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990-PF

Bapartment of the Treasury Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

2011

OMB No 1545-0052

Fo	r cal	endar year 2011 or tax year beginning	, a	nd ending				
N	me of	foundation			A E	mployer identification nu	mber	
Ma	ıtan F	Family Foundation, Inc.				27-5370	B59	
		and street (or P O box number if mail is not delivered to street a	ddress)	Room/suite	вт	elephone number (see insti		
46	00 W	/edgewood Blvd Ste A						
		wn, state, and ZIP code			C If	exemption application is pe	nding check here	►X
Fre	ederio	nk	MD	21703	"	exemplion application to pe	ag, oncox nere	- [
-	_		al return of a former p		D 1	Foreign organizations, che	ck here	►□
	UU		ended return	odono onany				
			me change		2.	Foreign organizations mee check here and attach con	_	▶ □
	Cho						•	-
_	_	ck type of organization. X Section 501(c)(3) ex				private foundation status wa		
느		ction 4947(a)(1) nonexempt charitable trust			ur	nder section 507(b)(1)(A), cl	neck nere	▶□
ı		market value of all assets at end J Accounting		Accrual		the foundation is in a 60-mo		. —
		ear (from Part II, col. (c), ☐ Other (s 16) ▶ \$ ☐ Other (s		:- 1	un	nder section 507(b)(1)(B), c	neck nere	▶□
D-	ril	16) ▶\$ Analysis of Revenue and Expenses (The total of		is.)			(d) Disbursem	ents
	1141	amounts in columns (b), (c), and (d) may not necessarily equal	(a) Novembe and	(b) Net investm	ent	(c) Adjusted net	for charitabl	
		the amounts in column (a) (see instructions))	expenses per books	income		ıncome	purposes	
_	_						(cash basis oi	nty)
	1	Contributions, gifts, grants, etc., received (attach schedule)	502,000					
	3	Check ▶ if the foundation is not required to attach Sch B	4		4			
	4	Interest on savings and temporary cash investments Dividends and interest from securities	4,876		,876			
	1	3 Gross rents	4,070	-	0,070			
	١,	_			ŏ			
ne	6 2	Net gain or (loss) from sale of assets not on line 10	4,540					
e			7,040					
Revenue	7	Capital gain net income (from Part IV, line 2)		4	,540			
Œ	8	Net short-term capital gain			,0 ,0	0		
	9	Income modifications						
	10 a	Gross sales less returns and allowances						
	ı	Less. Cost of goods sold .						
	l	Gross profit or (loss) (attach schedule)	0					
	11	Other income (attach schedule)	0		0	0		
	12	Total. Add lines 1 through 11	511,420	9	,420	o		
S	13	Compensation of officers, directors, trustees, etc.	0		1			
penses	14	Other employee salaries and wages						
ē	15	Pension plans, employee benefits						
	16 a		0		0	0		0
е	l t	Accounting fees (attach schedule) 6	0		0	0	·	0
₽	C	Other professional fees (attach schedule)	579	 	579			0
Ţ	17	Interest OGDEN LIT						
₹	18	Taxes (attach schedule) (see instructions)	102		102	0		0
쿹	19	Depreciation (attach schedule) and depletion	0	<u>-</u>	0	0		
뒃	20	Occupancy						
ō	221	Travel, conferences, and meetings						
ā	22	Printing and publications	074		074			
6	24	Other expenses (attach schedule)	671	 	671	0		<u> </u>
ati	[24	Total operating and administrative expenses.	4 050		250	_		~
er) 25	Add lines 13 through 23	1,352 26,000	1	,352	0	2	<u>0</u> _
Ö	26	Contributions, gifts, grants paid			050			
Ê	27	Total expenses and disbursements. Add lines 24 and 25	27,352	1	,352	0	2	6,000
5	16 a k c c c c c c c c c c c c c c c c c c	Subtract line 26 from line 12	404.000					
Z	8	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	484,068		,068	<u> </u>		
3	ָר	Adjusted net income (if negative, enter -0-)			,000			
=		najasta net meeme (ii negative, enter -u-)				ı 01		



