Form 990-PF

EXTENDED TO NOVEMBER 16, 2020

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

		calendar year 2019 or tax year beginning		, and ending		Open to Public Inspection
		me of foundation		, and onemy	A Employer identification	number
•		TU SIEGEL FOUNDATION		,	11-3297021	
		mber and street (or PO box number if mail is not delivered to street add	dress)	Room/suite	B Telephone number	
		621 S OCEAN BLVD, UNIT 2			215-881-88	
71		y or town, state or province, country, and ZIP or foreign pos IIGHLAND BEACH, FL 33496	stal code		C If exemption application is p	ending, check here
2021		Check all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	c chack bara
>	u	Final return	Amended return	Armer public charity	1. Foreign organization	s, check here
<b>-</b>		X Address change	X Name change		Foreign organizations me check here and attach co	eeting the 85% test,
MAR	H C	Check type of organization: X Section 501(c)(3) exe		04	E If private foundation sta	· -
≅		Section 4947(a)(1) nonexempt charitable trust C	ther taxable private founda	ition UT	under section 507(b)(1	
z <sub>h</sub>		·   —	g method: X Cash	Accrual	F If the foundation is in a	60-month termination
2			er (specify)		under section 507(b)(1	)(B), check here
(L		>\$ 711,915. (Part I, column				(d) Diebures ante
) (		Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
		1 Contributions, gifts, grants, etc., received			N/A	(cash Basis Grity)
		2 Check X If the foundation is not required to attach Sch. B				j
		Interest on savings and temporary cash investments				I
>		4 Dividends and interest from securities	26,276.	26,276.		STATEMENT 1
2		5a Gross rents				
4		b Net rental income or (loss)	11,604.			(
•	ē	68 Net gain or (loss) from sale of assets not on line 10  B Gross sales price for all  285,162.	11,004.		-	
	Revenu	p assets on line 6a 203, 102.  7 Capital gain net income (from Part IV, line 2)		11,604.		
	æ	8 Net short-term capital gain				
		9 Income modifications				
		Gross sales less returns 10a and allowances				-
		b Less Cost of goods sold		*		
		c Gross profit or (loss)	4.	4.		STATEMENT.2
		12 Total. Add lines 1 through 11	37,884.	37,884.		DIZITEDITE I
	_	13 Compensation of officers, directors, trustees, etc	0.	0.	,	0.
		14 Other employee salaries and wages	·			
		15 Pension plans, employee benefits				
-	nses	16a Legal fees				ļ
3	Den	b Accounting fees c (Othe <del>r professional fees STMT 3</del>	18,893.	18,893.	<del>                                     </del>	0.
 	ũ	17 Interest RECEIVED	10,055.	10,093.		<del>                                     </del>
7 5 5	Administrative Expe	17 Interest FCEIVED	88.	88.	DECEN	/FD 0.
<u> </u>	istra	19 Depreciation and depletion			TEULI	
_	Ë	20 (pgcupancy CT 2 1 2020 9	·			
	A	21 Travel, conferences, and meetings			OCT 21 7	020
	and	22 Printing and publications			TELLED	, , , , , , , , , , , , , , , , , , ,
	ing	23 Other expenses			TELLER !	
	Operating	24 Total operating and administrative expenses. Add lines 13 through 23	18,981.	18,981.	IRS OGDEN,	UIAH0.
	Ö	25 Contributions, gifts, grants paid	700,287.		<u> </u>	700,287.
		26 Total expenses and disbursements.				
,		Add lines 24 and 25	719,268.	18,981.		700,287.
•		27 Subtract line 26 from line 12;				[
		3 Excess of revenue over expenses and disbursements	-681,384.	10 003		
,		b Net investment income (if negative, enter -0-)		18,903.	N/A	
•		C Adjusted net income (if negative, enter -0-)			11/13	<u> </u>

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29		
	(must agree with end-of-year figure reported on prior year's return)	1	1,079,753.
