5,
(a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (find paid, enter -0-) (d) Contributions to employee benefit plans and deferred compensation (e) Expense according and deferred compensation (find paid, enter -0-) (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense according and the properties of the plans and deferred compensation (e) Expense according and the plans and deferred compensation (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense according and the plans and deferred compensation (e) Expense according and the plans and deferred compensation (e) Expense according and the plans and deferred compensation (e) Expense according and the plans and deferred compensation (e) Expense according and the plans and deferred compensation (e) Expense according and the plans and deferred compensation (e) Expense according and the plans and deferred compensation (e) Expense according and the plans and deferred compensation (e) Expense according and the plans and deferred compensation (e) Expense according and the plans and deferred compensation (e) Expense according and the plans and deferred compensation (e) Expense according and the plans and deferred compensation (e) Expense according and the plans and deferred compensation (e) Expense according and the plans and															
(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 according and deferred compensation (e) Expense according and deferred compensation (e) Expense according and deferred compensation (f) Compensation (g) Contributions to employee benefit plans and deferred compensation (e) Expense according and deferred compensation (f) Contributions to employee benefit plans and deferred compensation (g) Compensation (h) Title, and average hours per week devoted to position (g) Compensation (g) Compensation (g) Compensation (h) Contributions to employee benefit plans and deferred compensation (g) Expense according and the properties of the plans and deferred compensation (g) Compensation (g) Compensation (g) Compensation (g) Expense according and deferred compensation (g) Co	1 Lis														
devoted to position enter-0-) and deferred compensation Trustee 1206 Boxer Hill Road, MD 21030 2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (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 according to the plans and deferred compensation of the relievance o													(e) Exp	ense a	ccou
1206 Boxer Hill Road, MD 21030 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (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 other allowance other allowance devoted to position			(a) I	Name and address				(If n	iot paid, iter -0-)				other	allowa	nces
2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (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 according to the first plans and deferred compensation	arv	in M T	enhero						,,						
2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (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 accompless to each employee benefit plans and deferred compensation									٥			n			0
"NONE." (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 accompless and deferred compensation		O BORE		. Roud, MD 2203			0.25	-	<u> </u>						
"NONE." (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 accompless and deferred compensation								ļ		ļ					
"NONE." (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 accompless and deferred compensation								-					 		
"NONE." (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 accompless and deferred compensation													ł		
"NONE." (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 accompless and deferred compensation															
"NONE." (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 accompless and deferred compensation								ļ							
"NONE." (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 according to their allowance of the results o															
(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 accompless to employee benefit plans and deferred compensation	2 Cc	ompensat	ion of fi	ve highest-paid emplo	yees (other	than the	se included o	on line 1	- see instru	ctions).	If none,	enter			
(a) Name and address of each employee paid more than \$50,000 (b) Ittle, and average hours per week devoted to position (c) Compensation employee benefit plans and deferred compensation (e) Expense accompensation	"N	IONE."													
(a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation plans and deferred compensation other allowance							/L) Tall 4				(d) Contr	butions to			
devoted to position compensation	((a) Name a	nd addres	ss of each employee paid	more than \$50	,000			(c) Compe	nsation					
ONE									(0)				Outer	allowal	nces
	ONE										 		 -		_
	ONE.														
							ļ		}		 				
											i				
				 _					<u> </u>		ļ <u>.</u>				
							 				†				
							L		1		<u> </u>		<u> </u>		
Total number of other employees paid over \$50,000	otal	number o	other e	mployees paid over \$	50,000	<u></u>	<u></u>	<u></u>	<u></u>		· · · ·	<u> ▶</u>	L		

Form 990-PF (2017) David P Tenberg Charit Found Inc		160444 Page
Part VIII Information About Officers, Directors, Trustees, Fou and Contractors (continued)	ndation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors for professional services. See ins	tructions. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
otal number of others receiving over \$50,000 for professional services	<u></u>	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant st organizations and other beneficianes served, conferences convened, research papers produced,		Expenses
1		
<u>,</u>		
2		
3		
		
4		
Part IX-B Summary of Program-Related Investments (see inst	ructions)	<u> </u>
Describe the two largest program-related investments made by the foundation during the tax year		Amount
1		
2		
4		
All other program-related investments. See instructions		

Form 990-PF (2017)

3

EEA

Pa	rt XII »	Quai	itying i	Distributi	ons	(see ins	truction	S)
1	Amounts	paid (ıncluding	g admınistr	ative	expenses) to acco	mplis

1	Amounts paid (including administrative expenses) to accomplish chantable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	169,680
b	Program-related investments - total from Part IX-B	1b	
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	169,680
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. See instructions	5	3,890
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	165,790

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.