Pa	irt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	Endic	of year
_		should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing .		90,807	90,807
_	2	Savings and temporary cash investments			
	3	Accounts receivable 0			
		Less ⁻ allowance for doubtful accounts	0	0	. 0
	4	Pledges receivable ▶ 0			
		Less. allowance for doubtful accounts	o	0	0
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)	o	o	0
	7	Other notes and loans receivable (attach schedule) 70			
		Less allowance for doubtful accounts	0	70	70
ম	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ş	10 a	a Investments—U S and state government obligations (attach schedule)	0	0	0
•	I .	b Investments—corporate stock (attach schedule)	0	0	0
	1	C Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)	0	0	0
	12	Investments—mortgage loans			<u> </u>
	13	Investments—other (attach schedule)	0	378,772	378,772
	14	Land, buildings, and equipment basis ► 0		070,772	010,112
	'	Less accumulated depreciation (attach schedule)	0	0	0
	15	Other assets (describe Organizational Costs Less Amortization)	0	2,546	2,546
	16	Total assets (to be completed by all filers—see the		2,040	2,340
	''	instructions. Also, see page 1, item I)	o	472,195	472,195
	17	Accounts payable and accrued expenses		472,193	472,190
	18	Grants payable			
Liabilities	19	Deferred revenue	_		
Ξ	20	· · · · · · · · · · · · · · · · · · ·	0	0	,
ä	21	Loans from officers, directors, trustees, and other disqualified persons	0		
Ë	22	Mortgages and other notes payable (attach schedule)		0	
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)	0	0	
	23		0	0	
Ś		Foundations that follow SFAS 117, check here ▶ X			
ည		and complete lines 24 through 26 and lines 30 and 31.			
alances	24	Unrestricted		472,195	
	25	Temporarily restricted			
<u></u>	26	Permanently restricted			
5		Foundations that do not follow SFAS 117, check here . ▶ 🔲			
F		and complete lines 27 through 31.			
0	27	Capital stock, trust principal, or current funds		0	
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds.			
Net Assets or Fund B	30	Total net assets or fund balances (see instructions)	0	472,195	
Ž	31	Total liabilities and net assets/fund balances (see			
		instructions)	0	472,195	
_	rt III	Analysis of Changes in Net Assets or Fund Balances			
1	Total	net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with		
	end-of	f-year figure reported on prior year's return)		1	0
2	Enter	amount from Part I, line 27a		2	484,068
		increases not included in line 2 (itemize)		3	0
4	Add III	nes 1, 2, and 3		4	484,068
5	Decre	ases not included in line 2 (itemize)		5	0
6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, co	olumn (b), line 30	6	484 068

(a) List and describe the 2-story brick warehou	(b) How acquired P—Purchase D—Donation	(c) Date acqu (mo , day,)		(d) Date sold (mo , day, yr)		
1a Mutual Funds Distributions	- Charles Schwab					
b						
<u>C</u>						
_d						
е						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale			or (loss)) minus (g)
a 0	0	· ·	0	<u>.</u> `	, , , , ,	0
b 0	0		0			0
c 0	0		0.			0
d 0	0		0			0
e 0	0		0			0
Complete only for assets show	ring gain in column (h) and owner	d by the foundation	on on 12/31/69	(I) Ga	ins (Col	(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	• •	ss of col (i) l (j), if any			less than -0-) or om col (h))
_ a 0	0		0			. 0
b 0	0		0			0
<u>c</u> 0	0	_	0			0
<u>d</u> 0	0		0			0
<u>e</u> 0	Olf asia s	olog optor in Do	0 et l lino 7	<u> </u>		0
2 Capital gain net income or		also enter in Pa enter -0- in Pa		2		4.540
3 Net short-term capital gain						7,540
	line 8, column (c) (see instruc					
			$[\cdot] \cdot [\cdot]$	3		1,162
Part V Qualification Und			n Net Investm	ent Income)	
If section 4940(d)(2) applies, le Was the foundation liable for the If "Yes," the foundation does not be section.	ne section 4942 tax on the dis	(e). Do not com	plete this part.			
	ount in each column for each	year; see the ir	nstructions before	e making any	entrie	
(a) Base penod years Calendar year (or tax year beginning ii	(b) Adjusted qualifying distributio	ns Net value	(c) of nonchantable-use a	ssets		(d) hbution ratio livided by col. (c))
2010	*					0.000000
2009						0.000000
2008						0.000000
2007						0.000000
2006	<u> </u>			 		0 000000
2 Total of line 1, column (d)						0.000000
3 Average distribution ratio for the number of years the for	or the 5-year base period—div undation has been in existenc					0 000000
4 Enter the net value of nonc	haritable-use assets for 2011	from Part X, III	ne 5	. 4		0
5 Multiply line 4 by line 3 .				. 5		0
6 Enter 1% of net investment	income (1% of Part I, line 27	'b)		. 6	_	0
7 Add lines 5 and 6				. 7		0
8 Enter qualifying distribution If line 8 is equal to or great the Part VI instructions.	s from Part XII, line 4 er than line 7, check the box i				ng a 1º	0% tax rate. See