2	Enter amount from Part I, line 27a	2	-681,384.
3	Other increases not included in line 2 (itemize)  SEE STATEMENT 5	3	202,555.
4	Add lines 1, 2, and 3	4	600,924.
5	Decreases 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, column (b), line 29	6	600,924.
			000 DE

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(a) List and describe the king 2-story brick warehous  1a  b  c  d  e  (e) Gross sales price  (i) FMV as of 12/31/69  a  b  c  d  e  2 Capital gain net income or (net capital logan, also enter in Part I, line 8, column if (loss), enter -0- in Part I, line 8  [Partival Qualification Under (For optional use by domestic private found)	f) Depreciation allowed (or allowable)	g) Cost or other basis plus expense of sale	(b) Hc	Purchase Donation (I)	(mo., di	ain or (loss) (f) minus (g	(d) Date sold (mo., day, yr.)
ta b c d e (e) Gross sales price  (a) b c d e 285,162.  Complete only for assets showing gain (i) FMV as of 12/31/69  a b c d e 2 Capital gain net income or (net capital lo s Net short-term capital gain or (loss) as of 15 gain, also enter in Part I, line 8, column if (loss), enter -0- in Part I, line 8  [Partival Qualification Under (For optional use by domestic private founds)	f) Depreciation allowed (or allowable)  In column (h) and owned by the foun	g) Cost or other basis plus expense of sale  273,55 dation on 12/31/69. (k) Excess of col. (i)	D-	Donation (I)	(h) Ga ((e) plus	ain or (loss) (f) minus (g	))
b c d e (e) Gross sales price  a b c d e 285,162.  Complete only for assets showing gain (i) FMV as of 12/31/69  a b c d e 2 Capital gain net income or (net capital lo 3 Net short-term capital gain or (loss) as of 15 gain, also enter in Part I, line 8, column If (loss), enter -0- in Part I, line 8  [Partival Qualification Under (For optional use by domestic private found)	(f) Depreciation allowed (or allowable)  In column (h) and owned by the foun	273,55 dation on 12/31/69. (k) Excess of col. (i)	58.	(1)	((e) plus	(f) minus (g	
c d e (e) Gross sales price  (a) b c d e 285,162.  Complete only for assets showing gain (i) FMV as of 12/31/69  a b c d e  2 Capital gain net income or (net capital lo 3 Net short-term capital gain or (loss) as of lf gain, also enter in Part I, line 8, column If (loss), enter -0- in Part I, line 8  [Partival Qualification Under (For optional use by domestic private found)	(f) Depreciation allowed (or allowable)  In column (h) and owned by the foun	273,55 dation on 12/31/69. (k) Excess of col. (i)	58.	(1)	((e) plus	(f) minus (g	
d e  (e) Gross sales price  a b c d e 285,162.  Complete only for assets showing gain (i) FMV as of 12/31/69  a b c d e  2 Capital gain net income or (net capital lo 3 Net short-term capital gain or (loss) as of if gain, also enter in Part I, line 8, column if (loss), enter -0- in Part I, line 8 iPartival Qualification Under (For optional use by domestic private found)	f) Depreciation allowed (or allowable)  in column (h) and owned by the foun	273,55 dation on 12/31/69. (k) Excess of col. (i)	58.	(1)	((e) plus	(f) minus (g	
a b c d e 285,162.  Complete only for assets showing gain (i) FMV as of 12/31/69 a b c d e  Capital gain net income or (net capital lo Net short-term capital gain or (loss) as of 15 gain, also enter in Part I, line 8, column If (loss), enter -0- in Part I, line 8  Party Qualification Under (For optional use by domestic private founds)	in column (h) and owned by the foun	273,55 dation on 12/31/69. (k) Excess of col. (i)	58.	(1)	((e) plus	(f) minus (g	
a b c d e 285,162.  Complete only for assets showing gain (i) FMV as of 12/31/69 a b c d e  Capital gain net income or (net capital lo Net short-term capital gain or (loss) as of lf gain, also enter in Part I, line 8, column If (loss), enter -0- in Part I, line 8 IParty Qualification Under (For optional use by domestic private founds)	in column (h) and owned by the foun	273,55 dation on 12/31/69. (k) Excess of col. (i)	58.	(1)	((e) plus	(f) minus (g	
c d e 285,162.  Complete only for assets showing gain (i) FMV as of 12/31/69  a b c d e  Capital gain net income or (net capital lo Net short-term capital gain or (loss) as of If gain, also enter in Part I, line 8, column If (loss), enter -0- in Part I, line 8  Partival Qualification Under (For optional use by domestic private founds)	(j) Adjusted basis	dation on 12/31/69. (k) Excess of col. (i)	58.	(I) col 4	Gains (C		11,604.