_	n 990-PF (2017) David rt XIII Undistributed In	P Tenberg Char come (see instri	rit Found Inc		20-3160	0444 Page 9
		1000 11011			<u> </u>	<u> </u>
1	Distributable amount for 2017 fro	m Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
	line 7					41,581
2	Undistributed income, if any, as			· 		
а						
_	Total for prior years:,	,				
3	Excess distributions carryover, if	any, to 2017:				
a	From 2012					
b	From 2013	197,028	1			
C	From 2014	238,750	1			
a	From 2015	183,550	1			
e 4	From 2016	152,649	1			
_ T	Total of lines 3a through e		771,977			
4	Qualifying distributions for 2017 f line 4: ►\$ 169					
а						
	Applied to 2016, but not more that Applied to undistributed income of					
U	(Election required - see instruction					
_	Treated as distributions out of co		 			
·						1
d	required - see instructions) Applied to 2017 distributable amo					
e	Remaining amount distributed ou		100 000	-		41,581
5	Excess distributions carryover ap		128,099			
•	(If an amount appears in column					
	amount must be shown in column	• • •				,
6	Enter the net total of each colu					:
	indicated below:	iiii us	, ,	^4		
а	Corpus. Add lines 3f, 4c, and 4e.	Subtract line 5	900,076	* 3		*
b	Prior years' undistributed income		300,070	*	,	*
	line 4b from line 2b					2 2000
С	Enter the amount of prior years' u		. *			. '{
	income for which a notice of defic	ciency has				.
	been issued, or on which the sect	tion 4942(a)	, a		~ ~ ~ ~	
	tax has been previously assessed	ı				Ī
d	Subtract line 6c from line 6b. Tax	able	" "			
	amount - see instructions		,		w ^c	x
e	Undistributed income for 2016. S					
	4a from line 2a. Taxable amount	- see				, manuscriptor , manu
	instructions					^ 3
f	Undistributed income for 2017. Se					
	4d and 5 from line 1. This amount					
_	distributed in 2018				<u> </u>	0
7	Amounts treated as distributions					
	to satisfy requirements imposed b					***************************************
	170(b)(1)(F) or 4942(g)(3) (Electronic form)	•				
_	required - see instructions)					
8	Excess distributions carryover fro					
	applied on line 5 or line 7 (see ins					
9	Excess distributions carryover					
10	Subtract lines 7 and 8 from line 6a	· · · · · · · ·	900,076			-
10	Analysis of line 9:]	
_	Excess from 2013	197,028				e conference
b c	Excess from 2014 Excess from 2015	238,750				!
		183,550				de de contrate
	Excess from 2016 Excess from 2017	152,649				; ; }
		128,099]	!

		nberg Charit F			20-316044	4 Page 10
Part						
1a	If the foundation has received a ruling or of		•	ng	1	/
	foundation, and the ruling is effective for 2	017, enter the date of	the ruling		<u> </u>	
b b	Check box to indicate whether the founda	tion is a private operat	ing foundation describe	ed in section	4942(j)(3) or	1942(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years		./.
	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	investment return from Part X for each year listed	(4) 2011	(2) 20.0	<u> </u>	 	
	· · · · · · · · · · · · · · · · · · ·				 	
b	85% of line 2a			 	 /	
c	Qualifying distributions from Part XII, line 4 for each year listed					
đ	Amounts included in line 2c not used directly for active conduct of exempt activities .					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:			g f		
a	"Assets" alternative test - enter: (1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	· · · · · · · · · · · · · · · · · · ·	/	/		
	· · · · · · · · · · · · · · · · · · ·		 		 	
С	"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 more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part	XV Supplementary Information	ion (Complete t	his part only if th	e foundation ha	d \$5.000 or more	in assets at
نشت	any time during the year					
			113.]			
1	Information Regarding Foundation Ma					
а	List any managers of the foundation who before the close of any tax year (but onl	o have contributed mo y if they have contribu	re than 2% of the total ted more than \$5,000).	contributions received . (See section 507(d)(2	by the foundation 2).)	
	None					
b	List any managers of the foundation who ownership of a partnership or other entit				e portion of the	
	None					
2	Information Regarding Contribution, Check here $\blacktriangleright [X]$ if the foundation only		-		does not accept	
	unsolicited requests for funds. If the four complete items 2a, b, c, and d. See instr	ndation makes gifts, g				
a	The name, address, and telephone num	ber or email address	of the person to whom	applications should be	addressed	
b	The form in which applications should b	e submitted and inform	nation and materials th	ney should include.		1
	Any submission deadlines:					· · · · · · · · · · · · · · · · · · ·
		,,				
d	Any restrictions or limitations on awards factors:	s, such as by geograph	nical areas, charitable f	tields, kinds of institution	ons, or other	

Form 990-PF (2017)

