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990-PF

Return of Private Foundation

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

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

F	or ca	<u>lendar year 2013 or tax year beginnin</u>	g			, 2013,	and end	ling		, 20
	Name	of foundation						A Employer identification number		
	THE	SIEGEL FAMILY CHARITABLE	FOUND	INDATION, INC.				52-164936	53	
_	Numb	er and street (or P O box number if mail is not del	vered to s	treet address)			Room/su	ite	B Telephone numb	er (see instructions)
	C/0	LANDSERVICE, INC.							(70	3) 754-7700
	104	32 BALLS FORD ROAD					300			
	City o	r town, state or province, country, and ZIP or foreign	n postal c	ode						
	,	······································							C If exemption applica	ation is
	MAN	ASSAS, VA 20109							pending, check here	· · · · · · · · · · · · · · · · · · ·
G	Che	ck all that apply: Initial return		Initial re	turn (of a former p	ublic cha	irity	D 1 Foreign organiza	tions, check here
		Final return		Amende	Amended return				2 Foreign organiza	
		Address chang	ie	Name c	hang	e			85% test, check I computation	
Н	Che	ck type of organization X Section							•	
Ĩ	$\overline{}$	ection 4947(a)(1) nonexempt charitable tru		-		vate foundat	tion		E If private foundation	n status was terminated
Ť				ng method			rual			
•		of year (from Part II, col. (c), line	_	(specify)						in a 60-month termination (1)(1)(B), check here
				umn (d) must l	ne on	cash basis)			2110 CF 300 EGF 507 (2	,(1)(D), G100K 110'C .
		Analysis of Revenue and Expenses	72.	, ,		Guerr Buere.)				(d) Disbursements
	ai t	total of amounts in columns (b), (c), and (d)		(a) Revenue an expenses per	a	(b) Net inve		(0	c) Adjusted net	for charitable
		may not necessarily equal the amounts in		books		incom	ne		ıncome	purposes
_	Γ.	column (a) (see instructions))		43,2	732	ATCH 1				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule if the foundation is not required		33,2		VICU I		 		
	2	Check ► attach Sch B	• • ├──		8.		8.	 		лиси 2
	3	Interest on savings and temporary cash investment					٥.	-		ATCH 2
	4	Dividends and interest from securities $\ \ .$.						-		
	5 a	Gross rents	· ·					1		
	b	Net rental income or (loss)			-	RECE	IV/ED	-	}	
e	6a	Net gain or (loss) from sale of assets not on line	o		1_		IVLU			
Revenue	Ь	Gross sales price for all assets on line 6a			15	0.00		၂ပ္က		
ě.	7	Capital gain net income (from Part IV, line 2	:)		23	JUL 1	4 2014	So		
Ľ	8	Net short-term capital gain						3		
	9	Income modifications			<u> </u>	OGDE	4 1 7	니또		
	10 a	Gross sales less returns and allowances · · · ·]		<u> </u>		1, 41			
	b	Less Cost of goods sold .								
	С	Gross profit or (loss) (attach schedule)								
	11	Other income (attach schedule)								
	12	Total. Add lines 1 through 11	l l	43,2	40.		8.			
_	13	Compensation of officers, directors, trustees, etc			- 0			-		
,,	14	Other employee salaries and wages								
Š	15	Pension plans employee benefits	`							
en	162	Pension plans, employee benefits Legal fees (attach schedule)	• •							-
ារ	∐ ե	Accounting fees (attach schedule)ATCH	; · ├─	2,2	10.					2,210
ē	. I	Other professional fees (attach schedule).		·						
aţį	17	, , ,						\vdash		1
str	1/	Interest								
Ē	18	Taxes (attach schedule) (see instructions)						1		
Ę	19	Depreciation (attach schedule) and deplete								
Ă	20	Occupancy						-		
and	21	Travel, conferences, and meetings						-		
Ģ	22	Printing and publications			81.		181.	-		
itin	21 22 23 24	Other expenses (attach schedule) ATCH			от.		191.	 		
era	24	Total operating and administrative expen		2 2	0.1		101			
Ö	1	Add lines 13 through 23			91.		181.	ļ		2,210
_	25	Contributions, gifts, grants paid		58,7				<u> </u>		58,703
_	26	Total expenses and disbursements. Add lines 24 and	25	61,0	94.		181.		(60,913
_	27	Subtract line 26 from line 12		 -						
	a	Excess of revenue over expenses and disbursements	L	-17,8	54.					
	1	Net investment income (if negative, enter	· · —				0			
		Adjusted net income (if negative, enter -0-	·							