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

8 a Enter the states to which the foundation reports or with which it is registered (see instructions)

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney

. . .

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General (or designate) of each state as required by General Instruction G? If "No," attach explanation 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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing

MD

their names and addresses

8b | X

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Form	1 990-PF (2011) Matan Family Foundation, Inc. 27-	5370859	Page 5
Par	t VII-A Statements Regarding Activities (continued)		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had		
	advisory privileges? If "Yes," attach statement (see instructions)	12	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х
	Website address ▶ n/a		
14	The books are in care of ► A. Scott Cowperthwaite Telephone no ► (301) 81	5-9975	
	Located at ► 4600 Wedgewood Blvd Ste A, Frederick MD ZIP+4 ► 21703	·	<u></u> -
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		▶ ∐
4.0	and enter the amount of tax-exempt interest received or accrued during the year		/aa Na
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority		Yes No
	over a bank, securities, or other financial account in a foreign country?	16	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign country		
Рa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	E4:	地震 一层花中/
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	建版	res No
1a	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		
	a disqualified person?		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No.		85
	(5) Transfer any income or assets to a disqualified person (or make any of either available		
	for the benefit or use of a disqualified person)?		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		
	if the foundation agreed to make a grant to or to employ the official for a period		
	after termination of government service, if terminating within 90 days.)		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	N/A
	Organizations relying on a current notice regarding disaster assistance check here		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011?		¥
	If "Yes," list the years 20, 20, 20	< .	8
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	21-	
_	to all years listed, answer "No" and attach statement—see instructions.)	2b	N/A
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		
3a	20 20 20 20 20 Did the foundation hold more than a 2% direct or indirect interest in any business		
<i>,</i> u	enterprise at any time during the year?		
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation		
	or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved		5.3
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3)		
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine		
	If the foundation had excess business holdings in 2011.)	3b	N/A
la	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable		
	purpose that had not been removed from leopardy before the first day of the tax year beginning in 2011?	4b	ΙX

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Form 990-PF (2011	indian ranny reducation, me.		27-5370859 Page 7
Part VIII	Information About Officers, Directors, Trustees, F and Contractors (continued)	oundation Managers, Highly Paid	i Employees,
3 Five highe	est-paid independent contractors for professional services (see	instructions). If none, enter "NONE."	•
(a)	Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			0
			0
			0
			0
			0
Total number of	of others receiving over \$50,000 for professional services .		
Part IX-A	Summary of Direct Charitable Activities		
List the foundation the number of org	n's four largest direct chantable activities during the tax year. Include relevant st panizations and other beneficiaries served, conferences convened, research pap	atistical information such as pers produced, etc	Expenses
1			
2			
3			-
			ī
4			
Part IX-B	Summary of Program-Related Investments (see in		
Describe the two la	argest program-related investments made by the foundation during the tax year	on lines 1 and 2	Amount
1			
2			
2	related investments. See instructions		
	•••••••••••••••••••••••••••••••••••••••		•
Total. Add lines	s 1 through 3	>	0

0 Form **990-PF** (2011)

Pa	Minimum investment Return (All domestic foundations must complete this part. Foreign	toundatio	ons,
*	see instructions.)		
1.	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	10	270 772
a	Average monthly fair market value of securities	1a 1b	378,772
b	Average of monthly cash balances	1c	50,000
C	Fair market value of all other assets (see instructions)		400 770
d	Total (add lines 1a, b, and c)	1d	428,772
е	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation)		-
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	428,772
4	Cash deemed held for charitable activities. Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	6,432
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	422,340
6	Minimum investment return. Enter 5% of line 5	6	21,117
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here and do not complete this part)	· · · · ·	
1	Minimum investment return from Part X, line 6	1	21,117
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011 (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	161
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	20,956
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	20,956
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	20,956
Dar	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	26,000
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		2
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	26,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	26,000
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foun	dation	

qualifies for the section 4940(e) reduction of tax in those years

Form **990-PF** (2011)

