

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Open to Public

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

		nue Service Go to www.irs.gov/ Form990 for inst			miation.		inspection					
<u> </u>	For the	2017 calendar year, or tax year beginning	, 2017, and e	ending			, 20					
В	Check if	applicable C Name of organization Hoffberger Family Fund, Inc			D	mployer	identification number					
	Address	change Doing business as			52	-116759	6					
	Name cl	hange Number and street (or P O box if mail is not delivered to str	reet address) Roo	om/suite	ET	elephone	number					
	Initial return 101 West Mount Royal Avenue 410-727-4828											
	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code											
$\overline{\Box}$	☐ Amended return Baltimore, MD 21201 G Gross receipts \$ 2,609,00											
$\Box$		ion pending F Name and address of principal officer		_			pordinates? Yes X No					
	Арріісаі	ion pending it mains and dedicas at printapar amost					ncluded? Yes No					
-	<del></del>	V 504(2)(2)		1			st (see instructions)					
		mpt status	4947(a)(1) or 5	27_								
	Website		<del>-   -   -   -   -   -   -   -   -   -  </del>		H(c) Group exe							
		organization  ☐ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of f	rormation	1979 N	State of	f legal domicile MD					
1	art l	Summary	<del></del>				<del> </del>					
	1	Briefly describe the organization's mission or most signification			dation was cre							
Activities & Governance		chantable, educational and religious purposes of The Associated J					he Associated)					
паг		The Foundation makes grants to public charitable organizations in	furtherance of the-n	riission (	ALTHE A 4 4 20 prop	ted \						
Ге	2	Check this box ▶☐ if the organization discontinued its op-	perations or ģispo:	sed of	nore than 25	% 1051	s net assets					
်	3	Number of voting members of the governing body (Part V	l, line 1a)			3 <mark>9</mark>	10					
ಷ	4	Number of independent voting members of the governing	body (Part VI tine	e 1bu) <sub>k</sub> ∧y	j & 2018	4/92	9					
ies	5	Total number of individuals employed in calendar year 20	17 (Part V. line 2a)	1817		-5						
Ĭ	6	Total number of volunteers (estimate if necessary) .	, ,   m		DEAL	6	<u> </u>					
<b>A</b> ct	7a	Total unrelated business revenue from Part VIII, column (0	3) line 12	M(G		7a	<del></del>					
_	ь	Net unrelated business taxable income from Form 990-T,	. 11			7b	· · · · · · · · · · · · · · · · · · ·					
	-	14ct uniciated business taxable income nom 1 of 1 oct 1,	11110 04	·	Prior Year		Current Year					
		Contributions and grants (Part VIII line 1h)		-								
e	8	Contributions and grants (Part VIII, line 1h) .				0						
Revenue	9	Program service revenue (Part VIII, line 2g)	•	-								
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7	•	·	1,05	4,781	859,227					
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10	·				0					
	12	Total revenue—add lines 8 through 11 (must equal Part VIII		2)	1,05	4,781	859,227					
	13	Grants and similar amounts paid (Part IX, column (A), lines	•	·	79	0,759	781,000					
	14	Benefits paid to or for members (Part IX, column (A), line	4) .				0					
တ္တ	15	Salaries, other compensation, employee benefits (Part IX, co	lumn (A), lines 5–10	0)			0					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11	e) .				0					
a	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	•	pr /	<b>*</b>							
வ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-2			1	3,734	27,376					
	18	Total expenses Add lines 13-17 (must equal Part IX, colu				4,493	808,376					
	19	Revenue less expenses Subtract line 18 from line 12	( ), = = - )			0,288	50,851					
- 2		The series of th	<u> </u>	Bea	inning of Curren		End of Year					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		<u> </u>		1,787	<del></del>					
Asse Bata	21	Total liabilities (Part X, line 26)		·	17,70		19,809,056					
a ct	21	· ·		·	47.70	0	10.000.054					
		Net assets or fund balances Subtract line 21 from line 20	<u>'                                    </u>		1/,/8	1,787	19,809,056					
	art II	Signature Block										
		alties of perjury, I declare that I have examined this return, including accomed; and complete Declaration of preparer (other than officer) is based on all					knowledge and belief, it is					
		t, and complete Declaration of Deparer (other than officer) is based on all	—————————	eparer na	s any knowledge		<del> </del>					
						5 8	18					
Siç		Signature of officer `			Date	• •						
He	ге	Marc B Ternll President										
		Type or print name and title										
Pa		Print/Type preparer's name Preparer's signature		Date		heck	PTIN					
		الله الله		1		elf-emplo						
	epare		<del></del>		Firm's E	IN ▶	<del></del>					
US	e On	Firm's address ►			Phone r							
Ma	v the I	RS discuss this return with the preparer shown above? (see	e instructions)				. Yes No					
_	<u> </u>			<u> </u>		<u> </u>	Form <b>990</b> (2017)					
FOI	raper	work Reduction Act Notice, see the separate instructions.					rom <b>33U</b> (2017)					