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JSA For Paperwork Reduction Act Notice, see instructions. 3E1410 1 000 L51469 3947 6/26/2014 11:25:26 AM V 13-5F

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Ξ		Attached schedules and amounts in the	Beginning of year	End	of year
Ρ.	art II	Balance Sheets description column should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
\Box	1	Cash - non-interest-bearing			
		Savings and temporary cash investments	1 00 075 1	56,108	. 56,108.
	3	Accounts receivable			
		Less. allowance for doubtful accounts ▶			
		Piedges receivable ▶			
		Less allowance for doubtful accounts ▶			
		Grants receivable	1		
		Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			<u> </u>
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶	1		
ts		Inventones for sale or use			
ssets	9	Prepaid expenses and deferred charges			
ĕ	l	Investments - U.S. and state government obligations (attach schedule)			
	Ь	Investments - corporate stock (attach schedule) ATCH 5		14,072	24,821.
		Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	(attach schedule) Investments - mortgage loans			
		Investments - other (attach schedule)			
	14	Land, buildings, and	1		
		equipment basis Less accumulated depreciation (attach schedule)	7		
	15	Other assets (describe)		
		Total assets (to be completed by all filers - see the			
		instructions Also, see page 1, item I)		70,180	. 80,929.
		Accounts payable and accrued expenses			
		Grants payable			7
Ś		Deferred revenue			1
iabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
apil	21	Mortgages and other notes payable (attach schedule)			7
Ï	22	Other liabilities (describe			1
			,		<u> </u>
	23	Total liabilities (add lines 17 through 22)	. 0		o
		Foundations that follow SFAS 117, check here			
s		and complete lines 24 through 26 and lines 30 and 31	Ī.		
ses	24	Unrestricted			
ā	25	Temporarily restricted			
Net Assets or Fund Balanc	26	Permanently restricted]
P		Foundations that do not follow SFAS 117, \blacktriangleright X			7
Ē		check here and complete lines 27 through 31.	-		
O	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg , and equipment fund	· [
Ass	29	Retained earnings, accumulated income, endowment, or other funds.	98,975.	70,180	
et	30	Total net assets or fund balances (see instructions)	00 075	70,180	-
Z	31	Total liabilities and net assets/fund balances (see			7
		instructions)	. 98,975.	70,180	
:	art II	Analysis of Changes in Net Assets or Fund			
		al net assets or fund balances at beginning of year - Pal		must agree with	
				į.	98,975.
2				l	-17,854.
		au managana ant maludad in lina () (danima) &		1 2	
					81,121.
5	Dec	lines 1, 2, and 3ATCH_6		5	10,941.
6	Tota	al net assets or fund balances at end of year (line 4 min	us line 5) - Part II, column (I	b), line 30 6	70,180.

Part IV Capi	ital Gains a	and Losses for Tax on Inve	estment Income			
•	(a) List and	describe the kind(s) of property sold (e	e g., real estate,	(b) How acquired	(c) Date	(d) Date sold
	2-story brid	ck warehouse; or common stock, 200	shs. MLC Co)	P - Purchase D - Donation	(mo , day, yr.)	(mo , day, yr.)
1a						
b						
С		-				
d						
е						
(e) Gross sales	s price	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu		
a						
b						
С						
d						
<u>e</u>						
Complete onl	ly for assets sl	nowing gain in column (h) and owner	d by the foundation on 12/31/69	(1)	Gains (Col (h) g	ain minus
(i) F M V as of 1	12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col. (յ), ıf any		(k), but not less t Losses (from co	han -0-) or
_a						
_b						
_C						
_d						
<u>e</u>						
2 Capital gain net	t income or (i	net capital loss)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		
3 Net short-term	capital gain o	or (loss) as defined in sections 12				
		I, line 8, column (c) (see instr				
		· · · · · · · · · · · · · · · · · · ·		3		
Part V Qual	ification Ur	nder Section 4940(e) for Rec	luced Tax on Net Investment I	ncome		
	n liable for th		utable amount of any year in the b	ase period	17	Yes X No
			see the instructions before making	any entri		
(a)		(b)		any entr	(d)	
Base period y Calendar year (or tax yea		Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra	
2012			118,119.	= =	(col (b) divided by	0.652181
2011		62,951.	193,399.			0.325498
2010		80,541.	250,897.			0.321012
2009		58,032.	307,454.	-		0.188750
2008		86,334.	367,965.			0.234626
	•					
2 Total of line 1,	column (d)			2		1.722067
	, , ,	or the 5-year base period - divide	the total on line 2 by 5, or by the			
		ation has been in existence if less		3		0.344413
4 Enter the net v	alue of noncl	haritable-use assets for 2013 from	m Part X, line 5	4		77,218.
5 Multiply line 4	by line 3			5		26,595.
6 Enter 1% of ne	et investment	income (1% of Part I, line 27b)		6		
7 Add lines 5 and	d 6 .			7		26,595.
8 Enter qualifying			n Part VI, line 1b, and complete t	8 hat part i	Ising a 10/ toy	60,913.
Part VI instructi	ons.			nut part t		rate See tile

By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict

with the state law remain in the governing instrument?