			(a)	(b)	(c)	(d)
1	Distributable amount for 2011 from Part XI,		Corpus	Years prior to 2010	2010	2011
•	line 7		建 建设定。	E 184. 1	7	20,956
2	Undistributed income, if any, as of the end of 2011			41 4 77 7		
а	Enter amount for 2010 only .			<u> </u>	0	
b	Total for prior years 20, 20, 20		4	0	, ,	
3	Excess distributions carryover, if any, to 2011.			, ,		
а	From 2006	0			, ,	
b	From 2007	0				
С	From 2008 .	0		1 1 2 2	,	
d	From 2009 .	0				
e	From 2010	0			,	
f	Total of lines 3a through e		0		,	
4	Qualifying distributions for 2011 from Part		580	<u>'</u>		
	XII, line 4 ▶ \$ 26,000		建	'		
а	Applied to 2010, but not more than line 2a				0	
	Applied to undistributed income of prior years	•	5.4			
-	(Election required—see instructions)				,	
c	Treated as distributions out of corpus (Election		4	, · · · · · · · · · · ·		
Ū	required—see instructions)		٥		<u> </u>	*
d	Applied to 2011 distributable amount	•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	Carlo and the	20,956
-	Remaining amount distributed out of corpus		5,044	The American	190 (1384) C	1 3 m m m m m m m m m m m m m m m m m m
5	Excess distributions carryover applied to 2011	•	0,044	· · · · · · · · · · · · · · · · · · ·	\$ 1	0
9	(If an amount appears in column (d), the	•	3			
	same amount must be shown in column (a))			1		
6	Enter the net total of each column as				1	
•	indicated below:					
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5		5.044		100	1
b	Prior years' undistributed income. Subtract	•			The state of the s	
	line 4b from line 2b				The state of	
С	Enter the amount of prior years' undistributed	•	4.5	\	, , , , , , , , , , , , , , , , , , ,	Same to be to
Ŭ	income for which a notice of deficiency has			1	A Company	54. 4 W 34 1
	been issued, or on which the section 4942(a)					
	tax has been previously assessed				7 4	
d	Subtract line 6c from line 6b Taxable	•				
ŭ	amount—see instructions			.		'
_	Undistributed income for 2010. Subtract line	•	3	,	,	
•	4a from line 2a. Taxable amount—see					
	instructions			1 1 1 1 1	0	
f	Undistributed income for 2011. Subtract		36 5 3 6 5	, 504	<u> </u>	
•	lines 4d and 5 from line 1. This amount must			746	T. T.	
	be distributed in 2012					0
7	Amounts treated as distributions out of		**			<u> </u>
•						
	corpus to satisfy requirements imposed by					, ,
	section 170(b)(1)(F) or 4942(g)(3) (see instructions)			-		
8	Excess distributions carryover from 2006			& ²		
٥	not applied on line 5 or line 7 (see instructions)		-	1	τ	·
9	Excess distributions carryover to 2012.		F 044	12.		
10	Subtract lines 7 and 8 from line 6a	•	5,044	14 4 4 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 2	7
10 _	Analysis of line 9.	_		(A)	· · · · · · · · · · · · · · · · · · ·	
a	Excess from 2007					
b	Excess from 2008					1
C	Excess from 2009	_ <u>_</u>		4 , 1		-
d	Excess from 2010	<u> </u>				
е	Excess from 2011 5,	044	(40° - 2	1	1	-