Part	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission	<u>-</u> -	
•	The Foundation was created to carry out the charitable, educational and religious purposes of The Associated Jewish Commun. Federation of Baltimore, Inc. (The Associated) The Foundation makes grants to public charitable organizations in furtherance mission of The Associated		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-		☐ Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□Yes	⊠ No
4	If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc the total expenses, and revenue, if any, for each program service reported		
4a	(Code ) (Expenses \$ 781,000 including grants of \$ 781,000 ) (Revenue \$		)
••	Provide grants to public charitable organizations in furtherance of the mission of The Associated Jewish Community Federatio Baltimore, Inc	n of	
4b	(Code) (Expenses \$including grants of \$) (Revenue \$		_)
4c	(Code) (Expenses \$ncluding grants of \$) (Revenue \$		
	Other program services (Describe in Schedule O )		
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶		781 000

Form 99	o (2017)			
Part			_	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<b>├</b>		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		X
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		X
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		X
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		X

Part	Checklist of Required Schedules (continued)			
			Yes	No
-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .	21	X_	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		X
b b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	76		Ž
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1			X
35a		34	X	V
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35a 35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	v	

Form 99	0 (2017)			Page
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  1a 0	4		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b 0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		ļ	.
0-	reportable gaming (gambling) winnings to prize winners?	1c		ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			!
	Statements, filed for the calendar year ending with or within the year covered by this return 0	<u> </u>		-
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ļ
32	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a _	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a		X
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		-
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		1
b	If "Yes," enter the name of the foreign country	74		X
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			1
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			8
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	نشلا		
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			,
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	ļ		لأيث ا
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f	<u> </u>	X
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7g 7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/n		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			<del> </del>
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<del></del> -	<del>                                     </del>
10	Section 501(c)(7) organizations. Enter		<del>                                     </del>	<u> </u>
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )		1	1

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

Section 501(c)(29) qualified nonprofit health insurance issuers. 13

Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O

Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year? . If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b Form 990 (2017)

12a

13a

14a

13b

Part '	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.S.			ions
04	Check if Schedule O contains a response or note to any line in this Part VI	<u>· · · </u>	•	X
Section	on A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year .   1a 10		163	NO
Ia	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.	70.0		<u> </u>
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> .	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
c b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b		
40	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14 15	Did the process for determining compensation of the following persons include a review and approval by	14		X
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
L	with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		X
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Socti	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed ► None			_
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	า 501(	c)(3)s	only)
19	Own website Another's website I Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Marilyn Loux 101 West Mount Royal Avenue Baltimore, MD 21201	cords	<b>&gt;</b>	

•		•
Form	990	(2017)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - · List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization no	r any relate	d org	anız	atio	n c	ompe	ensa	ted any currer	t officer, director	, or trustee.
(A)	(B)			Pos	C) sition			(D)	(E)	(F)
Name and Title	Average hours per week (list any	box, office	do not check more than one ox, unless person is both an fficer and a director/trustee)				n an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Marc B Terrill	15									
President and Public Director	40 0	X		X				0	547,908	189,023
(2) Lois H Halpert	15	]								
Vice President and Donor Director		X	<u> </u>	X				0	0	0
(3) Bruce S Hoffberger	15	]								
Secretary and Donor Director		X		X				0	0	0
(4) Benjamin Greenwald	15									
Treasurer and Public Director		X		X	L			0	0	0
(5) David B Hoffberger	15									
Donor Director		X						0	0	0
(6) Douglas Hoffberger	15									
Donor Director		X						0	0	0
(7) Beth Goldsmith	15		_							•
Public Director		X						0	0	0
(8) Fritzi K. Hallock	15									
Public Director		x						0	0	0
(9) Marc Neumann	15									
Public Director		X						0	0	0
(10) John Shmerler	15									
Public Director	· T	1 x						0	0	0
(11)										
(12)						-				
(13)	-			-						
<u>(14)</u>		-								

	(A) Name and title		(C) Position (do not check more than or box, unless person is both a officer and a director/truster any or 2 2 2 2 2 3 3 3						(D)  Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation		
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N		fro orga and	om the anizatio d related anization	on d
(15)											,			
(16)											$\neg +$			
(17)														
(18)												<u> </u>		
(19)														
(20)												·		
(21)								<u> </u>						
					<u> </u>									
(23)		<del> </del>												
(24)		<del> </del>				_								
(25)			İ											
			İ											
1b c d	Sub-total  Total from continuation sheets to Part  Total (add lines 1b and 1c)	VII, Sectio		•				<b>►</b>	0		7,908			189,023
2	Total number of individuals (including bu reportable compensation from the organ	t not limited		ose	list	ed a	above	e) w				of		02,023
3	Did the organization list any former of							emp	loyee, or high	est compe	ensated		Yes	No
4	employee on line 1a? If "Yes," complete For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble (	con	nper	satio					3 4	- X	<u>X</u>
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or inc	dividual	5	-	X
	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization Rej year.													ax
	(A) Name and business add	Iress						<u> </u>   	(B) Description of se	ervices	c	(C) ompen		
Non	e													
_														
	Total number of independent contractor									<del></del>				

