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Form	9	9	0	-P	F
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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

		ent of the Treasury Revenue Service N	ote	. The foundation may	Treated a be able to use	i s a Priv a copy of	ate Foundathus return to	t ion satisfy state	e report	tina requirements	s	201	lU	
F	or ca	lendar year 2010, c						0, and end	_	<u> </u>			20	_
_		ck all that apply		Initial return	Initia	al return	of a former	public cha	rity		\Box	Final return		_
				Amended return		1	ss change	[ame change ٔ ٔ		,		
N	ame (of foundation			L	7.00.0				A Employer iden	tifica	ation number		—
1	HE	SIEGEL FAMILY	. c	CHARITABLE FOU	UNDATION,	INC.				52	2-1	1649363		
N	umbe	r and street (or P O box	x nu	imber if mail is not delivere	d to street address	s)		Room/su	ute	B Telephone numb	oer (s	ee page 10 of the in	nstruction	ıs)
C	:/0	LANDSERVICE,	IN	IC.										
1	043	2 BALLS FORD	RC	AD				300		(*	703	3) 754-77	700	
c	ity or	town, state, and ZIP co	ode	, .						C If exemption app	licatio	on is		Т
									١.	pending, check h				1
M	IANA	SSAS, VA 2010	9						- 1'	1 Foreign organ2. Foreign organ			· L	لــ
_		ck type of organizat		X Section 501(c)(3) evemnt	nrıvate f	foundation			85% test, ched	ck her	re and attach		7
ï		Section 4947(a)(1) non					ivate found	ation	j	computation	• •			
1		market value of all			unting metho			crual		E If private founda				٦
•		ear <i>(from Part II, col</i>		1	ther (specify)	_	asii A	Cluai				1)(A), check here .		لـ
	_				column (d) mi		cash hasis	·		F if the foundation			. [٦
F.		Analysis of Rever				331 20 01	00011 00010	,		under section 50.	7(0)(1	1)(B), check here .		
	αιι	total of amounts in co	lun	nns (b), (c), and (d)	(a) Revenu		(b) Net in	vestment	(c)) Adjusted net		(d) Disburse for charite		
		may not necessarily	equ	al the amounts in	expenses books		inco	me	` '	ıncome		purpose	s	
_		column (a) (see page				0,212.	7.0011	1	,		-	(cash basis	only)	
	1	Contributions, gifts, grants, e		received (attach schedule) . I		0,212.	ATCH	1		, 4 1 K)		 '-		_
	2	Check ▶ attach \$	Sch	В	· · · · · · · · · · · · · · · · · · ·	1 265		1,265.		141 81	-			
	3	Interest on savings and	temp	porary cash investments		1,265.		1,200.				ATCH 2		_
	4	Dividends and interes									+	1,5 * - *, , 1		 -
	5 a	Gross rents	•							, ,	\dashv	, , , , , , , , , , , , , , , , , , ,	· · · · · ·	_
	b	Net rental income or (los	s) _				<i>y</i>	,		, , , , , ,	- 1	· · · · · · · · · · · · · · · · · · ·		
ne	6a	Net gain or (loss) from s Gross sales price for all	ale	of assets not on line 10				٠, ٠, ٠	1 ~'		<u> </u>	\$\tag{4}\tag{7}\tag{7}\tag{8}	•	_:
evenue	"	assets on line 6a _			ŝ, ; ,			,ţ, , , , , , , , , , , , , , , , , , ,	î Â	şt ç	\perp	, &w.x	•	"
ş	7	Capital gain net incor	ne ((from Part IV, line 2)						₹ 1 × 2×	٠,			
_	8	Net short-term capita									-			
	9	Income modifications	٠.			,	_							
	10 a	Gross sales less returns and allowances · · · ·	.	<u> </u>						<u> K</u> E	U	EIVED		
	b	Less Cost of goods sold	ا . ا	·										
	c	Gross profit or (loss) ((atta	ach schedule)								0 F 2011	lől.	
	11	Other income (attach	sch	nedule)						<u> </u>	- 4	2 5 2011	اذا	
_	1	Total, Add lines 1 thr			1	1,477.		1,265.						
	13	Compensation of officers	s, dı	rectors, trustees, etc		0.				OG		EN UT		_
	14	Other employee salar	ies	and wages						C-100				
Expenses	15	Pension plans, emplo									\int			_
Jen	16a													_
ŭ	ь	Legal fees (attach sch Accounting fees (atta	ch:	schedule) ATCH 3		1,620.		810.		(0.		8:	<u>10</u> .
		Other professional fee												
Administrative	17	Interest												
ī	18	Taxes (attach schedule) (لد عد		44.		0.		(0.			0.
Ξ	19	Depreciation (attach	sch	edule) and depletion.										_
ğ	20	Occupancy									\top			_
d D	21	Travel, conferences, a					· · ·							_
ë	21 22	Printing and publicati									\top			_
ğ	23	Other expenses (attac				457.	· · · · · · · · · · · · · · · · · · ·	457.		(0.	_	_	0.
perating	24	Total operating and								· — · — .	十			_
ber		Add lines 13 through		•		2,121.		1,267.		(0.		8:	10.
์ ว	25	Contributions, gifts, g				9,731.					十	7	79,73	
	26	Total expenses and disburs		•		1,852.		1,267.			0.1		30,54	
_	27	Subtract line 26 from				-		-			+			_
	ļ	Excess of revenue over exp			-70	0,375.								
		Net investment incor				-	\	0.			+			_
				,										