_	Matan Family Foundation, Ir				27-5370	
	1 XIV Private Operating Foundations (S			uestion 9)		N/A
٠.	If the foundation has received a ruling or determination, and the ruling is effective for 2011, ent	er the date of the rulin	g	▶		
	Check box to indicate whether the foundation is a	private operating found	dation described in	n section	4942(J)(3) or	4942(J)(5)
2 a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	year listed	0				0
	85% of line 2a	0	0	0	0	0
C	Qualifying distributions from Part XII,					
هـ	line 4 for each year listed					0
a	Amounts included in line 2c not used directly for active conduct of exempt activities .					0
е	Qualifying distributions made directly					
	for active conduct of exempt activities. Subtract line 2d from line 2c	0	0	0	0	0
3	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test—enter.		<u> </u>		J	
Ī	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
_	"Support" alternative test—enter.	0				0
C	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income .					0
Pai	t XV Supplementary Information (Con	nplete this part o	nly if the four	ndation had \$5,	000 or more in	 -
	assets at any time during the year	ar—see instruction	ons.)			
1	Information Regarding Foundation Manag					C
а	List any managers of the foundation who have con-				the foundation	
	before the close of any tax year (but only if they ha	ve contributed more tr	ian \$5,000). (See	section 507(a)(2).)		
	k C. Matan List any managers of the foundation who own 10%	or more of the stock of	of a comoration (o	r an equally large no	ortion of the	·· · · · · · · · · · · · · · · · · · ·
-	ownership of a partnership or other entity) of which				ntion of the	
non	e					
2	Information Regarding Contribution, Gran		• •	_		
	Check here ▶ 🔀 if the foundation only makes unsolicited requests for funds. If the foundation ma other conditions, complete items 2a, b, c, and d					
а	The name, address, and telephone number of the	person to whom applic	ations should be	addressed		
b	The form in which applications should be submitted	and information and	materials they sho	ould include.	·	
С	Any submission deadlines					
-4	Any restrictions or limitations on awards, such as b	v geographical areas	charitable fields	kinds of institutions	or other	
u	factors	y geograpinical aleas,	Chantable fields, I	kində or mətitutions,	or other	";

3 Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	or substantial contributor	recipient				
 a Paid duning the year Don Bosco Cristo Rey High School 1010 Larch Ave 		501c3	Education	7,000		
Takoma Park MD 20912 Visible Men, Inc. 221 Beach Rd #203,		501c3	Mentoring and leading black men to success	2,500		
Sarasota FL 34242 Connelly School of the Holy Child 9029 Bradley Blvd		501c3	Education	5,000		
Potomac MD 20854 Shooting Straight Program, Inc. 1380 Monroe St. N.W. #311		501c3	Basketball programs	10,000		
Washington DC 20010 Bethesda Cares 7728 Woodmont Ave		501c3	Helping the homeless	500		
Bethesda MD 20814 Mother Seton School 100 Creamery Road		501c3	Education	500		
Emmitsburg MD 21727 Holy Child Athletics 9029 Bradley Blvd Potomac MD 20854		501c3	School programs	500		
Total			▶ 3a	26,000		
b Approved for future payment						
	<u> </u>	.L	▶ 3b	0		

Enter gross amounts unless otherwise indicated.	Unrelated bus	iness income	Excluded by section	on 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue:					
a		0		0	0
b		0		0	0
G		0		0	0
•		0		0	0
•	<u> </u>	0		0	0
g Fees and contracts from government agencies		0			<u> </u>
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments		4			
4		4,876	-		
Dividends and interest from securities Net rental income or (loss) from real estate		4070		1/2/2/200	
a Debt-financed property	高価をおめる気味、くくから メ 製作		NOW THE PROPERTY OF THE PARTY O	The state of the s	
b Not debt-financed property					
					-
6 Net rental income or (loss) from personal property 7 Other investment income					
7 Other investment income 8 Gain or (loss) from sales of assets other than inventory		4,540		0	
9 Net income or (loss) from special events	-	4,540			
10 Gross profit or (loss) from sales of inventory	 				
		0		0	0
11 Other revenue ab		0		0	
		0		0	0
C		0		0	
d	1				
d		0		0	
e	389 4644	0	Market State of the State of th		0,
e	complishment	of Exempt Pumn (e) of Part X	urposes VI-A contributed ii	0 0 13	0 0 9,420
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Acc	complishment	of Exempt Pumn (e) of Part X	urposes VI-A contributed ii	0 0 13	0, 0, 9,420
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Acc	complishment	of Exempt Pumn (e) of Part X	urposes VI-A contributed ii	0 0 13	0, 0, 9,420
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Acc	complishment	of Exempt Pumn (e) of Part X	urposes VI-A contributed ii	0 0 13	0 0 9,420
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Acc	complishment	of Exempt Pumn (e) of Part X	urposes VI-A contributed ii	0 0 13	0 0 9,420
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Acc	complishment	of Exempt Pumn (e) of Part X	urposes VI-A contributed ii	0 0 13	0 0 9,420
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Acc	complishment	of Exempt Pumn (e) of Part X	urposes VI-A contributed ii	0 0 13	9,420
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Acc	complishment	of Exempt Pumn (e) of Part X	urposes VI-A contributed ii	0 0 13	0 0 9,420
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Acc	complishment	of Exempt Pumn (e) of Part X	urposes VI-A contributed ii	0 0 13	0, 0, 9,420