David P Tenberg Charit Found Inc

Part XV | Supplementary Information (continued)

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	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
Vegitarian Resources Group			Further the	
409 W. Coldspring Lane			programs of the	
Baltimore, MD 21210	None	PC	organization	3,500
The Fund for Animals			To further the	
200 W. 57th Street			programs of the	
New York, NY 10019	None	PC	organization	50,000
International Fund for Animal Welfa			To further the	
1350 Connecticut Ave., NW			programs of the	
Washington, DC 20036	None	PC	organization	25,000
nasizing con, be 20030	Mone	1	Organización	23,000
Our Daily Bread				
725 Fallsway				
Baltimore, MD 21202	None	PC	Feed the Hungry	1,500
American Wild Horse Sanctuary			To further the	
4115 Jalam Road			progarms of the	
Lompoc, CA 93436	None	PC	organization	1,500
Zompoc, CA J3430	None	1	Organización	1,500
ASPCA			To further the	
424 East 92nd Street	1		progrmas of the	
New York, NY 10128	None	PC	organization	750
The Doris Day Animal League			To further the	
8033 Sunset Boulevard			programs of the	
Los Angeles, CA 90046	None	PC	organization	, 500
	1.0		01901111011	, 300
The Gorilla Foundation			To further the	
PO Box 620530			programs of the	
Redwood City, CA 94062	None	PC	organization	1,000
Total			▶ 3a	
b Approved for future payment	<u> </u>		Ja	
				٩
				,
				•
Total				

Form 990-PF (2017)

David P Tenberg Charit Found Inc

Part XV. Supplementary Information (continued)

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	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
Paid during the year				
The Humane Farming Association			To further the	
PO Box 3577			programs of the	
San Rafael, CA 94912	None	PC	organization	1,00
PETA			To further the	
501 Front Street	1		progarams of the	
Norfolk, VA 23510	None	PC	organization	2,00
Little Sisters of the Poor			To further the	
301 Maiden Choice Lane			programs of the	
Catonsville, MD 21228	None	PC	organization	5,00
Concern for Helpin Animals			To further the	
PO Box 3341			programs of the	
Alexandria, VA 22302	None	PC	organization	25,00
Irvine Nature Center			To further the	
11201 Garrison Forest Road			programs of the	
Owings Mills, MD 21117	None	PC	organization	15,00
Internation Primate League			To further the	
PO Box 766)	programs of the	
Summerville, SC 29484	None	PC	organization	25,00
benimerville, be 23101	None		organización	23,00
AFrican Wildlife Federation			To further the	
1400 16th Street NW			programs of the	
Washington, DC 20036	None	PC	organization	1,50
Animal Rescue Foundation			To further the	
51 Piney Narrows Road			programs of the	
Chester, MD 21619	None	PC	organization	75
Total	<u> </u>	<u> </u>	3a	
b Approved for future payment				
				1
				,
				u
Total		1		

Part:XV: Supplementary Information (continued)

3. Grants and Contributions Paid During the Year or A

3 Grants and Contributions Paid During the	Year or Approve	d for Future P	ayment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year	•	1		
The Diane Fossey Gorrilla Fund		,	To further the	
800 Cherrokee Street NE			programs of the	
Atlanta, GA 30315	None	PC	organization	500
ACIANCA, GA 30313	None	1	Organization	200
			\	
Farm Sanctuary			To further the	
3100 Aikens Road			programs of the	
Watkins Glen, NY 14891	None	PC	organization	1,500
a				
Greenpeace			To further the	
702 H Street NW			programs of the	
Washington, DC 20001	None	PC	organization	3,000
National Humane Educational Society			To further the	
3711 Berryville Pike			programs of the	
Charles Town, WV 25414	None	PC	organization	1,000
			l	
Sea Shepherd Conservation Society			To further the	
PO Box 8628	}		programs of the	
Alexandria, VA 22306	None	PC	organization	2,000
			1	
			i	
	1	Į.		
]]	1	
		ļ.	1	
		1		
+		<u> </u>		1.67.000
Total	 		3a	167,000
b Approved for factore payment				
	Ĭ	1		
			i	
				1
			1	
		1	1	
			ļ	
Total				
		 		

EEA

Form 990-PF (2017)

Ent	er gross amounts unless otherwise indicated.		business income	Excluded by se	ection 512, 513, or 514	(e)
		(a) Business	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
1	Program service revenue:	code				
	a	<u> </u>				
	b	 				
		 				
	f					
	g Fees and contracts from government agencies					
2	Membership dues and assessments				_	
	Interest on savings and temporary cash investments .		69			
	Dividends and interest from securities		28,690			
5	Net rental income or (loss) from real estate:					
	a Debt-financed property				<u> </u>	
	b Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory		364,218			
9	Net income or (loss) from special events					
	Gross profit or (loss) from sales of inventory					
11	Other revenue: a					
	b					
	С					
	d			ļ . 		
	e					<u></u>
	Subtotal. Add columns (b), (d), and (e)			* *,		392,977
	ine No. Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt p	come is report	ted in column (e) of	Part XVI-A con	tributed importantly to	
_						
						