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

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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete

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

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

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.

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Х

X

Х

7

8ь

· By language in the governing instrument, or

Х

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?

Part VIII	Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	Managers, Highly Paid Employ	yees,
3 Five	highest-paid independent contractors for professional services (see i	nstructions). If none, enter "NONE	**
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
		NONE	
		_	
_ 		_	
		-	
Total numb	per of others receiving over \$50,000 for professional services	<u> </u>	
Part IX-A	Summary of Direct Charitable Activities		
	ndation's four largest direct charitable activities during the tax year. Include relevant statis s and other beneficianes served, conferences convened, research papers produced, etc.	tical information such as the number of	Expenses
1 N/A	o di la citta dell'oligiano dell'odi, dell'adiado dell'ance, recession papare prezzona, es		
1 N/A			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see instructions)		
	e two largest program-related investments made by the foundation during the tax year on lines	1 and 2	Amount
1	NOT APPLICABLE	1 410 2	· · · · · · · · · · · · · · · · · · ·
'			
2			
-			
_======			
All other pro	ogram-related investments. See instructions		
3 NONE			
• _=====			
Total Add	lines 1 through 3		

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Part	X	Minimum Investment Return (All domestic foundations must complete this part. Foreignee instructions)	gn foun	ndations,
1	Fair	market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purp	oses.		
а	Aver	age monthly fair market value of securities	1a	1,909.
b	Aver	age of monthly cash balances	1b	76,485.
С	Fair	market value of all other assets (see instructions)	1c	
d	Tota	if (add lines 1a, b, and c)	1d	78,394.
е	Red	uction claimed for blockage or other factors reported on lines 1a and		
	1c (a	attach detailed explanation)		
2	Acqu	uisition indebtedness applicable to line 1 assets	2	
3	Subf	tract line 2 from line 1d	3	78,394.
4	Cash	tract line 2 from line 1d		
	ınstr	uctions) value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	4 _	1,176.
5	Net '	value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	77,218.
6	Mini	mum investment return. Enter 5% of line 5	6	3,861.
Par	ΧI		dations	
1	Minii	mum investment return from Part X, line 6	1	3,861.
2a		on investment income for 2013 from Part VI, line 5		
b	Inco	me tax for 2013 (This does not include the tax from Part VI.) 2b		
С	Add	lines 2a and 2b	2c	
3	Disti	ributable amount before adjustments Subtract line 2c from line 1.	3	3,861.
4		overies of amounts treated as qualifying distributions	4	
5	Add	lines 3 and 4	5	3,861.
6	Ded	uction from distributable amount (see instructions)	6	
7	Dist	ributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line	<u> 1</u>	7	3,861.
Par	XII	Qualifying Distributions (see instructions)		
1	Am	ounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а		penses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	60,913.
b		gram-related investments - total from Part IX-B	1b	
2	Am	ounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	pur	poses	2	
3		ounts set aside for specific charitable projects that satisfy the.		
а	Sur	tability test (prior IRS approval required)	3a	
b	Cas	sh distribution test (attach the required schedule)	3b	
- 4	Qua	ilifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	60,913.
5	Fou	indations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Ent	er 1% of Part I, line 27b (see instructions)	5	0
6	Adj	usted qualifying distributions. Subtract line 5 from line 4	6	60,913.
	Not	te. The amount on line 6 will be used in Part V, column (b), in subsequent years when c qualifies for the section 4940(e) reduction of tax in those years	alculatir	ng whether the foundation