Sign

Here

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For	m 990-PF	***************************************	ily Foundation					27-537085		Page	, 13
Pa	art XVII	Information Reg	arding Trar	sfers To and Ti	ansactions a	nd Re	lationships With	Noncharitab	le		
_		Exempt Organiza	ations								
1.	in sect	e organization directly tion 501(c) of the Code zations?							Y	es .	No
а	(1) Ca	ers from the reporting ash							a(1) a(2)		XX
b	Other (1) Sa	transactions: ales of assets to a non	charitable ex	empt organization				<u>1</u>	b(1)		X
	(3) Re (4) Re	rchases of assets fror ental of facilities, equip eimbursement arrange	ment, or otherments	er assets				<u>1</u>	b(2) b(3) b(4)		X X X
c	(6) Pe	eans or loan guarantee erformance of services ig of facilities, equipme	or members	hip or fundraising	solicitations .			1	b(5) b(6) 1c	+	X X
	If the a	answer to any of the at of the goods, other ass in any transaction or s	bove is "Yes,' sets. or service	complete the follo	owing schedule.	Colum	ın (b) should always he foundation receive	show the fair	market	ket	
(a)) Line no	(b) Amount involved	(c) Name	of nonchantable exemp	t organization	(d) De	scription of transfers, trans	actions, and shan	ng arran	geme	nts
			 								
		0	 								<u>·</u>
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	describ	foundation directly or in sed in section 501(c) of "complete the followi	of the Code (d						;	۷o	
ט	11 162	(a) Name of organization	_ _	/h) Timo	of organization		(a) Door	nption of relations			
		(a) regine of organization		(b) Type	or organization		(c) Desc	inpution of relations	איי		
							 				
							 				

Date Signature of officer or trustee Print/Type preparer's name PTIN Preparer's signature Date **Paid** Check _____if 8/9/2012 P00151361 John Dallavalle self-employed **Preparer** Firm's name Dallavalle & Co Firm's EIN 🕨 52-1527260 **Use Only** Firm's address ► 7360 Guilford Dr Ste 203, Frederick, MD 21704 Phone no (301) 695-0645

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true,

8/13/12

correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No

'Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2011

Employer identification number

Matan Family Foundation, I		27-5370859
Organization type (check of	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 found	dation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundati	on
	501(c)(3) taxable private foundation	
•	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule an	d a Special Rule. See
General Rule		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 one contributor. Complete Parts I and II.	or more (in money or
Special Rules		
sections 509(a)(1) a	o(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi) and received from any one contributor, during the year 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	, a contribution of the greater
the year, total contr	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from a butions of more than \$1,000 for use exclusively for religious, charitable, ses, or the prevention of cruelty to children or animals. Complete Parts I, II,	cientific, literary, or
the year, contribution total to more than \$ year for an exclusive applies to this organ	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from one for use exclusively for religious, charitable, etc., purposes, but these continuous, charitable, etc., purposes, but these continuous, charitable, etc., purpose. Do not complete any of the parts unization because it received nonexclusively religious, charitable, etc., contributions that were received nonexclusively religious, etc., contributions that were received nonexclusively religious, etc., contributions that were received nonexclusively received nonexclusively received nonexclusively received	ontributions did not eceived during the nless the General Rule
Caution. An organization th	at is not covered by the General Rule and/or the Special Rules does not fi	le 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 Part I, 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)

dule B (Form 990, 990-EZ, or 990-PF) (2011)	Page 2
adic b (1 0/11 300, 300-L2, 01 300-F1) (20 1 1)	i age i

3 Name of organization **Employer identification number** Matan Family Foundation, Inc. 27-5370859 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (a) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person 1... Mark C Matan 4600 Wedgewood Blvd Ste A Payroll Frederick MD 21703 Noncash Foreign State or Province (Complete Part II if there is Foreign Country. a noncash contribution) (d) (a) (c) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person 2 Payroll Noncash Foreign State or Province (Complete Part II if there is Foreign Country: a noncash contribution.) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Person **Payroll** Noncash Foreign State or Province: (Complete Part II if there is Foreign Country: a noncash contribution) (b) (d) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person 4 **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution ___5___ Person **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution) (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 Person **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution)

Name of organization
Matan Family Foundation, Inc.