c Adjusted net income (if negative, enter -u-). . |

For Paperwork Reduction Act Notice, see page 30 of the instructions

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ATCH 26879

P	art II	Attached schedules and amounts in the Balance Sheets description column should be for end-of-year	Beginning of year	End	of year
_		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
,		Cash - non-interest-bearing			
		Savings and temporary cash investments		220,564.	220,564.
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
		Pledges receivable			1
		Less allowance for doubtful accounts ▶			
		Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule)		, , %	, , , , , ,
		Less allowance for doubtful accounts ▶			
s		Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
		Investments - U S and state government obligations (attach schedule).			
-		Investments - corporate stock (attach schedule)			
	С	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis		" 342 - 14 mlgs -	\$ 1 h.
		Less accumulated depreciation		/ · · · · · · · · · · · · · · · · · · ·	Market day of the second designation of the
		(attach schedule) Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and	,	1 0	
		equipment basis Less accumulated depreciation (attach schedule) Other assets (describe	a there is the control of the control of	بالمسلمات بالمان والمهوود ومان الموادي المعامل والمستنبع في المستنبع والمستنبع والمستنب والمستنبع والمستنب والمستنبع والمستنبع والمستنبع والمستنبع والمستنبع والمستنبع والمستنبع	<u></u>
	15	Other assets (describe	· - ·		
		Total assets (to be completed by all filers - see the			
		instructions Also, see page 1, item I)	290,939.	220,564.	220,564.
_		Accounts payable and accrued expenses			
		Grants payable	-		The state of the s
s		Deferred revenue			
Liabilities		Loans from officers, directors, trustees, and other disqualified persons			
İ		Mortgages and other notes payable (attach schedule)			
Ę		Other liabilities (describe)			
		Other habilities (describe >			
	23	Total liabilities (add lines 17 through 22)		0.	» · · · · · · · · · · · · · · · · · · ·
_		Foundations that follow SFAS 117, check here ▶			f was 1
		and complete lines 24 through 26 and lines 30 and 31.	}		1 30
es	24	Unrestricted			. ' '
ü					•
ala	20	Temporarily restricted			1
d B	20	Permanently restricted			٠.
'n		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ► X	į		
ř	27	Capital stock, trust principal, or current funds			
S		Paid-in or capital surplus, or land, bldg , and equipment fund			
		Retained earnings, accumulated income, endowment, or other funds	290,939.	220,564.	
As		Total net assets or fund balances (see page 17 of the	230,3031	220,001,	
let	30		290,939.	220,564.	
_	31	Instructions)	230,333.	220,304.	}
		` ' •	290,939.	220,564.	
Б		of the instructions)		220,304.	<u> </u>
				must caree with	T
t		net assets or fund balances at beginning of year - Part			200 020
_	end-0	of-year figure reported on prior year's return)			290,939. -70,375.
		amount from Part I, line 27a			-70,375.
					200 551
		ines 1, 2, and 3			220,564.
		eases not included in line 2 (itemize)			220 564
<u>6</u>	rotal	net assets or fund balances at end of year (line 4 minus l	ine 5) - Part II, column (b)	, line 30 6	220,564.

For	m [*] 990-PF (2010)		52-16493	63		Page 3
_		and Losses for Tax on Inve	estment Income	 		
	(a) List and	d describe the kind(s) of property sold (erick warehouse, or common stock, 200 s	e g , real estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a		,		D-Donalion	, , , , , ,	
b						
c					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
d						
e				 		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
_		(or anomalis)	piec cipanice er cele	-	(c) pido (i) iiiiii	25 (g)
_ <u>a</u>						
<u>b</u>						
_ <u>C</u>						
<u>_d</u>	- · · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
<u>e</u>						
	Complete only for assets	showing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col (h) g	aın mınus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col (j), if any	col	(k), but not less t Losses (from co	
<u>a</u>						
_ <u>b</u>				ļ		
_ <u>c</u>						
d						
е			_		-	
_	Candal - 2 2-4 - 2-2 - 2	(If	gain, also enter in Part I, line 7			
2	Capital gain net income or		(loss), enter -0- in Part I, line 7	2		
	-	or (loss) as defined in sections 12	22(5) and (6)			
	· · · · · · · · · · · · · · · ·	line 8, column (c) (see pages 13 a				
		<u>ine 8</u>		3		
P	art V Qualification L	Inder Section 4940(e) for Rec	luced Tax on Net Investment I	ncome		
(Fo	or optional use by domestic	private foundations subject to the	e section 4940(a) tax on net investi	ment inco	me)	
If s	section 4940(d)(2) applies,	leave this part blank				
147						T
		the section 4942 tax on the distribution		ase period		Yes X No
_		not qualify under section 4940(e)				
1		ount in each column for each year,	see page 18 of the instructions be	efore mak		
	(a) Base penod years	(b)	(c)		(d) Distribution ra	atio
_C	alendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		(col (b) divided by	
	2009	58,032.	307,454.	:		0.188750
	2008	86,334.	367,965.			0.234626
	2007	81,342.	322,614.	-		0.252134
	2006	110,854.	286,867.			0.386430
	2005	106,806.	243,758.			0.438164
_						
2	Total of line 1 column (d)			,		1.500104
	Total of line 1, column (d)	· · · · · · · · · · · · · · · · · · ·		2		1.500104
3	_	for the 5-year base period - divide	• •			0 200001
	number of years the found	dation has been in existence if less	than 5 years	3		0.300021
4	Enter the net value of non	charitable-use assets for 2010 fror	m Part X, line 5	4		250,897.
5	Multiply line 4 by line 3			5		75,274.
	. , , , , , .					
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		0.
-			• • • • • • • • • • • • • • • • • • • •	 		
7	Add lines 5 and 6			,		75,274.
,	And lines 2 and 6			7		13,214.
_		as force De d VIII i		_		80,541.
8	If line 8 is count to or and	ns from Part XII, line 4	Dort VI line 4h and name late	8	110100 = 40/ 1	
	Part VI instructions on pag	eater than line 7, check the box in e 18	i rati vi, line ib, and complete t	нат рап	using a 1% tax	crate See the