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Form 990-PF (2013) Page 9 Part XIII Undistributed Income (see instructions) (a) (b) (c) (d) Corpus Years prior to 2012 2012 2013 Distributable amount for 2013 from Part XI, 3,861. Undistributed income, if any, as of the end of 2013 Enter amount for 2012 only . . Total for prior years 20 11 ,20 10 ,20 09 Excess distributions carryover, if any, to 2013 68,246 From 2008 42,712. From 2009 67,996. From 2010 53,281. d From 2011 71,129. e From 2012 303,364 Total of lines 3a through e Qualifying distributions for 2013 from Part XII, 60,913. line 4 ▶ \$ a Applied to 2012, but not more than line 2a . . . b Applied to undistributed income of prior years (Election required - see instructions)..... c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2013 distributable amount 3,861. 57,052. e Remaining amount distributed out of corpus . . . Excess distributions carryover applied to 2013 (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: 360,416. a Corpus Add lines 3f, 4c, and 4e Subtract line 5 Prior years' undistributed income. Subtract line 4b from line 2b 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 d Subtract line 6c from line 6b Taxable amount - see instructions Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount - see f Undistributed income for 2013 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions) . . . 68,246. Excess distributions carryover to 2014. 292,170. Subtract lines 7 and 8 from line 6a

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Analysis of line 9

a Excess from 2009 . . .

c Excess from 2011 . . .

d Excess from 2012

e Excess from 2013 .

Excess from 2010 . . .

42,712.

67,996.

53,281.

71,129.

57,052.

Page 11

3 Grants and Contributions Paid Duri	ng the Year or Appr	oved for F	Future Payment	
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
ATCH 9				
	!			
]			
	<u> </u>			
Total		<u></u>	▶ 3a	58,703
b Approved for future payment				
			İ	
		1		
Total			▶ 3b	

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art XVI-A Analysis of Income-Produter gross amounts unless otherwise indicated		ated business income	Excluded by	section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
Program service revenue:		,oun	Exclusion axe	, and an	(See instructions.)
a b	_				
			-	:	
d				- "	
е					
f					
g Fees and contracts from government agencies				, , , , , ,	
Membership dues and assessments					
Interest on savings and temporary cash investments			14	8.	
Dividends and interest from securities	_				
Net rental income or (loss) from real estate.					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property .					
Other investment income					
Gain or (loss) from sales of assets other than inventory			-		
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory			 		
Other revenue a		· · · · · · · · · · · · · · · · · · ·			
b					
c					
l			4 4		ř
 -					
e				8.	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated at XVI-B Relationship of Activities	ulations.) to the Ac	complishment of E	xempt Purp	oses	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated and the columns (b). Relationship of Activities	ulations.) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contrib	•
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated at the columns. Relationship of Activities ne No. Explain below how each activity	ulations.) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contrib	•
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activity	ulations.) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contrib	•
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated and the columns of the columns. Relationship of Activities are No. Explain below how each activity	ulations.) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contrib	•
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activity	ulations.) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contrib	•
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activity	ulations.) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contrib	•
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activity	ulations.) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contrib	•
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activity	ulations.) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contrib	•
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contrib	•
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contrib	•
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ine No. Explain below how each activities	ulations.) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contrib	•

Form 99	90-PF (2013)	THE	SIEGEL	FAMILY	CHARITABLE	FOUNDATION,	INC. 52-1	649363	Pa	ge 13
Part	XVII Information Exempt Or			fers To a	and Transaction	ons and Relati	onships With N	oncharit	able	;
1 [Old the organization du	ectly or indi	rectly eng	age in any	of the following	with any other o	rganization describe	he	Vac	No

1	Did the	e organization direct	ly or indirectly	engage in any o	f the following	g with a	ny other orga	anization	described		Yes	No
	ın sect	tion 501(c) of the Co	de (other than	section 501(c)(3) organization	s) or in s	section 527,	relating to	o political			
	organi	zations?						_	·	1		
а	Transf	ers from the reporting	ng foundation to	a noncharitable	exempt organ	nization o	f					
		sh	-							1a(1)		Х
		ner assets								1a(2)		X
h		transactions	• • • • • • • •				• • • • • • •			10(2)		
~		les of assets to a no	ncharitable eve	mnt organization						15/1		Х
	(1) Ou	rchases of assets fro	om a noncharit	able evernet organ						1b(1)		X
	(2) Po	ntal of facilities only	on a nonchang	sole exempt organ	112ation		• • • • • • •			1b(2)		X
	(3) Re	ntal of facilities, equi	ipinieni, or omei	assets			• • • • • • •			1b(3)		$\frac{x}{x}$
	(4) Re	imbursement arrang	ements	• • • • • • • •		• • • •	· · · · · · · ·			1b(4)		$\frac{x}{x}$
	(5) LO	ans or loan guarantee	es			• • • •	• • • • • • • • • • • • • • • • • • •			1b(5)		
		rformance of service								1b(6)		X
		g of facilities, equipn								1c		X
d	If the	answer to any of th	ie above is "Ye	s," complete the	following so	chedule	Column (b)	should al	ways show	the t	fair m	arket
		of the goods, other										
	value i	in any transaction or	T			ne value	of the goods	s, other a	ssets, or s	ervice	s rec	eived.
(a) L	ine no	(b) Amount involved	(c) Name of	noncharitable exempt	organization	(d) De:	scription of trans	fers, transac	tions, and shar	ng arra	ngeme	nts
		N/A				N/A						
								_				
											-	
									·····			
					· · · · · · · · · · · · · · · · · · ·							
				-			-		•••			
		·				-						
		· -										
2a	Is the	foundation directly	or indirectly af	filiated with or r	related to one	e or mo	re tay-eyemn	t organiz	ations			
		bed in section 501(c)								7	es X	No
h		," complete the follo		and and a conon	001(0)(0)) 0.	5550.15			L	'`	~	
- ~		(a) Name of organization		(b) Type	of organization		~	(c) Descript	on of relations	hin		
		(,, , , , , , , , , , , , , , , , , , ,		(-7.77-		-		(e) = 000p.				
		•										
							,					
												