Employer identification number 27-5370859

Part II	Noncash Property (see instructions) Use duplicate co	pies of Part II if additional space	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	

Name of org	=	•			Employer identification number
Matan Fam Part III	nily Foundation, Inc. Exclusively religious, charitable, etc., i	individual cor	stributions to soction 6	01(0)	27-5370859
rait iii	total more than \$1,000 for the year. Cor				
	For organizations completing Part III, enter				
	contributions of \$1,000 or less for the year		• •		
	Use duplicate copies of Part III if additional				
(a) No.	(h) Dumana of wife	4-1	lles of wife		Description of how gift is hold
from Part I	(b) Purpose of gift	(C)	Use of gift	(a) Description of how gift is held
		(a) T		<u> </u>	·
		(e) i	ransfer of gift		
	Transferee's name, address, and	7IP + 4	Relationsh	ip of	transferor to transferee
					-
- (-) N/-	For Prov. Country	<u></u>			
(a) No. from	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
Part I				ļ <u>`</u>	
			•••••		
				•	
		(e) T	ransfer of gift		
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of	transferor to transferee
			••••••		
	For Prov Country				
(a) No.				,,	N. D visting of how wife in held
from Part I	(b) Purpose of gift	(C)) Use of gift	(0) Description of how gift is held
		(a) T	ransfer of gift	L	
		(6)	ransier of gift		
	Transferee's name, address, and	ZIP + 4	Relationsh	nip of	transferor to transferee
	,			<u>'</u>	
(a) No.	For. Prov Country			γ	
from	(b) Purpose of gift	(c) Use of gift	(0	l) Description of how gift is held
Part I					
į					
		(e) T	ransfer of gift		
	Transferee's name, address, and	ZIP + 4	Relationsh	nip of	transferor to transferee
	For Prov Country				

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Matan Family Foundation, Inc

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		Name of Organization or Person Providing Service	CT Corporation									
579	Révenue and	Expenses per	579									
579		Net Investment	979									
629		Adjusted Net	579									
	Disbursements for Charitable	Purposes	(Casil Dasis Olliy)									

Matan Family Foundation, Inc

Line 23 (990-PF) - Other Expenses

Revenue and Expenses Revenue and Expenses Revenue and Expenses Net Investment Adjusted Net Income Incom			671	671	0)
Expenses Net Investment Adjusted Net Poer Books Income Income Income Income Supplies 99 99 99			Revenue and			Disbursements
. Description per Books Income Income Amortization. See attached statement 572 572 0 Supplies 99 99 99 Amortization See attached statement 99 99 99			Expenses	Net Investment	Adjusted Net	for Charitable
Amortization. See attached statement 572 572 0 Supplies 99 99 99 Supplies 99 99 99 <td< th=""><th></th><th>Description</th><th>per Books</th><th>Income</th><th>Income</th><th>Purposes</th></td<>		Description	per Books	Income	Income	Purposes
Supplies 99	_	Amortization. See attached statement	572	572	0	
3 5 6 6 7 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	2	Supplies	66	66		
4 6 6 6 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	3					
5 6 6 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	4					
8 9 10	5					
8 9 9 10	9					
9 10	7					
9 10	8					
10	6					
	10					

•

Line 23a (990-PF) - Amortization Matan Family Foundation, Inc

		Date Acquired	2/25/2011					
	Amount	Amortized	3,119					
	Amortization	Period	09					
	Beginning Accumulated	Amortization						
572	Revenue and Expenses	per Books	572					
572	Š	Income	572					:
J	Adjusted Net	Income						
	Disbursements for Charitable	Purposes						

Part II, Line 7 (990-PF) - Other Notes

		_	_	,	,	_	_	-	_	_	_
=	, Section Organization	Popular I Guinoso									
02	FMV of										
0	Allowance for Balance Due Doubtful Accts End of Year End of Year										
70	Balance Due Fnd of Year	02									
0	Net Balance Due Beginning of Year	0	0	0	0	0	0	0	0	0	0
0	Original Amount										
	Check "X" Check "X" if if Business 501(c)3 Ora										
	Check "X"										
	Borrower's Name	Dividends Receivable									
		*	7	က	4	5	9	7	8	6	9