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	ne ins	truction	ons)
	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 ruling letter if necessary - see instructions)			
b	Domestic_foundations that meet the section 4940(e) requirements in Part V, check			0.
	here ▶ X and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of \mathcal{I}			
	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			
3	Add lines 1 and 2 3			0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			0.
	Credits/Payments			
	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 7 ·			
	Exempt foreign organizations-tax withheld at source			
	Tax paid with application for extension of time to line (Form 8000)			
	Backup withholding erroneously withheld			7.
7	Total credits and payments Add lines 6a through 6d			''
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			7.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			 -
	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ 7 · Refunded ▶ 11 VII-A Statements Regarding Activities			—
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
10	participate or intervene in any political campaign?	1a	100	X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
U	of the instructions for definition)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities	.		
c	Did the foundation file Form 1120-POL for this year?	1 c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
-	(1) On the foundation \$ (2) On foundation managers \$.		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	.		
_	on foundation managers > \$.		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities			_
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	.		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T	.		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	.		
	By language in the governing instrument, or	. 1		
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that	. 1		
	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	
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	.		
	instructions) MD,	, [
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	.		
	(or designate) of each state as required by General Instruction G ² If "No," attach explanation	8 b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			v
	names and addresses	10		Х

Form 990-PF (2010)

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c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 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 2010?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise

Yes

Х

Х

Pa	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)			
5 a	During the year did the foundation pay or incur any amou	int to					
	(1) Carry on propaganda, or otherwise attempt to influen	nce legislation (section	4945(e))?	. Yes X N	o		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,						
	directly or indirectly, any voter registration drive?						
	(3) Provide a grant to an individual for travel, study, or ot	her similar purposes?		Yes X N	0	ì	
	(4) Provide a grant to an organization other than a char	itable, etc , organizatio	n described in				
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?	(see page 22 of the ins	structions)	Yes X N	0	-	
	(5) Provide for any purpose other than religious, charita	ble, scientific, literary,	or educational			1	
	purposes, or for the prevention of cruelty to children of	or animals?		Yes X N	.	i	
b	If any answer is "Yes" to 5a(1)-(5), did any of the trans			. —			
	Regulations section 53 4945 or in a current notice regard		•		5b		
	Organizations relying on a current notice regarding disas	ter assistance check h	ere	`▶□			
С	If the answer is "Yes" to question 5a(4), does the found				- .		
_	because it maintained expenditure responsibility for the g			Yes N		į	
	If "Yes," attach the statement required by Regulations sec					ſ	
6.3	Did the foundation, during the year, receive any funds, of	• •	nov promitime		, ' , "	1	
va	on a personal benefit contract?	-		Yes X N		}	
h	Did the foundation, during the year, pay premiums, direct			. — —	6b	χ̈́	
•	If "Yes" to 6b, file Form 8870	city of indirectly, off a p	bersonal benefit contrac	u'	• • •		
7 a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	chalter transaction?	Yes X N	1 1 1		
	If "Yes," did the foundation receive any proceeds or have	•	•	. — —	7b		
	t VIII Information About Officers, Directors						
	and Contractors		-	• • •	•		
1	List all officers, directors, trustees, foundation m		compensation (see				
			(e) Componentian				
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expense account other allowances	,	
		hours per week devoted to position	(c) Compensation (If not paid, enter 0-)			, 	
 ጥΔ		hours per week	-0-)	employee benefit plans and deferred compensation			
AT	TACHMENT 6	hours per week	(c) Compensation (If not paid, enter -0-)	employee benefit plans			
AT		hours per week	-0-)	employee benefit plans and deferred compensation			
AT	TACHMENT 6	hours per week	-0-)	employee benefit plans and deferred compensation			
AT	TACHMENT 6	hours per week	-0-)	employee benefit plans and deferred compensation			
AT	TACHMENT 6	hours per week	-0-)	employee benefit plans and deferred compensation			
AT	TACHMENT 6	hours per week	-0-)	employee benefit plans and deferred compensation			
	TACHMENT 6	hours per week devoted to position	0.	employee benefit plans and deferred compensation 0.	other allowances		
2	TACHMENT 6 Compensation of five highest-paid employees (ot	hours per week devoted to position	0.	employee benefit plans and deferred compensation 0.	other allowances		
2	TACHMENT 6 Compensation of five highest-paid employees (ot if none, enter "NONE."	hours per week devoted to position	0.	employee benefit plans and deferred compensation 0.	other allowances	0	
2	TACHMENT 6 Compensation of five highest-paid employees (ot	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	employee benefit plans and deferred compensation 0.	other allowances	0	
2	TACHMENT 6 Compensation of five highest-paid employees (ot if none, enter "NONE."	hours per week devoted to position her than those inc (b) Title, and average	0.	e page 23 of the ins (d) Contributions to employee benefit	etructions).	0	
2	TACHMENT 6 Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	etructions).	0	
2	TACHMENT 6 Compensation of five highest-paid employees (ot if none, enter "NONE."	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	etructions).	0	
2	TACHMENT 6 Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	etructions).	0	
2	TACHMENT 6 Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	etructions).	0	
2	TACHMENT 6 Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	etructions).	0	
2	TACHMENT 6 Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	etructions).	0	
2	TACHMENT 6 Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	etructions).	0	
2	TACHMENT 6 Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	etructions).	0	
2	TACHMENT 6 Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	etructions).	0	
(a	TACHMENT 6 Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	etructions).	0	