												
	Linder	r penalties of perjury, I decla	ere that I have evam	and the column includes		thodulos one	I statements and	to the heat o	of mu basudada		alian it	
	correc	ct, and complete Declaration of	preparer (other than t	axpayer) is based on all in	formation of which p	preparer has	any knowledge	to the best t	n iny knowledg	e and b	eller, it	is true,
Sigi	י 🌓	64 mas	(Klosa)	1 _ /a	111	Dec.	anda -	4	May the IRS	discus	s this	retum
ler	e 🖳	Celle 10 T	To	<u> </u>	114	THE	es mea /		with the pre	_	-	below
	Sigi	nature of officer or trustee		Date /	•	Title			(see instructions	5)? <u> </u>	Yes	No
_		Print/Type accessed:	mo	Dronom-t	turo		I Data			TIP !		
Paid	t	Print/Type preparer's na		Preparer's signal	, ,,	•	Date	Che	~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MITY		^
	- parer	JOHN E KONISZ		_ / pu cx.	nezely	_	7-2-1	y self		P000		8
		· ······· ·	ONSON LLC	/				Firm's EIN	▶ 37-16	5113	26	
Jse	Only			RM BLVD., 3R	D FLOOR							
		RC	CKVILLE,	MD		20	850	Phone no	301-23			
									For	ա 990	-PF	(2013)

Schedule B

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

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Name of the organization			Employer identification number				
THE SIEGEL FAMILY C	CHARITABLE FOUNDATION, INC.		F2 1640262				
Organization type (check on	e):	 	52-1649363				
organization typo (oneon on	o).						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treat	ted as a private fou	indation				
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated a	as a private founda	tion				
	501(c)(3) taxable private foundation						
Note. Only a section 501(c)(instructions	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the G	General Rule and a S	Special Rule See				
General Rule							
	n filing Form 990, 990-EZ, or 990-PF that received, during one contributor. Complete Parts I and II	g the year, \$5,000 o	or more (in money or				
Special Rules							
under sections 509	c)(3) organization filing Form 990 or 990-EZ that met the $\theta(a)(1)$ and $170(b)(1)(A)(vi)$ and received from any one co 5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, and II.	ntributor, during th	e year, a contribution of				
during the year, to	c)(7), (8), or (10) organization filing Form 990 or 990-EZ tall contributions of more than \$1,000 for use <i>exclusively</i> focuses, or the prevention of cruelty to children or animals	or religious, charita	ble, scientific, literary,				
during the year, co not total to more th year for an <i>exclusiv</i>	c)(7), (8), or (10) organization filing Form 990 or 990-EZ funtributions for use exclusively for religious, charitable, etc nan \$1,000. If this box is checked, enter here the total convely religious, charitable, etc., purpose. Do not complete a sinization because it received nonexclusively religious, charitable.	, purposes, but the ntributions that were ny of the parts unles itable, etc, contribu	ese contributions did e received during the ss the General Rule				
990-EZ, or 990-PF), but it mu	t is not covered by the General Rule and/or the Special R ist answer "No" on Part IV, line 2, of its Form 990, or che to certify that it does not meet the filing requirements of Se	ck the box on line H	I of its Form 990-EZ or on its				
For Paperwork Reduction Act Notice	ce, see the Instructions for Form 990, 990-EZ, or 990-PF.	Schedule 1	B (Form 990, 990-EZ, or 990-PF) (2013)				

Name of organization THE SIEGEL FAMILY CHARITABLE FOUNDATION, INC.