	90 (201	·						Page <b>9</b>
Part	VIII	Statement of Reve Check if Schedule O		nonse or note t	o any line in the	s Part VIII		г
		Check if Schedule O		ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a			Teveride		312-314
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	. 1b					
s, G	С	Fundraising events	1c					
Gift lar	d	Related organizations						
ini.	е	Government grants (con						:
erS	f	All other contributions, gi						
년 전 된	_	and similar amounts not inc	L	l				
ig g	g h	Noncash contributions include <b>Total.</b> Add lines 1a–1		<b>&gt;</b>	0			
	- 11	Total. Add lilles Ta-1	<u> </u>	Business Code	]			
Program Service Revenue	2a							Antonomia de la compania de la comp
Rev	b							77
/ice	С							
Sen	d							
am	е							
rogr	f	All other program sen		L				(360° 66 °)
_		Total. Add lines 2a–2 Investment income		onds interest	0	1 1 2 2 2 2		(
	3	and other similar amo	•	ends, interest.	434,285			424 205
	4	Income from investment	•	ond proceeds ▶	454,265			434,285
	5	Royalties	t of tax exempt b	. •		-		
			(i) Real	(ii) Personal		7 7 44		
	6a	Gross rents .						
	b	Less: rental expenses			<u> </u>		\$ 4 5 5 B	
	С	Rental income or (loss)	0	0				<u> </u>
	d	Net rental income or (	(loss) . (i) Securities	(ii) Other	0			
	7a	Gross amount from sales of assets other than inventory	<del></del>	· · · · · · · · · · · · · · · · · · ·			<b>*</b> **,	
	ь	Less cost or other basis	2,174,724	<del> </del>				i de
		and sales expenses	1,749,782		* * *	¥ , }		\$ 1
	С	Gain or (loss)	424,942		1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1	* ,	, , ,
	d	Net gain or (loss)	,	. •	424,942	the second contraction of the second contract	Anthoritan de la companya de la comp	424,942
Δ								
Other Revenue	8a	Gross income from fu	ındraısıng					
e ve		events (not including \$				•		
Ř		of contributions reported See Part IV, line 18	•					
the	b	Less direct expenses	a s b	1				
0	C	Net income or (loss) f			0			
		Gross income from ga		CVG.NG . P	<u> </u>	<del> </del>		
		See Part IV, line 19 .	· a					
	b	Less direct expenses	s <b>b</b>	)	]			
	С	Net income or (loss) f		ivities ►	0			
	10a	Gross sales of in						1
	١.	returns and allowance	_		-			
	b	Less: cost of goods s Net income or (loss) f			·	l		
	С	Miscellaneous R	<del></del>	Business Code	0			
	11a							
	b							
	c							
	d	All other revenue						
	е	Total. Add lines 11a-		. >	0	<del></del>		
	12	Total revenue. See in	nstructions	▶	859,227	L		859,227

Section	on 501(c)(3) and 501(c)(4) organizations must com			s must complete co	olumn (A)				
Check if Schedule O contains a response or note to any line in this Part IX									
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	781,000	781,000	<u> </u>					
2	Grants and other assistance to domestic individuals See Part IV, line 22			7.17					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16.								
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)								
9 10 11	Other employee benefits Payroll taxes Fees for services (non-employees)								
a b	Management Legal Accounting								
d e	Lobbying Professional fundraising services See Part IV, line 17								
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	27,376		27,376					
12 13 14	Advertising and promotion								
15 16	Royalties								
17 18	Travel								
19 20	Conferences, conventions, and meetings Interest								
21 22 23	Payments to affiliates  Depreciation, depletion, and amortization Insurance								
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
a b c d									
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	808,376	781,000	27,376					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)	300,710	701,000	21,510					

	n 990 (2 art X	<u> </u>			Page 11
	art A	Check if Schedule O contains a response or note to any line in this Pa			
_		Check it Schedule O contains a response of flore to any line in this Pa	(A)		
			Beginning of year	}	(B) End of year
	1	Cash—non-interest-bearing		1	<del> </del>
	2	Savings and temporary cash investments	129,163	<del></del>	86,666
	3	Pledges and grants receivable, net	127,105	3	00,000
	4	Accounts receivable, net		4	<del>                                     </del>
	5	Loans and other receivables from current and former officers, directors,			<del> </del>
		trustees, key employees, and highest compensated employees	٠	1	
		Complete Part II of Schedule L .		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section			
	ļ	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			`
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	·		
		organizations (see instructions) Complete Part II of Schedule L		6	
SS	7	Notes and loans receivable, net		7	
∢	8	Inventories for sale or use		8	<u> </u>
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D. 10a		3	1 1/4 2
i				لــــا	
	a b	Less accumulated depreciation 10b		10c	
	11 12	Investments—publicly traded securities Investments—other securities See Part IV, line 11	17,649,114		19,702,999
	13	Investments—other securities See Part IV, line 17 Investments—program-related See Part IV, line 11	3,510		19,391
	14	Intangible assets		13	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	17,781,787	<del></del>	10,000,054
	17	Accounts payable and accrued expenses	17,701,707	17	19,809,050
	18	Grants payable .		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	<del></del>	20	<del> </del>
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,	( 1 2 3 4 4	1	X X X X X X
Ě		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons Complete Part II of Schedule L .		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	İ	parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			
	20	· · · · ·		25	<del></del>
	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	0	26	0
S		organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	•		
ž	27	Unrestricted net assets	47 704 707	^-	
ala	28	Temporarily restricted net assets	17,781,787		19,809,056
8	29	Demonstructed as to see the		28 29	
ğ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and		29	
Ţ		complete lines 30 through 34.			,
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	<del></del>
let	33	Total net assets or fund balances	17,781,787	33	19,809,056
Z	34	Total liabilities and net assets/fund balances	17 791 797		10,000,050