•

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

		Check "X"					Foreign		Average
	Name	if Business	Street	Ciţ	State	Zip Code	Country	Trtle	Hours
-	Mark C. Matan		4600 Wedgewood Blvd	Frederick	ДW	21703		President	5.00
2	Suzanne Matan		4600 Wedgewood Bivd	Frederick	MD	21703	1	Vice Pres	5.00
3	Therese Matan		4021 Glenridge Street	Kensington	ΦD	20895		Secretary	5.00
4	Joseph P. Matan		4600 Wedgewood Blvd	Frederick	₽	21703		Vice Pres	5.00
2	A. Scott Cowperthwaite		4600 Wedgewood Blvd	Frederick	QΜ	21703		Treasurer	5.00
9	Michele Matan Dombo		4600 Wedgewood Blvd	Frederick	QΨ	21703			5.00
7									
æ									
6									
10									

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Part 1 2 3 3 4 4 6 6 6 6 7 7	Compensation	9 Benefits	Expense Account	Explanation
8				
6				
9				

Matan Family Foundation, Inc

Form 8868 (Rev January, 2012) Department of the Treasury

☐Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

Form **8868** (Rev 1-2012)

• If you	i are filing for an Automatic 3-Month Extensi i are filing for an Additional (Not Automatic) complete Part II unless you have already be	3-Month B	Extension, complete only Part II (on p	page 2 of tl	nis for	m).	. >	
a corpor 8868 to Return fo	nic filing (e-file). You can electronically file Fation required to file Form 990-T), or an additional request an extension of time to file any of the or Transfers Associated With Certain Personal Pers	onal (not a forms liste al Benefit C	utomatic) 3-month extension of time. Yet in Part I or Part II with the exception contracts, which must be sent to the IR	ou can ele of Form 88 S in paper	ectron 170, In forma	ically fil iformati it (see	le Form ion	
Part I	Automatic 3-Month Extension of 1				_			
A corpor	ation required to file Form 990-T and request	ing an auto	omatic 6-month extension—check this	box and co	mplet	.e		
	ly			•			. ▶ 🔲	
All other	corporations (including 1120-C filers), partne	rships, RE	MICs, and trusts must use Form 7004	to request	an ex	tension	ı of	
time to fi	ile income tax retums							
	<u>.</u>		Enter file	er's identifyın				
Type or	Name of exempt organization or other filer, se	e instruction		_ `		ion numb	ber (EIN) or	
print	Matan Family Foundation, Inc.		<u>L×</u>					
File by the	Number, street, and room or suite no. If a P C	box, see ii	nstructions	Social sec	urity n	umber (SSN)	
due date for filing your 4600 Wedgewood Blvd Ste A								
return See City, town or post office, state, and ZIP code For a foreign address, see instructions								
instructions	Frederick			MD.	2170	<u>3</u>		
Enter the	e Return code for the return that this application	on is for (fil	e a separate application for each retur	n)			04	
Applica	ition	Return	Application				Return	
ls For		Code	Is For				Code	
Form 990 01 Form 990-T (corporation)							07	
							08	
<u> </u>							09	
Form 99	90-PF	04	Form 5227				10	
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11	
Form 99	90-T (trust other than above)	06	Form 8870			1	12	
Telep If the If this for the w list with t	whone No ► (301) 694-9200 organization does not have an office or place is for a Group Return, enter the organization whole group, check this box	of busines 's four digit If it is for pusion is for corporatio	e Group Exemption Number (GEN) part of the group, check this box In required to file Form 990-T) extension	on of time		-	attach a	
2 If 1	tax year beginning the tax year entered in line 1 is for less than 1 Change in accounting period this application is for Form 990-BL, 990-PF, 9	2 months,						
	nrefundable credits. See instructions. this application is for Form 990-PF, 990-T, 47	20, or 606	9, enter any refundable credits and		Ja 3	16.	<u> </u>	
	timated tax payments made. Include any prio		•		3b \$	<u>; </u>		
c Ba	alance due. Subtract line 3b from line 3a. Inc TPS (Electronic Federal Tax Payment Syste	lude your p	payment with this form, if required, by u		30	165		
	If you are going to make an electronic fund withdra							

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

(HTA)