Employer identification number 52-1649363

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
1_	EUGENE I SIEGEL 10432 BALLS FORD ROAD, SUITE 300 MANASSAS, VA 20109-2370	\$ <u>17,800</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
2_	JACOB SIEGEL 10432 BALLS FORD ROAD, SUITE 300 MANASSAS, VA 20109	\$ 419.	Person X Payroll Noncash (Complete Part II for noncash contributions)					
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
3 _	JACOB SIEGEL 10432 BALLS FORD ROAD, SUITE 300 MANASSAS, VA 20109	\$25,013.	Person Payroli Noncash (Complete Part II for noncash contributions)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions)					

Name of organization THE SIEGEL FAMILY CHARITABLE FOUNDATION, INC.

Employer identification number

52-1649363

art li	Noncash Property (see instructions).	Use duplicate	copies of Part II	if additional space is needed.
--------	--------------------	--------------------	---------------	-------------------	--------------------------------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	271 SHS JOHNSON & JOHNSON COMMON STOCK	- - - \$25,013.	_12/30/2013
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	

Employer identification number

52-1649363

Part III	Exclusively religious, charitable, etc	., individual contributions to section 501(c)(7), (8), or (10) organizations
		year. Complete columns (a) through (e) and	

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once See instructions.) ▶ \$

	Use duplicate copies of Part III if additi			, v
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee
a) No				
a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
a) No				
a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
a) Na				
a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee
				

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THE SIEGEL FAMILY CHARITABLE FOUNDATION, INC.

ATTACHMENT 1

	DIRECT PUBLIC SUPPORT	17,800.	419.	25,013.	43,232.
GIFTS AND GRANTS RECEIVED	DATE	12/19/2013	9/10/2013	12/30/2013	TOTAL CONTRIBUTION AMOUNTS
FORM 990PE, PART I - CONTRIBUTIONS, GIFTS AND GRANTS RECEIVED	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	JACOB SIEGEL 10432 BALLS FORD ROAD, SUITE 300 MANASSAS, VA 20109	TOTAL CON'

ATTACHMENT 2 PAGE 19

ATTACHMENT 2

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

	NET	INVESTMENT	INCOME
REVENUE	AND	EXPENSES	PER BOOKS

. ω TOTAL

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BANK INTEREST

DESCRIPTION

52-1649363

ATTACHMENT

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ACCOUNTING
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PART
990PF,
FORM

J	PURPOSES	2,210.	2,210.
ADJUSTED NET	INCOME		
NET INVESTMENT	INCOME		
REVENUE AND EXPENSES	PER BOOKS	2,210.	2,210.
			TOTALS
	DESCRIPTION	ACCOUNTING FEES	

- OTHER EXPENSES PART I FORM 990PF, REVENUE AND

NET INVESTMENT

INCOME

EXPENSES PER BOOKS

DESCRIPTION OFFICE EXPENSES

TOTALS

181.

181.

181.

181.

ATTACHMENT 4

ATTACHMENT 5

- CORPORATE STOCK PART II FORM 990PF,

DESCRIPTION

271 SHS JOHNSON & JOHNSON

TOTALS

ENDING BOOK VALUE

ENDING

24,821.

14,072.

14,072.

24,821.

ATTACHMENT 6

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

EXCESS OF FAIR MARKET VALUE OF CONTRIBUTED STOCK OVER COST

10,941.

TOTAL

10,941.

52-1649363

		0	1011
ATTACHMENT 7	EXPENSE ACCT AND OTHER ALLOWANCES		
ATTAC	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0	0
	COMPENSATION	0	0
ICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT 11.00	GRAND TOTALS
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	NAME AND ADDRESS	EUGENE I. SIEGEL 10432 BALLS FORD ROAD, SUITE 300 MANASSAS, VA 20109	

ATTACHMENT 8

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

ATTACHMENT 9

YEAF	
THE	
DURING	
PAID	
CONTRIBUTIONS	
AND	
GRANTS	
-	l
×	l
PART	
990PE,	
FORM	

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	ADDRESS FOUNDATION STATUS OF RECIPIENT PURPOSE OF GRANT OR CONTRIBUTION AMOUNT	NONE GENERAL OPERATING SUPPORT 6,000.	BORVIEW NONE 'SOO.	NONE GENERAL OPERATING SUPPORT 5,500. PC	OOL OF DENVER NONE GENERAL OPERATING SUPPORT 6,500.	NONE GENERAL OPERATING SUPPORT 5,500.	ALTIMORE GENERAL OPERATING SUPPORT 4,020.
	RECIPIENT NAME AND ADDRESS	BIRCHAS YAAVETZ 1515 EAST 7TH STREET BROOKLYN, NY 11230	BAIS MEDRASH OF HARBORVIEW BROOKLYN, NY	WOODSIDE SYNAGOGUE 9001 GEORGIA AVENUE SILVER SPRING, MD 20910-2247	BETH JACOB HIGH SCHOOL OF DENVER DENVER, CO	ADAS TORAH LOS ANGELES, CA	AHAVAS YISROEL OF BALTIMORE BALTIMORE, MD