19,809,056 Form **990** (2017)

			•	
Form	990	(20	17	")

Page **12** 

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> </u>	]
1	Total revenue (must equal Part VIII, column (A), line 12)	1	859,2	27
2	Total expenses (must equal Part IX, column (A), line 25)	2	808,3	<u>76</u>
3	Revenue less expenses Subtract line 2 from line 1	3	50,8	<u>51</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4	17,781,7	<u>87</u>
5	Net unrealized gains (losses) on investments	5	1,976,4	18
6	Donated services and use of facilities	6		
7	Investment expenses	7	<del> </del>	
8	Prior period adjustments	8	<del></del>	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	19,809,0	<u>56</u>
Part	XII Financial Statements and Reporting		_	_
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·	<del></del>	<u>_</u> _
			Yes No	<u>د</u>
1	Accounting method used to prepare the Form 990 🖾 Cash 🔲 Accrual 🔲 Other		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 1
	If the organization changed its method of accounting from a prior year or checked "Other," es Schedule O	kpiain in	1 13 1 2 2 2	1 3
0-			2 - military with sounds some	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were con	nulad ar	2a X	_
	reviewed on a separate basis, consolidated basis, or both	ipiied oi		3
	Separate basis Consolidated basis Both consolidated and separate basis			*1
h	Were the organization's financial statements audited by an independent accountant?		- L'	ئــــ
U	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	$\overline{}$
	separate basis, consolidated basis, or both	.ca on a	1 1 1 5 1 5	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versight		f
	of the audit, review, or compilation of its financial statements and selection of an independent acco		2c	
	If the organization changed either its oversight process or selection process during the tax year, e		1 ( C	_4
	Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in		~
	the Single Audit Act and OMB Circular A-133?		3a X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo the		_
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such		3b	
			Form <b>990</b> (201	<u></u> 17)

# **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Maille	or the	organizacioi	•					Employer identification	number
		Family Fun						52-1167596	
Pa	_				organizations must				ns
1 2 3 4	organization is not a private foundation because it is. (For lines 1 through 12, check only one box )  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)								
6 7	- CARA								
8 9	□ A oı uı	n agricultı r universit niversity	ural research organ y or a non-land-gra	ization described int college of agri	(1) A)(vi). (Complete I I in section 170(b)(1) iculture (see instruction	(A)(ix) op ons) Ente	r the nan	ne, city, and state of	the college or
10	re si ad	eceipts fro upport fro cquired by	m activities related m gross investmen y the organization a	to its exempt fur t income and uni fiter June 30, 197	e than 33½% of its sunctions—subject to coelated business taxal 5 See section 509(a	ertain exc ble incom a)(2). (Cor	eptions, le (less si nplete Pa	and (2) no more that ection 511 tax) from art III )	n 331/3% of its
11 12	⊠ A of	n organiza f one or n	ation organized and nore publicly suppo	operated exclus	sively to test for public ively for the benefit of ins described in <b>secti</b> scribes the type of sup	f, to perfo ion 509(a	orm the fu	unctions of, or to car ection 509(a)(2). See	e section 509(a)(3).
а	ı X	the sup support	ported organization ing organization Y	n(s) the power to ou must comple	, supervised, or contr regularly appoint or e ete Part IV, Sections	elect a ma	jority of t	he directors or trust	ees of the
b	• [	control organiza	or management of ation(s) You must	the supporting o complete Part I	ed or controlled in co rganization vested in V, Sections A and C.	the same	persons	that control or mana	age the supported
C	. [_				ing organization oper ns) You must compl				ally integrated with,
d	I [_	that is r	ot functionally integ	grated The orga	pporting organization nization generally mus omplete Part IV, Sec	st satisfy	a distribi	ution requirement an	
е	. [				a written determination				e II, Type III
f			nber of supported of						1
g			ollowing information	(ii) EIN	orted organization(s) (iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A) <sup>1</sup>	The Ass Commu	sociated Jev inity Federa	vish ation of Baltimore	52-0607957	10	x		737,000	0
(B)									
(C)									
(D)									
(E)									
Tota	ıl							737,000	(