			 -	_		
						
					-	
_			-			
_						
_						
			<u> </u>			
_						
_						
_						
_						

Owings Mills MD 21117

Part		Information Organizatio		rs to and Transactions	and Relation	onships Wi	th Nonchar	itable Exem	ot	
1 D				in any of the following with	any other orga	anization desc	cribed		Yes	No
				ganizations) or in section 52			J.1.5.00		1.00	-
	rganizatio		,	,	, 3 -	•				:
аζ	ransfers f	from the reporti	ing foundation to a non-	chantable exempt organizati	on of			\		,
(1) Cash .		<i></i> .					1a(1)	_X_
(2	2) Other	assets						1a(2		X
b C	ther trans	sactions:								
(1	l) Sales	of assets to a	noncharitable exempt o	organization				1b(1)	<u>X</u>
(2	?) Purcha	ases of assets	from a noncharitable e	xempt organization				1b(2)	X
(:	3) Rental	l of facilities, e	quipment, or other asse	ets		<i></i>		1b(3	Щ_	<u>X</u>
(4	l) Reimb	ursement arra	ngements			<i>.</i>		1b(4	Щ_	X
		_								X
				fundraising solicitations .				<u>1b(6</u>	Щ	X
	_		-	er assets, or paid employees					Ш_	X
		-		plete the following schedule		-				
		_	-	en by the reporting foundation						
			or sharing arrangemen	t, show in column (d) the va						
(a) Line	no (b) Ar	mount involved	(c) Name of noncha	aritable exempt organization	(d) Desc	ription of transf	fers, transaction	is, and sharing ai	rangem	ents
				 	 					
									—	
					 -			_ 		
					 					
								_		
										
	+					_ -				
										
	_{									
										
										
					 		_			
						-				
	+				+					
	the foun	dation directly	or indirectly officeted v	rith, or related to, one or mor	o toy overnot	organization				
		-	•	i01(c)(3)) or in section 527?	e tax-exempt	organization	5	\Box	∕es X	7 No
			owing schedule.	101(c)(0)) of all section 027 :					C3 [2	ייי ב
		a) Name of organ		(b) Type of organizati			(c) Description	n of relationship		
		y Hame or organ	nzason	(b) Type of organizati			(O) Description	or relationarip		-
										
	Under pe	enalties of perjury, I	declare that I have examined	this return, including accompanying staxpayer) is based on all information	chedules and sta	tements, and to the	he best of my kno	wledge and belief, i	is true,	
Sign	correct, a	and complete Decla	aration of preparer (other than	taxpayer) is based on all information	of which prepare	has any knowled	dge			
Here		Marun	Leuber	1 9/1/18	Truste	2		May the IRS disc with the preparer		
пете		ature of officer or tre		Date	Title			See instructions	Yes	No.
		Print/Type prepar		Preparer's signature	//	Date	Check	X if PTIN		
Paid		Howard S		Howard Foll	and wall	08-23 - 20	Į.	— ,	68112	2
Prep	arer	Firm's name	► Howard S Abr	7/0		<u></u>	Firm's EIN ▶			
•	Only	Firm's address	▶ 5 Jenner Cou				Phone no			
	J	1								

410-356-3437

			
Federal S	upporting Stateme		2017 PG01
	_		FEIN
David P Tenberg Charit Found I	nc	<u></u>	20-3160444_
	- Part III - L i creases Schedul	le	Statement #115
Idx Exempt Dividends		109	
Total	_	109	
	- Part III - Li creases Schedul 		PG01 Statement #116
Form 990PF - I Investments: Cor			PG01 Statement #137
Category	BOY	Book Valı	le EOY FMV
See Schedule 3 Detail	564,642	784,8	24 803,219
Totals	564,642	784,82	803,219

		Federal Su	Federal Supporting Statements	ments	2017 PGG1	
Name(s) as shown on return					Your Social Security Number	
David P Tenberg Charit Found Inc					20-3150444	1
	Form 990PF	- Part I - Line 23	- Other Expenses Schedule	edule	Statement #103-	
	Revenue	Net	Adjusted	Charitable		
Description	and expenses	investment	net income	purpose		<u> </u>
Bookkeeping & Tax Prep	1,688	0	1,688	1,688		
Foreign Taxes	63	63	63	63		
Brokerage Fees	883	883	883	883		_
Postage	46	0	46	46		
Totals	2,680	946	2,680	2,680		
						\prod