and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see pag	je 23 of the instructions). If no	ne, enter "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	NONE	
Total number of others receiving over \$50,000 for professional services		NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical	d information such as the number of	· · · · · · · · · · · · · · · · · · ·
organizations and other beneficianes served, conferences convened, research papers produced, etc	" Information such as the number of	Expenses
1 N/A	 	
2		
2		
3		
		,
4		
Part IX-B Summary of Program-Related Investments (see page 24 of the		A
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 a	and 2	Amount
1NOT APPLICABLE		
2		
All other program-related investments. See page 24 of the instructions		
3 NONE		
Total. Add lines 1 through 3		

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

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	ign foundation	ıs,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	* * *	
	purposes	* 1	
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	254,718.
С	Fair market value of all other assets (see page 25 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	254,718.
е	Reduction claimed for blockage or other factors reported on lines 1a and	rinta.	<u> </u>
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	254,718.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
		4	3,821.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	250,897.
6	Minimum investment return. Enter 5% of line 5	6	12,545.
_	Int XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) priva		- 12/0101
1 6	foundations and certain foreign organizations check here		
1	Minimum investment return from Part X, line 6	1	12,545.
b	Income tax for 2010 (This does not include the tax from Part VI) 2b		
			0.
3	Add lines 2a and 2b Distributable amount before adjustments Subtract line 2c from line 1	3	12,545.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lose 2 and 4	5	12,545.
6	Deduction from distributable amount (see page 25 of the instructions)	6	12,040.
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII.	•	
•	•		12,545.
	<u>line 1 </u>	7	12,545.
Pa	urt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	<u> </u>	
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	80,541.
b	Program-related investments - total from Part IX-B	1b	0.
2	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the	524	
а	Suitability test (prior IRS approval required)		0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	80,541.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		<u> </u>
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	80,541.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	L	
	qualifies for the section 4940(e) reduction of tax in those years		ino roundation

Pa	rt XIII Undistributed Income (see page	e 26 of the instruction	ns)		
1	Distributable amount for 2010 from Part XI,	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
•					12,545.
•	Undistributed income, if any, as of the end of 2010				
2 a	· · · · · ·				1
a b	Enter amount for 2009 only Total for pnor years 20 08 20 07 20 06		0.		
3	Excess distributions carryover, if any, to 2010		• • • • • • • • • • • • • • • • • • • •		, , ,
	From 2005 94,800.	_			· ·
a	From 2006 96,599.	•		*	`,.' .'' ,
0					
ان	From 2007				
u	From 2009 42,712.			,	1962 / S
	Total of lines 3a through e	367,879.	ŝ	, ,	
4	Qualifying distributions for 2010 from Part XII,		, ; w		
-	line 4 ▶ \$80,541.	,	, ^		
а	Applied to 2009, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)		•		
d	Applied to 2010 distributable amount	~ , % , ·	№ ,	4	12,545.
е	Remaining amount distributed out of corpus	67,996.	٧	1 2 1 3 4 4 4 1	
5	Excess distributions carryover applied to 2010			t	
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below:	※ ' ¾ ,	e, s ² \	*	
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	435,875.		ye	
b	Prior years' undistributed income Subtract line 4b from line 2b	\$ * '	0.		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.			* 2, 5	
d	Subtract line 6c from line 6b Taxable	5 2	0	**	, 1
е	amount - see page 27 of the instructions Undistributed income for 2009 Subtract line from line 2a Taxable amount - see page		0.		*
	27 of the instructions			<u> </u>	
f	Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)	94,800.			
9	Excess distributions carryover to 2011.	341 655			
	Subtract lines 7 and 8 from line 6a	341,075.			
	Analysis of line 9				
а	Excess from 2006 96,599.				
b	Excess from 2007				
C	Excess from 2008				
d					
e	Excess from 2010 67, 996.				<u></u>