Part	Support Schedule for Organiz	ations Descr	ribed in Sect	ions 170/h)/1	I)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked t	he box on line	e 5. 7. or 8 of	Part Lor if th	e organizatio	n failed to qu	יי alıfy under
	Part III If the organization fails to	o qualify unde	er the tests lis	sted below n	lease comple	rte Part III )	ality under
Secti	on A. Public Support	- quantity on o		<u> </u>	iodoc compic	cor art iii j	<del></del>
	dar year (or fiscal yéar beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	. (-,	(-,	(0, 20.0	(2) 20.0	(0) 25 1.	(i) Total
	membership fees received (Do not						
	ınclude any "unusual grants ") .						
2	Tax revenues levied for the						
	organization's benefit and either paid		,		/		
	to or expended on its behalf .						
` 3	The value of services or facilities						
	furnished by a governmental unit to the			]			
	organization without charge					-	
4	Total. Add lines 1 through 3 .						
5	The portion of total contributions by	7.4		* / .	1	***	
	each person (other than a				,**	, ,	
	governmental unit or publicly					99	
	supported organization) included on	. 2,75%				, ****	
	line 1 that exceeds 2% of the amount shown on line 11, column (f)	a.			, <b>3</b>	ë.	
•	• • • • • • • • • • • • • • • • • • • •	· 3			***		<del></del>
Section 5	Public support. Subtract line 5 from line 4 on B. Total Support	<u> </u>		ś	# 1. · · ·	erich XXXX	<del></del>
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(a) 2017	/f) Total
7	Amounts from line 4	(a) 2013	(6) 2014	(6) 2013	(4) 2010	<b>(e)</b> 2017	(f) Total
8	Gross income from interest, dividends,		/				
·	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI )						
11	Total support. Add lines 7 through 10					. \$7.	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he						
Socti	on C. Computation of Public Suppor		<u></u>	·	· · ·	•	
14	Public support percentage for 2017 (line			1 column (f)		14	
15	Public support percentage from 2016 Sci				·	15	<u></u> %
16a	33 <sup>1</sup> / <sub>3</sub> % support test—2017. If the organ	ization did not	check the hox	on line 13 ar	 Ind line 14 is 33	13 or more	check this
	box and stop here. The organization qua	lifies as a publ	icly supported	organization			
b	331/3% support test—2016. If the organi						
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	on		. <b>P</b> [
17a	10%-facts-and-circumstances test—2						_
	10% or more, and if the organization me	eets the "facts	-and-circumsta	ances" test, ch	eck this box a	nd stop here.	Explain in
	Part VI how the organization meets the "	facts-and-circ	umstances" te	st. The organi	zation qualifies	as a publicly	supported
	organization						. ▶ □
b	10%-facts-and-circumstances test—2						
,	15 is 10% or more, and if the organiza	ation meets th	e "facts-and-o	circumstances"	test, check t	his box and s	top here.
"	Explain in Part VI how the organization r	neets the "fact	ts-and-circums	stances" test	The organization	on qualifies as	a publicly
18	Private foundation. If the organization di						
	instructions			<u> </u>	<u></u>		. ▶ 🗆

Part	III Support Schedule for Organiza	ations Descr	ibed in Sect	ion 509(a)(2)		···-	
	(Complete only if you checked the						nder Part JJ/
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II )	
	on A. Public Support				<del>,</del>		
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees	į					
2	received (Do not include any "unusual grants")  Gross receipts from admissions, merchandise	<u> </u>	<del> </del>		ļ		
2	sold or services performed, or facilities			ĺ	,		
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose .				<b> </b>		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
		<u> </u>				<u> </u>	<del></del>
4	Tax revenues levied for the	ļ	ł			1	
	organization's benefit and either paid to or expended on its behalf			i			
_	·	<u> </u>			<b>/</b> ///	<del></del>	
5	The value of services or facilities					]	
	furnished by a governmental unit to the organization without charge			\		Ì	
c	-	<del></del>	<del> </del> -		<del></del>	<del> </del>	<del> </del>
6 7a	<b>Total.</b> Add lines 1 through 5  Amounts included on lines 1, 2, and 3				ļ- <u>-</u>		
7 a	received from disqualified persons		<b>\</b>			1	
h	Amounts included on lines 2 and 3		<del> </del>		ļ		
b	received from other than disqualified		<b>\</b>			1	
	persons that exceed the greater of \$5,000		/	1		1	
	or 1% of the amount on line 13 for the year	]		}		]	
С	Add lines 7a and 7b	<u> </u>			<del> </del>	<del> </del>	
8	Public support. (Subtract line 7c from		1 200	Same of the second	A CO. WAY :	Carlotte Marie	<del></del>
Ū	line 6)				7-4		
Secti	on B. Total Support	<u> </u>			18.7	17 3.40 2.50 5.50	
	idar year (or fiscal year beginning in)	(a) 2013/	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						3,7,1,2,3,1,
10a	Gross income from interest, dividends,						<del></del>
	payments received on securities loans, rents,		1	1		ļ	
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	[		İ		l	
	acquired after June 30, 1975				<u> </u>	L	
С	Add lines 10a and 10b .						
11	Net income from unrelated business						
	activities not included in line 10b, whether	1		ì	}	}	
	or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets		ļ	Į.		4	
	(Explain in Part VI )				<u> </u>		
13	Total support. (Add lines 9, 10c, 11,	!	<b>)</b>	}		1	
	and 12.)	L	<u></u>	L	<u>L</u>	L	
14	First five years. If the Form 990 is for the		n's first, secon	id, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			<u>:                                      </u>		<u> </u>	· · <b>&gt;</b> 🗆
	on C. Computation of Public Suppo					·	
15	Public support percentage for 2017 (line		•	13, column (f))		15	%
16	Public support percentage from 2016 Sci			_ <del></del>	•	16	%
	on D. Computation of Investment In			<del></del>		<del></del>	
17	Investment income percentage for 2017 (					17	<u>%</u>
18	Investment income percentage from 2010					18	<u> </u>
19a	331/3% support tests—2017. If the organ						
	17 is not more than 33½%, check this box		=	=		•	
b	331/3% support tests—2016. If the organization 18 is not more than 331/2%, which the						
	line 18 is not more than 331/3%, check this		_	· ·		-	
ZU V	Private foundation. If the organization di	ю погспеска	DOX ON line 14	- 19a or 19b i	cneck this box	and see instru	ctions >