26879

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

EVAN 27VEL COM AN EN VAN S AND VOIL BUT LONG EN LE	ן אינוי אינו		ATTACHMENT 9 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
YESHIVA TIFERE YISROEL	NONE	GENERAL OPERATING SUPPOR	36.
BROOKLYN, NY	PC		
THE GOLDEN NETWORK	NONE	GENERAL OPERATING SUPPORT	200.
SILVER SPRING, MD	PC		
TORAH COMMUNICATIONS NETWORK	NONE	GENERAL OPERATING SUPPORT	720.
BROOKLYN, NY	- DA		
SOMA SHUL	NONE	GENERAL OPERATING SUPPORT	100.
SAN FRANCISCO, CA	DA		
CAMP MORRIS	NONE	GENERAL OPERATING SUPPORT	180.
BROOKLYN, NY	- Dd		
SCRANTON HEBREW DAY SCHOOL	NONE	GENERAL OPERATING SUPPORT	103.
SCRANTON, PA	DC BC		

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

26879

52-1649363

ATTACHMENT 9 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	AND AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
000000000000000000000000000000000000000			
BAIS YAAKOV FOR GIRLS	NONE	GENERAL OPERATING SUPPORT	1,250.
OWINGS MILL, MD			
GREATER WASHINGTON COMMUNITY KOLLEL, INC	NONE	GENERAL OPERATING SUPPORT	1,000.
SILVER SPRING, MD	·		
CONGREGATION AGUDATH ISRAEL	NONE	GENERAL OPERATING SUPPORT	1,500.
BROOKLYN, NY			
NCSY	NONE	GENERAL OPERATING SUPPORT	1,000.
BALTIMORE, MD	L C		
JEWISH NATIONAL FUND	NONE	GENERAL OPERATING SUPPORT	200.
NEW YORK, NY	- Da		
JEWISH FEDERATION OF GREATER WASHINGTON	NONE	GENERAL OPERATING SUPPORT	500.
ROCKVILLE, MD			

ATTACHMENT 9 (CONT'D)

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

250. 5,400. 100. 360. 400. 10,000. AMOUNT PURPOSE OF GRANT OR CONTRIBUTION GENERAL OPERATING SUPPORT RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT NONE NONE NONE NONE NONE NONE PC 2 PC SC PC 24 MESIVTA YESHIVA RABBI CHAIM BERLIN NER ISRAEL RABBINICAL COLLEGE RECIPIENT NAME AND ADDRESS INSTITUTE OF DAYANIM KEREN MAZKERES JOSEF 400 MOUNT WILSON LN BALTIMORE, MD 21208 MOSDOS SAMZ STROPKA JERUSALEM, ISRAEL KOLLEL BAIS TORAH BROOKLYN, NY BROOKLYN, NY BROOKLYN, NY JERUSALEM ISRAEL

PAGE 29 ATTACHMENT 9

26879

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11:25:26 AM

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ATTACHMENT 9 (CONT'D)

FORM 990PE, 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
MIKVAH EMUNAH SOCIETY SILVER SPRING, MD	NONE PC	GENERAL OPERATING SUPPORT	360.
MOSDOS OHOLAS YITZCHOK BROOKLYN, NY	NONE , PC	GENERAL OPERATING SUPPORT	1,000.
SHEARITH ISRAEL CONGREGATION BALTIMORE, MD	NONE PC	GENERAL OPERATING SUPPORT	720.
BETH MDERASH GOVOHA LAKEWOOD, NJ	NONE PC	GENERAL OPERATING SUPPORT	1,000.
THE JERUSALEM KOLLEL LAKEWOOD, NJ	NONE PC	GENERAL OPERATING SUPPORT	2,000.
AGUDATH ISRAEL CHARITY FUND NEW YORK, NY	NONE PC	GENERAL OPERATING SUPPORT	54.