Pa	rt XIV Private Oper	rating Foundations	(see page 27 of the	instructions and Pa	rt VII-A, question 9)	NOT APPLICABLE
,1 a	If the foundation has	_		•	- 1	
b	foundation, and the ruling Check box to indicate wh				1 1)(3) or 4942(j)(5)
		Tax year	private operating round	Prior 3 years	49420	1 4942())(3)
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	I or the minimum investment return from Part X for each year listed		, ,			
b	85% of line 2a					
С	Qualifying distributions from Part				.=	
	XII, line 4 for each year listed					
d	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 atternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying under section					
b	4942(j)(3)(B)(i) "Endowment" alternative test-					
	enter 2/3 of minimum invest- ment 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 secunities loans (section 512(a)(5)),					
	or royalties)					
	(2) Support from general public and 5 or more exempt organizations as					
	provided in section 4942					
	(3) Largest amount of sup- port from an exempt					
	organization (4) Gross investment income	· · · · · · · · · · · · · · · · · · ·				
Pa		ary Information (C	omplete this part	only if the found	tion had \$5.000	or more in assets
		during the year - se			, ,	
1	Information Regardin	-				
а	List any managers of before the close of any					ed by the foundation
	NONE					
b	List any managers of ownership of a partner					large portion of the
	NONE					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsh	ip, etc., Programs:		
	Check here ► if t unsolicited requests f organizations under ot	or funds If the foun	dation makes gifts, g	rants, etc (see page	table organizations at 28 of the instruction	nd does not accept ns) to individuals or
а	The name, address, a	•	of the person to whon	n applications should b	e addressed	.
b		 -	bmitted and information	on and materials they	should include	
	NO SPECIFIC	C FORM REQUIRE)			
С	Any submission deadli	nes				
	NONE					
d	Any restrictions or li factors	mitations on awards	such as by geogra	iphical areas, charita	ble fields, kinds of	nstitutions, or other
	NONE					

PAGE 11

Form 990-PF (2010)			52-1649363	Page 11
Part XV Supplementary Information (continued)		 	
3 Grants and Contributions Paid Duri	ng the Year or Appi	oved for F	Future Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year				
ATTACHMENT 8				
			<u> </u>	
			1	
			•	
			•	
			1	
			i	
Total	· · · · · · · · · · · · · · ·		<u></u> 3a	79,731.
b Approved for future payment				
	}			
	1			
			•	
				1
		<u> </u>		
Total			▶ 3b	

Part XVI	 Analysis of Income-Produ 	icing Activ	vities 💮 💮 💮			
Enter gross	amounts unless otherwise indicated		ated business income	Excluded by	y section 512, 513, or 514	1 Neialed of exempt
1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
a						
_						
е						
f						
g Fees	and contracts from government agencies					
2 Member	ship dues and assessments			<u> </u>	· ·	
	on savings and temporary cash investments			14	1,265.	
	is and interest from securities	V.29 ×			, ' 4 a b 20 da	CONTROL MINERAL MINERAL MANAGEMENT AND
	al income or (loss) from real estate		Fire on the second	1 ,		
	-financed property					
	lebt-financed property					
	I income or (loss) from personal property .					
	vestment income			 	-	
	oss) from sales of assets other than inventory			4		
	me or (loss) from special events					
-	rofit or (loss) from sales of inventory			 		
_	venue a			-		
	· ·					
				+		
	···			<u> </u>	·	
e	Add columns (b), (d), and (e)	State of the		4 « « »	1,265.	
	dd line 12, columns (b), (d), and (e)					<u> </u>
	neet in line 13 instructions on page 29				· · · · · · · · · · · · · · · · · · ·	<u>·</u>
Part XVI-				empt Purp	oses	
Line No. ▼	Explain below how each activit accomplishment of the foundation instructions)	y for which on's exemp	n income is reported i it purposes (other than	n column (e by providing	e) of Part XVI-A contrib g funds for such purpos	uted importantly to the es) (See page 29 of the
					·	
			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
	7					
	-				<u> </u>	
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Part	XVII	Exempt Orga		ansters to and	ı ıransa	ctions	and R	elationships With	Nonc	narı	iable
, 1 D	old the			ngage in any of the	he following	g with	any othe	r organization described	,	Yes	No
ır	n secti	on 501(c) of the C	ode (other than	section 501(c)(3) or	rganizations	or in	section 5	527, relating to political	, , , ,	,	4.
О	rganıza	tions?							-7,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
аТ	ransfe	s from the reporting f	oundation to a non	charitable exempt orga	anization of					8.4	
('	1) Casi	١							1a(1)		X
(2	2) Othe	er assets							1a(2)		X
b C	ther tr	ansactions							i de	r.	
('	1) Sale	s of assets to a noncl	naritable exempt org	ganization					1b(1)		X
(2	2) Puro	chases of assets from	a noncharitable ex	empt organization					1b(2)		X
(3	3) Ren	tal of facilities, equipm	ent, or other assets						1b(3)		X
										1	X
											X
										<u> </u>	X
											Х
								(b) should always show			
V	alue o	f the goods, other	assets, or servic	es given by the r	eporting for	undation	n If the	foundation received less	than	faır ı	marke
								goods, other assets, or			
(a) Line	e no	(b) Amount involved	(c) Name of no	ncharitable exempt orga	nization			transfers, transactions, and sha	nng arra	angeme	nts
	-+	N/A				N/A	•	· · · · ·			
											