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organization	porting Organizations
--	-----------------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated if designated by class or purpose, describe the designation if historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
  - **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
g y			
s d	1	X	
r	2		X
	3a		X
t e			
)	3b 3c	<u> Si</u>	لنشنا
lf	3C - €:#}	\$7	
า	4a		X
า ก	4b		]
n d !)	.30		
"	40	, * 4	***
" V I;			**
7	5a		
y	5b	<i>1</i> 26	X
	5c		
c t		,1	,
r	6	X	
า	7		Y
?	<del>-</del>		X
e d	8		X
	9a		\ X
h	9b		X
it	9c	. <b></b> _	X
n d			
	10a		X
0	10b		X
		200 5	7. 0047

				rage
Part	Supporting Organizations (continued)			1
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
•	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b	<del>                                     </del>	X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<del>                                     </del>	X
	ion B. Type I Supporting Organizations	1	L	<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	×		
2		1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	,,,',		
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated.	2.2		
	supervised, or controlled the supporting organization	2		
Sect	ion C. Type II Supporting Organizations		X	<u> </u>
	, 11 3 3		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			š
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	3.		
	or management of the supporting organization was vested in the same persons that controlled or managed	<u> </u>	***	
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
		1 1864	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1.8		vs.
	year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ĺ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			* 5
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			* ´.
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	. 33		
	significant voice in the organization's investment policies and in directing the use of the organization's	1.3	**	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ctions	s)
а	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see ın	structi	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	•		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement		L	
2		2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	<del></del>	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
J	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3h	<b></b>	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>gan</u>	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income	-	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	San San San San San San San San San San		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	1		i daya da 📆
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		,
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	The film them the	
5 Income tax imposed in prior year	5	S. Committee Stages	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7   Check here if the current year is the organization's first as a non-functional instructions)	ly in	tegrated Type III supportin	g organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Sec <u>ti</u>	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes	-	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	<u>.</u>		
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	h the organization is res	nonewa	
U	(provide details in <b>Part V</b> ) See instructions	ir the organization is res	ponsive	
9	Distributable amount for 2017 from Section C, line 6			
10				
10	Line 8 amount divided by line 9 amount		/::\	/:::\
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	/ ×	,	
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required—explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2017			
а		e X		<i>\$</i> .
b	From 2013 .			
C	From 2014 .			,
d	From 2015 .	v ·	<u> </u>	
	From 2016 .		3 <b>9</b> 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
e			· **	
<u>f</u>	Total of lines 3a through e		<u> </u>	
<u>g</u>	Applied to underdistributions of prior years	** 3% ¥* /	Z->/* ¥ ₹ 3 4%6 ×4%6	` * */%.
	Applied to 2017 distributable amount		\$\frac{\fin}}{\fint}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\fracc}\fir\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{	
<u>i</u>	Carryover from 2012 not applied (see instructions)			
<u> </u>	Remainder Subtract lines 3g, 3h, and 3i from 3f		** ***	,
4	Distributions for 2017 from	and the second		
	Section D, line 7:		7.37	\$ } . }
а	Applied to underdistributions of prior years	1 1 12 cm 16 1/2 March and min		10 mily market and the second
b	Applied to 2017 distributable amount	*		
С	Remainder Subtract lines 4a and 4b from 4		· ,	
5	Remaining underdistributions for years prior to 2017, if			7.2.7.7.7
	any Subtract lines 3g and 4a from line 2 For result			• •
	greater than zero, explain in Part VI. See instructions		0	
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			· 0
7	Excess distributions carryover to 2018 Add lines 3 <sub>j</sub> and 4c.	0		
8	Breakdown of line 7:			
	Excess from 2013			
<u>a</u>				<u> </u>
d	Excess from 2016			
	Excess from 2017			
<u> </u>	LACESS HOIII ZOTT			

Schedule A (F	Form 990 or 990-EZ) 2017	Page <b>8</b>
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 1 III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, S B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, S lines 2, 5, and 6 Also complete this part for any additional information (See instructions)	Section c, 2a, 2b
Part IV, Sect	tion A, Line 6 -	
The Support	ted Organization works to preserve and enhance Jewish life - It addresses charitable, educational, religious, humanitarian,	
health, cultu	iral and social service needs of the Jewish community locally, nationally, in Israel and throughout the world	
In furtheran	ice of that mission, the Supported Organization encourages families to establish supporting organizations in	
partnership	with it, in order to engage interested donors and succeeding generations in philanthropic pursuits and	
enhance bot	th the Jewish and general communities in keeping with the Jewish tradition of repairing the world	
All grants ar	re made to tax-exempt charitable organizations determined to be tax-exempt public charities by the Internal Revenue Service	
Part IV, Sec	tuon B, Line 2 -	
Grants to or	rganizations, other than the Supported Organization, are made at the discretion of the Board of the Supporting	
Organization	on and are made in furtherance of the mission of the Supported Organization to support Jewish, cultural, educational	
and social ju	ustice work	
		*
		~*
		·
		·