26879

V 13-5F

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

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52-1649363

1,800. 200. 250. ATTACHMENT 9 (CONT'D) AMOUNT PURPOSE OF GRANT OR CONTRIBUTION GENERAL OPERATING SUPPORT GENERAL OPERATING SUPPORT GENERAL OPERATING SUPPORT RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT

NONE

RECIPIENT NAME AND ADDRESS

AVNAI CHOSHER FOUNDATION BROOKLYN, NY

PC

NONE

AMERICAN FRIENDS OF JERUSALEM ACADEMY

BROOKLYN, NY

PC

NONE

ISRAEL CHESED FUND BALTIMORE, MD 58, 703.

TOTAL CONTRIBUTIONS PAID

ATTACHMENT 9

PAGE 31

Form **8868**

(Rev. January 2014)

 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

Internal Revenue Service ► Information about Form 8868 and its instructions is at www.irs.gov/form8868.									
• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box									
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).									
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.									
a corporate 8868 to re Return for	ion required equest an ex Transfers A	You can electronically file Form to file Form 990-T), or an addition tension of time to file any of the associated With Certain Persona	nal (not au forms liste al Benefit	tomatic) 3-month exter ed in Part I or Part II w Contracts, which mus	nsion of time. You can builth the exception of Fo t be sent to the IRS	electronical orm 8870, in paper f	lly file Form Information format (see		
		details on the electronic filing of the				rities & Non	profits.		
Part I A	utomatic 3	-Month Extension of Time. Or	nly submit	original (no copies no	eeded).				
A corporat	ion required	to file Form 990-T and requesting	an autom	atic 6-month extension	- check this box and cor	mplete			
Part I only							▶ 🔲		
All other co	orporations (including 1120-C filers), partnersh	ips, REMIC	Cs, and trusts must use i	Form 7004 to request an	n extension d	of time		
to file inco	me tax return	S .			Enter filer's identifyla	ng number, se	e instructions		
_	Name of ex	cempt organization or other filer, see in				umber (EIN) (or		
Type or					2proyor radinaradar nambar (2.117) or				
print	THE SI	EGEL FAMILY CHARITABLE	FOUNDA'	TION, INC.	52-164936	53			
File by the						SN)			
due date for filing your	C/O LA	NDSERVICE, INC.			Social security number (S				
retum. See		or post office, state, and ZIP code. For	a foreign ad	dress, see instructions	l				
instructions	1 -	MANASSAS, VA 20109							
Enter the F	l	or the return that this application	ıs for (file a	a separate application fo	or each return)		0 4		
Application			Return	Application			Return		
Is For			Code	Is For			1		
	or Form 000	E7					Code		
	or Form 990-	EZ	01	Form 990-T (corporat	ion)		07		
Form 990-E			02	Form 1041-A			08		
	(individual)		03	Form 4720 (other tha	n individual)		09		
Form 990-F			04	Form 5227			10		
		a) or 408(a) trust)	05	Form 6069			11		
Form 990-T (trust other than above) 06 Form 8870									
Telephore If the org If this is for the who	ne No ganization do for a Group F ble group, che he names an	care of LUGENE I. SIEG 703 754-7700 The session of the session o	ousiness in ur digit Gro it is for pa on is for.	oup Exemption Number (ort of the group, check t	his box ▶	. If thi			
untıl_		08/15_, 20_14_, to file the	exempt org	janization return for the	organization named al	bove. The ex	xtension is		
for the	e organizatio	n's return for:							
▶ X	calendar ye	ear 20 <u>13</u> or							
▶	tax year be	ginning	, 20	, and ending		20 .			
	-	• • • • • • • • • • • • • • • • • • • •	· - ·		'				
L7		ered in line 1 is for less than 12 mecounting period	onths, chec	ck reason. Initial re	eturn Final return	n			
			0-T. 4720	or 6069, enter the	tentative tax less any	FT			
		application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any undable credits. See instructions. 3a \$ 7.							
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and									
		nents made. Include any prior year				35 6	7.		
						3b \$			
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions							Λ		
		make an electronic funds withdrawal		t) with this Earn 2000	o Form 9452 EO and France	3c \$	0		
	oo are going to	make an electronic rungs withgrawal	(uneca debi	ı, willi uns Form ööbö, se	E FUIII 0453-EU AND FOM	1 00 / 9-EU 10	payment		
instructions	Ast and Dag :	mont Deduction A-4 N-41			· · · · · · · · · · · · · · · · · · ·	- 6000			
For Frivacy	Act and Pape	rwork Reduction Act Notice, see instru	uctions.			Form 8868 ((Kev 1-2014)		