c d e 285,162.  Complete only for assets showing gain  (i) FMV as of 12/31/69  a b c d e  Capital gain net income or (net capital lo Net short-term capital gain or (loss) as of If gain, also enter in Part I, line 8, column If (loss), enter -0- in Part I, line 8  Party Qualification Under (For optional use by domestic private found	(j) Adjusted basis	dation on 12/31/69. (k) Excess of col. (i)	58.	(1)	Gains (C		11,604.
complete only for assets showing gain  (i) FMV as of 12/31/69  a b c d e Capital gain net income or (net capital lo Net short-term capital gain or (loss) as of If gain, also enter in Part I, line 8, column If (loss), enter -0- in Part I, line 8  Partival Qualification Under	(j) Adjusted basis	dation on 12/31/69. (k) Excess of col. (i)	58.	(I)	Gains (C		11,604.
Complete only for assets showing gain  (i) FMV as of 12/31/69  a  b  c  d  e  Capital gain net income or (net capital lo  Net short-term capital gain or (loss) as of  If gain, also enter in Part I, line 8, column  If (loss), enter -0- in Part I, line 8  Partival Qualification Under  For optional use by domestic private found	(j) Adjusted basis	dation on 12/31/69. (k) Excess of col. (i)	58.	(I)	Gains (C		11,604.
(i) FMV as of 12/31/69  a b c d e Capital gain net income or (net capital lo Net short-term capital gain or (loss) as of If gain, also enter in Part I, line 8, column If (loss), enter -0- in Part I, line 8 Rartiva Qualification Under	(j) Adjusted basis	(k) Excess of col. (i)		(I)	Gains (C		
a b c d e Capital gain net income or (net capital lo Net short-term capital gain or (loss) as o If gain, also enter in Part I, line 8, column If (loss), enter -0- in Part I, line 8 Partival Qualification Under For optional use by domestic private found		(k) Excess of col. (i) over col. (j), if any		col (		ol. (h) gaın m	ninus
c d e  Capital gain net income or (net capital lo Net short-term capital gain or (loss) as of If gain, also enter in Part I, line 8, column If (loss), enter -0- in Part I, line 8  Partival Qualification Under For optional use by domestic private founds					k), but r Losses	ot less than (from col. (h)	-0-) or
Net short-term capital gain or (loss) as of If gain, also enter in Part I, line 8, column If (loss), enter -0- in Part I, line 8  Partiva Qualification Under For optional use by domestic private founds							
Net short-term capital gain or (loss) as of If gain, also enter in Part I, line 8, column If (loss), enter -0- in Part I, line 8  Partiva Qualification Under For optional use by domestic private founds							
Net short-term capital gain or (loss) as of If gain, also enter in Part I, line 8, column If (loss), enter -0- in Part I, line 8  Partiva Qualification Under For optional use by domestic private founds	<u> </u>						
Net short-term capital gain or (loss) as of If gain, also enter in Part I, line 8, column If (loss), enter -0- in Part I, line 8  Partiva Qualification Under For optional use by domestic private founds		<u> </u>					11,604.
Net short-term capital gain or (loss) as of If gain, also enter in Part I, line 8, column If (loss), enter -0- in Part I, line 8  Partiva Qualification Under For optional use by domestic private founds	∫ If gain, also enter in Part	L line 7	<u> </u>				11,001.
If gain, also enter in Part I, line 8, column If (loss), enter -0- in Part I, line 8  [Partival Qualification Under For optional use by domestic private found.]			}	2			11,604.
If (loss), enter -0- in Part I, line 8  Partive Qualification Under  For optional use by domestic private found			٦				
RartiV ■ Qualification Under For optional use by domestic private found	n (c).		}			N/A	
For optional use by domestic private found	Section 4940(e) for Redu	ced Tax on Net	Inves	tment Incor	ne	N/ A	
		<del></del>					
4 4 40 40 ( d) ( 0 )     4	. 611.		•				
f section 4940(d)(2) applies, leave this part	DIANK.						