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

	5
2017	Open to Public Inspection

OMB No 1545-0047

**%** □ **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed **Employer identification number** ⊠ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 52-1167596 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance? General Information on Grants and Assistance ·Ioffberger Pamily Fund, Inc. Name of the organization Part

1 (a) Name and address of organization   D) EN	(b) EIN 52-0607957	(c) IRC section (if applicable) 501(c)(3)	(d) Amount of cash grant 737,000	cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance	(h) Purpose of grant or assistance Operating Support
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov rganizations listed	rernment organizat	tions listed in the lii	ne 1 table			0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)

Part III Grants ar

	(100) (200)						1
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" Dart III can be displicated if additional enace is needed	mestic Individua	ils. Complete if the	organization answ	ered "Yes" on Form 990,	on Form 990, Part IV, line 22	•
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	1 .
-							I
7	-						1
က				i	•		
4							ı i
5							1 1
9							ı
7							
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	the information re	equired in Part I, lin	e 2, Part III, columr	ı (b), and any other addıtıc	onal information	1
Grant requi	Grant requests are reviewed to ensure that they are permissible and in accord with applicable laws and regulations. The Foundation will request and receive periodic reports and updates from the grantees regarding how grants are to	e and in accord with a updates from the gran	of an applicable laws and regulations.  Brantees regarding how grants are utilized, and takes such information.	ations ts are utilized, and takes	such information		
nto accoun	nto account in considering future grant awards						
							,
					<u>۸</u>		
							1
7 1 1 1 4 4 6 8 8 8 8 8 8							
					Ī	Schedule I (Form 990) (2017)	٦.

## SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

	erger Family Fund, Inc 52-1167596			
Part	Questions Regarding Compensation	-		
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence	,		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees		,	
	☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to		ļ	-
	explain	1b	ļ	
2	Did the organization require substantiation areas to reject use as a	2	ļ	<u> </u>
_	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?			
	· · · · · · · · · · · · · · · · · · ·	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			100
	organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a		,**	×
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	· ;	<b>.</b> *	*
	☐ Compensation committee ☐ Written employment contract	<b>\</b>	্ব	Š
	☐ Independent compensation consultant ☐ Compensation survey or study	1		
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			*
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	- 11
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	K.'	**.	*
	Only continue 504(a)(2), 504(a)(4), and 504(a)(00)		Ž.	^, ,
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	8',		
	compensation contingent on the revenues of			
а	The organization?			
b	Any related organization?	5a 5b		X
	If "Yes" on line 5a or 5b, describe in Part III	30		X
		ļ		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
a	The organization?	6a		_X
b	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.	6b		X
	in resolutine da di ob, describe in Part III.		İ	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	,		37
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	7		<u>X</u>
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
			-+	Λ_
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	a		

Schedule J (Form 990) 2017

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal	or eac	h listed individual mus	st equal the total amo	unt of Form 990, Pa	ed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	a, applicable columr	n (D) and (E) amounts	s for that individual
		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	oly Nontaxable	(F) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(ii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
	ε							
1 Marc B Terrill	≘	458,829	56,250	32,829	160,800	28,223	736,931	0
	ε						,	
2	€	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1					
	ε							
n	€							
	Θ							
4	€							
	Ξ							
ro.	€	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;						
	(3)							
9	€							
	€					· ·		
7	€					,		
	€							
8	(ii)							
	(1)							
6	(ii)							
	(1)							
10	(ii)							
	(1)						1	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
11	€							
	€							
12	€		,					
	€						_	
13	(ii)							
	(I)							
14	(ii)							
	(							
15	(ii)							
	≘					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
16	<b>(E)</b>					,		

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017
Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part
for any additional information.

The Directors of the Hoffberger Family Fund, Inc. receive no compensation for their services However, one of the Directors is employed by the
supported entity, The Associated Jewish Community Federation of Baltimore, Inc. (The Associated). All of the compensation and benefits listed are
paid by The Associated, none of it is attributable to the service as a Director and/or Officer of the Foundation
Parti, Line 4b
Marc B. Terrill participates in a nonqualified deferred compensation plan. No amounts were paid out during the year (2017)
One hundred and fifty thousand dollars was deferred and 1s included on Form 990, Part VIII, Column F and Schedule J. Part II, Column C
A new five-year contract was executed for Marc B. Terrill beginning January 1, 2017 The terms and conditions of the deferred
compensation plan are outlined in the contract with The Associated

Schedule J (Form 990) 2017

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

Hoffberger Family Fund, Inc	52-1167596
Form 990 Part VI, Section A,	
Line 2 - There are family relationships among the Donor Members and Directors Lois H Halpert, Bruce	S Hoffberger, David B Hoffberger,
and Douglas Hoffberger have a family relationship	
Line 6 - The organization has two classes of members, a Public Member - The Associated Jewish Commu	nuty Federation of
Baltimore, Inc. and Donor Members consisting of Lois H. Halpert, Bruce S. Hoffberger and David B. Hoff	perger
Line 7a - The Members appoint the Board of Directors The Public Member appoints the majority and the	e Donor Members appoint the remainder
Line 7b - Amendments to the Bylaws are subject to change or rescission by the Members before they are a	dopted
Form 990 Part VI, Section B,	
Line 11a - The Form 990 and supporting schedules are distributed to the officers and directors upon com	pletion review and comments
prior to filing	
Line 12c - The supported organization monitors and enforces the potential of any conflict of interests by	regularly
reviewing the Board of Directors, its actions and the investment of assets to ensure that it complies with the	conflict -
of interest policy of The Associated	
Line 15 - Marc B Terrill participates in a nonqualified deferred compensation plan. No amounts were pair	d out during the year (2017)
One hundred and fifty thousand dollars was deferred and is included on Form 990, Part VIII, Column F and	d Schedule J, Part II, Column C
A new five-year contract was executed for Marc B Terrill beginning January 1, 2017. The terms and conditi	ons of the deferred
compensation plan are outlined in the contract with The Associated	
Form 990 Part VI, Section C,	
Line 19 - The organization makes its governing documents and financial statements available to the public	upon request
:	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Part I