											
	-+									-	
-	+						· 				
	-+										
		<u> </u>									
											-
						•					
-											
			-								
			•					exempt organizations	— . П v.	es [XI No
		complete the following		555(16)1 551(5)(5), (or ar occaron	J., .			··		
		(a) Name of organizatio		(b) Type of or	ganization			(c) Description of relation	ship		
									·	-	
				· · · · · · · · · · · · · · · · · · ·	· · · · ·						
								<u> </u>			
		<u> </u>									
Sign	Under belief,	penalties of perjury, I d	eclare that I have ex nplete Declaration of	amined this return, inclu preparer (other than tax	uding accomp payer or fiduci	anying so iary) is ba	chedules and sed on all inf	d statements, and to the best formation of which preparer has	of my k s any kn	nowledg	ige and e
Here		Opp Of	KV LLLV		7	1/12	111	Presiden	M		
	Sı	gnature of officer or truste			Date	/		Title			
		Print/Type preparers	name	Preparer's signatu	re F		Date		PTIN		
Paid					1			Check If			
	ara-						7	self-employed			30
Prepa			ONSON LLC					Firm's EIN ▶ 37-1	6113	26	
Use (Jnly	Firm's address ▶ 80			FLOOR						
			ROCKVII	LLE, MD		2	0850	Phone no 301-2	31-6	200	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

Name of the organization **Employer identification number** THE SIEGEL FAMILY CHARITABLE FOUNDATION, INC. 52-1649363 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization	THE	SIEGEL	FAMILY	CHARITABLE	FOUNDATION.	INC.

Employer identification number 52-1649363

Part I Contributors	(see instructions)
---------------------	--------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1 _	EUGENE I SIEGEL 10432 BALLS FORD ROAD, SUITE 300	\$ 3,100.	Person X Payroll Noncash
	MANASSAS, VA 20109-2370	V	(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2_	JACOB SIEGEL 10432 BALLS FORD ROAD, SUITE 300 MANASSAS, VA 20109-2370	\$ <u>7,112.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

/:: () -: :: () :: ()		
1		
1		
1		

FORM 990PF, PART I - CONTRIBUTIONS, GIFTS AND GRANTS RECEIVED

DIRECT PUBLIC SUPPORT	3,100.	7,112.	10,212.
DATE	12/14/2010	09/15/2010	TOTAL CONTRIBUTION AMOUNTS
NAME AND ADDRESS	EUGENE I SIEGEL 10432 BALLS FORD ROAD, SUITE 300 MANASSAS, VA 20109-2370	JACOB SIEGEL 10432 BALLS FORD ROAD, SUITE 300 MANASSAS, VA 20109-2370	TOTAL CON

- INTEREST ON TEMPORARY CASH INVESTMENTS PART I FORM 990PF,

EXPENSES PER BOOKS REVENUE AND DESCRIPTION

NET INVESTMENT INCOME

1,265.

1,265.

1,265.

BANK INTEREST

1,265.

TOTAL

PAGE 18

m	
ATTACHMENT	

FEES
ACCOUNTING
ı H
PART
990PF,
FORM

CHARITABLE PURPOSES	810.	810.
ADJUSTED NET INCOME	.0	0.
NET INVESTMENT INCOME	810.	810.
REVENUE AND EXPENSES PER BOOKS	1,620.	1,620.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

- TAXES FORM 990PF, PART I

CHARITABLE	.0	0
ADJUSTED NET INCOME	.0	0.
NET INVESTMENT INCOME	.0	0
REVENUE AND EXPENSES PER BOOKS	44.	44.
		TOTALS
DESCRIPTION	FED EXCISE TAXES PAID	

L51469 3947 6/15/2011

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CHARITABLE PURPOSES 0.	0
ADJUSTED NET INCOME 0.	0
NET INVESTMENT INCOME 457.	457.
REVENUE AND EXPENSES PER BOOKS 457.	457.
	TOTALS
DESCRIPTION OFFICE EXPENSES	

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 6

S EXPENSE ACCT AND OTHER S ALLOWANCES		0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0	0
COMPENSATION	0.	0.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT 2.00	GRAND TOTALS
NAME AND ADDRESS	EUGENE I. SIEGEL 10432 BALLS FORD ROAD, SUITE 300 MANASSAS, VA 20109	

L51469 3947

• THE SIEGEL FAMILY CHARITABLE FOUNDATION, INC.