(2)

ව

9

9

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

	on.
	informati
	ne latest i
990.	ins and th
to Form	nstructio
▶ Attach to Form 990.	▶ Go to www.irs.gov/Form990 for instructions and the latest information.
	rs.gov/Fo
	O WWW.
	<b>▼</b> 60 t

Open to Public 201

OMB No 1545-0047

Employer identification number Inspection

(f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had 52-1167596 (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity (4) (1) Hoffberger Family Fund, Inc.

Part	Identification of Related Tax-Exempt Organizations. Complete one or more related tax-exempt organizations during the tax year.	ations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had uring the tax year.	ne organization an	swered "Yes" or	ı Form 990, Part IV	/, line 34, becau	use it ha	٥
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) Illed 17
							Yes	N <sub>o</sub>
(1) The A	(1) The Associated Jewish Community Federation of Baltimore, Inc							
101 W	101 W Mt Royal Avenue Baltimore, MD 21201	Exempt Organization	Maryland	501(c)(3)	7	N/N		×
(2)								
							_	
(3)								
(4)								
(5)								
(9)								

Schedule R (Form 990) 2017

(a) Name, address, and ElN of related organization												
	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predool Income unrel exclude tax u	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)		(g) (h) Share of end-of- Disproportionate year assets allocations?	of- Disproportion	(f) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) (20 managing (-1) partner?		(k) Percentage ownership
								Yes	No	Yes	2	
(1) N/A			!									
(2)							}					
(5)												
(4)											-	
(5)												
(9)								_				
(2)												
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year	elated Organiza	tions Taxable	as a Corpora zations treated	tion or as a co	<b>Frust.</b> Comp	lete if the trust duri	organiza ng the tax	tion answ year	ered "Yes" on	Form 990	, Part I	>
(a) Name, address, and EIN of related organization	organızatıon	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	1) 512(b)(1. olled ity?
											Yes	٩
(1) N/A			<u>-</u>									
(2)												<u> </u>
(6)					_							
(4)				<u> </u>		 						
(5)		; ;						‡ ;				
(9)												
(2)							 					

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Schedule R (Form 990) 2017

Part V Transactic

N 4- O - 1-4- 1-4- 2 - 1-4- 1-4- 1-4- 1-4- 1-4				Vec No
Note: Complete line 1 if any entity is listed in Parts II, III, or 17 of this schedule				160
	more related organ	lizations listed in Part	· ^FII s	7
a Receipt of (I) interest, (II) annuities, (III) royaities, or (IV) rent from a controlled entity				×
b Gift, grant, or capital contribution to related organization(s)			•	1b X
c Giff. grant. or capital contribution from related organization(s)				1c X
				74
				2 ,
e Loans or loan guarantees by related organization(s)				Te X
t Dividends from related organization(s)	•		•	X
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				1h ×
i Exchange of assets with related organization(s)	•			×
(A) conference for the contract of the contrac				
J Lease of facilities, equipment, of other assets to related organization(s)				×
k Lease of facilities, equipment, or other assets from related organization(s)			•	<del>-</del>
			•	<del> </del>   ×
m Performance of services or membership or fundraising solicitations by related organization(s)				
				$\downarrow$
				<   
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>	•			ر د
			_	
p Reimbursement paid to related organization(s) for expenses .				1p ×
q Reimbursement paid by related organization(s) for expenses				19 X
r Other transfer of cash or property to related organization(s)	٠			1r X
s Other transfer of cash or property from related organization(s)				<b>s</b> t
for information on who must	nplete this line, inclu	complete this line, including covered relationships and transaction thresholds	ships and transaction	on thresholds
101	14	(4)	(2)	
(a) Name of related organization	(b) Transaction	(c) Amount involved	(a) Method of determining amount involved	g amount involved
	(S. p) adds			
(2)				
(2)				
(3)				
(4)				
(5)				
(9)				
			Schedule R	Schedule R (Form 990) 2017

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

County   C	(a) (b) Name, address, and EIN of entity Pnmary act	vity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of	(g) Share of	(h) Disproportionate	(I) Code V—UBI		(k) Percentage
Sections 512—514) Yes No			(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	total income	end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)		ownership
				sections 512—514)	Yes No			Yes No			
	(1)									I	
	(2)		i								
	(3)		i i	-							
	(4)										
	(5)										
	(9)										
	(7)										
	(8)										
	(6)						-				
	(10)										
	(11)										
	(12)										
(15)	(13)							1			
(15)	(14)							_			
(16)	(15)										
	(16)										