52-1649363

ATTACHMENT 7

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

EUGENE I. SIEGEL 10432 BALLS FORD ROAD, SUITE 300 MANASSAS, VA 20109 703-754-7700

YEAR	
THE	
PAID DURING	
PAID	
CONTRIBUTIONS	
AND (
GRANTS	
ᅦ	
×	
PART XV	
FORM 990PF,	

AMOUNT	. 000.	8,200.	6,000.	9,175.	2,500.	3,200.
PURPOSE OF GRANT OR CONTRIBUTION	GENERAL OPERATING SUPPORT	GENERAL OPERATING SUPPORT	GENERAL OPERATING SUPPORT	GENERAL OPERATING SUPPORT	GENERAL OPERATING SUPPORT	GENERAL OPERATING SUPPORT
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY
RECIPIENT NAME AND ADDRESS	BIRCHAS YAAVET2 1515 EAST 7TH STREET BROOKLYN, NY 11230	MESIVTA YESHIVA RABBI CHAIM BERLIN 1605 CONEY ISLAND AVENUE BROOKLYN, NY 11230	BETH JACOB HIGH SCHOOL DENVER, CO	WOODSIDE SYNAGOGUE 9001 GEORGIA AVENUE SILVER SPRING, MD 20910-2247	AMERICAN FRIENDS OF MERCAZ HORTORAH CHICAGO, IL	ADAS TORAH LOS ANGELES, СА

52-1649363

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

L51469 3947 6/15/2011

ATTACHMENT 8 (CONT'D)		AMOUNT	250		3,610.		. 200		1,000.		720.		1,000.	
		PURPOSE OF GRANT OR CONTRIBUTION	GENERAL OPERATING SUPPORT		GENERAL OPERATING SUPPORT		GENERAL OPERATING SUPPOR		GENERAL OPERATING SUPPORT		GENERAL OPERATING SUPPORT		GENERAL OPERATING SUPPORT	
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT	NONE	PUBLIC CHANITY	NONE	PUBLIC CHARITY	NONE	PUBLIC CHARITY	NONE	PUBLIC CHARITY	NONE	PUBLIC CHARITY	NONE	PUBLIC CHARITY
		RECIPIENT NAME AND ADDRESS	ISRAEL CHESED FUND	2920 W SIKAIHMOKE AVE BALTIMORE, MD 21209	AHAVAS YISROEL OF BALTIMORE	BALTIMORE, MD	BOBBIES PLACE	BROOKLYN, NY	SIMCHAT TZION	BROOKLYN, NY	TORAH COMMUNICATIONS NETWORK	BROOKLYN, NY	CHABAD OF DURHAM CHAPEL HILL	DURHAM, NC

ATTACHMENT 8 (CONT'D)

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

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ветн меdrash govoha Lakewood, nj	NONE PUBLIC CHARITY	GENERAL OPERATING SUPPORT	1,000.
CAMP MORRIS BROOKLYN, NY	NONE PUBLIC CHARITY	GENERAL OPERATING SUPPORT	200.
EZRAS TORAH NEW YORK, NY	NONE PUBLIC CHARITY	GENERAL OPERATING SUPPORT	500.
BAIS YAAKOV SCHOOL FOR GIRLS OWINGS MILL, MD	NONE PUBLIC CHARITY	GENERAL OPERATING SUPPORT	1,250.
CENTER FOR TORAH VECHESED BROOKLYN, NY	NONE PUBLIC CHARITY	GENERAL OPERATING SUPPORT	180.
CONGREGATION KETER ABRAHAM MIAMI BEACH, FL	NONE PUBLIC CHARITY	GENERAL OPERATING SUPPORT	200.

ATTACHMENT 8 (CONT'D)

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

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURFOSE OF GRANT OR CONTRIBUTION AN	AMOUNT
JEWISH FEDERATION OF GREATER WASHINGTON WASHINGTON, DC	NONE PUBLIC CHARITY	GENERAL OPERATING SUPPORT	436.
KEREN YEHED VIYALDAH MONSEY, NY	NONE PUBLIC CHARITY	GENERAL OPERATING SUPPORT	100.
WOMEN'S INSTITUTE OF TORAH 6602 PARK HEIGHTS AVE BALTIMORE, MD 21215	NONE PUBLIC CHARITY	GENERAL OPERATING SUPPORT	3,500.
KOLLEL OF YRSRH MONSEY, NY	NONE PUBLIC CHARITY	GENERAL OPERATING SUPPORT	180.
KOLLEL ZICHRON AMRAM BROOKLYN, NY	NONE PUBLIC CHARITY	GENERAL OPERATING SUPPORT	180.
NER ISRAEL RABBINICAL COLLEGE 400 MOUNT WILSON LN BALTIMORE, MD 21208	NONE PUBLIC CHARITY	GENERAL OPERATING SUPPORT	10,000.

ATTACHMENT 8 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
JERUSALEM KOLLEL JERUSALEM, ISRAEL	NONE PUBLIC CHARITY	GENERAL OPERATING SUPPORT	4,000.
RABBI ISAAC ELCHANNAN THEOLOGICAL SEMINARY NEW YORK, NY	NONE PUBLIC CHARITY	GENERAL OPERATING SUPPORT	1,000.
MIKVAH EMUNAH SOCIETY SILVER SPRING, MD	NONE PUBLIC CHARITY	GENERAL OPERATING SUPPORT	4,300
MERCAZ HATORAH COMMUNITY KOLLEL LOS ANGELES, CA	NONE PUBLIC CHARITY	GENERAL OPERATING SUPPORT	4,500.
NCSY NEW YORK, NY	NONE PUBLIC CHARITY	GENERAL OPERATING SUPPORT	2,000.
SHEARITH ISRAEL CONGREGATION BALTIMORE, MD	NONE PUBLIC CHARITY	GENERAL OPERATING SUPPORT	400.

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CONTROLL CANADA AND CONTRIBUTIONS FRAD DURING THE LEAR	UVRING THE TEAK	7	ATTACHMENT 8 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
TALMUDICAL ACADEMY OF BALTIMORE	NONE	GENERAL OPERATING SUPPORT	180
BALTIMORE, MD	PUBLIC CHARITY		
YESHIVA OF GREATER WASHINGTON	NONE	GENERAL OPERATING SUPPORT	1,000.
SILVER SPRING, MD	PUBLIC CHARITY		
YOUNG ISRAEL LAWRENCE CEDARHURST	NONE	GENERAL OPERATING SUPPORT	540.
LAWRENCEVILLE, NJ	PUBLIC CHARITY		
TORAH UMESORAH	NONE	GENERAL OPERATING SUPPORT	250.
BROOKLYN, NY	PUBLIC CHARITY		
UNION OF ORTHODOX CONGREGATION	NONE	GENERAL OPERATING SUPPORT	180.
NEW YORK, NY	PUBLIC CHARITY		
TOMCHAI SHABBOS/ YAD YESHAYA	NONE	GENERAL OPERATING SUPPORT	.005
LAWRENCE, NY	PUBLIC CHARITY		

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THE SIEGEL FAMILY CHARITABLE FOUNDATION, INC

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

ATTACHMENT 8 (CONT'D)

1,000.

KOBY MANDEL FOUNDATION JERUSALEM, ISRAEL

RECIPIENT NAME AND ADDRESS

PUBLIC CHARITY NONE

GENERAL OPERATING SUPPORT

79,731.

TOTAL CONTRIBUTIONS PAID

PAGE 30 ATTACHMENT 8

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(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

File a separate application for each return.

	filing for an Automatic 3-Month Extension, o				▶ 🔼		
•	filing for an Additional (Not Automatic) 3-Mo						
Do not comp	olete Part II unless you have already been gra	nted an au	tomatic 3-month extension on a previ	ously filed Form 8	868		
a corporatio 8868 to rec	iling (e-file). You can electronically file Form on required to file Form 990-T), or an addition quest an extension of time to file any of the Transfers Associated With Certain Persona	nal (not au forms liste	tomatic) 3-month extension of time `ed in Part I or Part II with the except	You can electroni tion of Form 887	cally file Form 0, Information		
	For more details on the electronic filing of the						
	tomatic 3-Month Extension of Time. Or			TOI CHAIRIES & IV	<u>Oripronts</u>		
				w and complete			
•	on required to file Form 990-T and requesting			•			
Part I only .				· · · <u>·</u> · · · · · ·			
	rporations (including 1120-C filers), partnersh	ıps, REMIC	is, and trusts must use Form 7004 to re	equest an extensio	on of time		
	e tax returns		····	r	Alamana kan		
Type or	Name of exempt organization	- FAINIR	1	Employer identifica			
print	THE SIEGEL FAMILY CHARITABLE			52-16493	63		
File by the							
due date for filing your	ue date for 10432 BALLS FORD ROAD						
return See	City, town or post office, state, and ZIP code For	a foreign ad	dress, see instructions				
instructions	MANASSAS, VA 20109						
Enter the Re	eturn code for the return that this application	is for (file a	a separate application for each return)		0 4		
Application		Return	Application		Return		
ls For		Code	Is For		Code		
Form 990		01	Form 990-T (corporation)		07		
Form 990-B	L	02	Form 1041-A		08		
Form 990-E.	Z	03	Form 4720		09		
Form 990-P	F	04	Form 5227		10		
Form 990-T	(sec 401(a) or 408(a) trust)	0.5	Form 6069		11		
Form 990-T	(trust other than above)	06	Form 8870		12		
Telephon If the org If this is for the whole a list with the	e No ► 703 754-7700 anization does not have an office or place of lor a Group Return, enter the organization's foile group, check this box ► It is enames and EINs of all members the extensions and automatic 3-month (6 months for a core	business in ur digit Gro f it is for pa ion is for	oup Exemption Number (GEN)art of the group, check this box	▶ and	f this is attach		
► X ►	organization's return for calendar year 20 10 or tax year beginning	, 20		, 20	e extension is		
	ax year entered in line 1 is for less than 12 m Change in accounting period			inal return			
	application is for Form 990-BL, 990-PF, 99	90-T, 4720), or 6069, enter the tentative tax,	*	-		
	undable credits. See instructions			3a \$	<u> </u>		
	application is for Form 990-PF, 990-T,		·	l I			
	ited tax payments made. Include any prior year		· · · · · · · · · · · · · · · · · · ·	3b \$	127.		
	ce Due. Subtract line 3b from line 3a Include		ient with this form, if required, by usin	ng EFTPS			
	onic Federal Tax Payment System) See instru			3c \$			
Caution. If	you are going to make an electronic fund v	withdrawal	with this Form 8868, see Form 84	153-EO and Form	1 8879-EO for		
payment ins	structions						
For Panerwo	rk Reduction Act Notice, see Instructions			Form 88	168 (Rev. 1-2011)		