Vas the foundation liable for the section 49		• •	rıod?			[	Yes X No
f 'Yes," the foundation doesn't qualify unde		<del></del>			<u></u> -		
Enter the appropriate amount in each co		ns before making any e	·		T		d)
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distribution	ns Net value of n	(c) oncharit	able-use assets		Distribu col (b) divid	d) tion ratio led by col. (c))
2018	273,44	11.	1.	352,040.	<b>†</b>	(00): (0) 01110	.202243
2017	163,30			482,830.	<del>                                     </del>		.110133
2016	230,24			553,664.			.148195
2015	242,25	56.	1,	746,223.			.138731
2014	209,12	22.	1,	829,172.	<u> </u>		.114326
							740600
? Total of line 1, column (d)					2		.713628
Average distribution ratio for the 5-year		by 5.0, or by the numb	per of ye	ars			1 4 2 7 2 6
the foundation has been in existence if le	ess than 5 years				3		.142726
Enter the net value of noncharitable-use	assets for 2019 from Part X, line 5				4	1	,145,545.
5 Multiply line 4 by line 3					5		163,499.
5 Enter 1% of net investment income (1%	of Part I, line 27b)				- 6		189.
7 Add lines 5 and 6					7		163,688.
8 Enter qualifying distributions from Part 3	XII, line 4				8		700,287.
If line 8 is equal to or greater than line 7		i complete that part usi	ng a 1%				
See the Part VI instructions.	, check the box in Part VI, line 1b, and	•	-	tax rate.			

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Part VI Excise Tax Based on Investment Income (Section 49)	/40(a), 4940(b), 4940(e), or 49	48 - see inst	ruction	s)
1a Exempt operating foundations described in section 4940(d)(2), check here  are	nd enter "N/A" on line 1.	,	i	,
Date of ruling or determination letter: (attach copy of letter if	necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	➤ X and enter 1%	1	1	89.
of Part I, line 27b				
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter	· 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only		2		0.
3 Add lines 1 and 2	, , , , , , , , , , , , , , , , , , ,	3	1	89.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	v: others, enter -0-)	4		0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	, , , , , , , , , , , , , , , , , , , ,	5	1	89.
6 Credits/Payments;				<u>. ]</u>
a 2019 estimated tax payments and 2018 overpayment credited to 2019	6a 3,273.			}
b Exempt foreign organizations - tax withheld at source	6b 0.			
c Tax paid with application for extension of time to file (Form 8868)	6c 0.			
d Backup withholding erroneously withheld	6d 0.	1		1
7 Total credits and payments. Add lines 6a through 6d		7	3,2	73.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is	attached	8		0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>▶</b>	9		
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpain	a 🚡 İ	10	3,0	84.
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax	3,084. Refunded	11	<u> </u>	0.
Part VII-A   Statements Regarding Activities				
1a During the tax year, did the foundation attempt to influence any national, state, or local li	egislation or did it participate or intervene	in .	Yes	No
any political campaign?	, ,	<u> </u>	1a	X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political pu	rposes? See the instructions for the definit	<u> </u>	1b	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copi				
distributed by the foundation in connection with the activities.				
c Did the foundation file Form 1120-POL for this year?		-	1c	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during	the year:			
(1) On the foundation. > \$ 0. (2) On foundation management	· ·			
e Enter the reimbursement (if any) paid by the foundation during the year for political expe				}
managers. ▶ \$ 0.	·			
2 Has the foundation engaged in any activities that have not previously been reported to the	ne IRS?	[-	2	X
If "Yes," attach a detailed description of the activities.			٠.	
3 Has the foundation made any changes, not previously reported to the IRS, in its governing	ng instrument, articles of incorporation, or		٠,	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		-	3	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the	year?		4a	х
b If "Yes," has it filed a tax return on Form 990-T for this year?	•	/-	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	ear?		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) satisfie	d either:			
By language in the governing instrument, or	-	1		
By state legislation that effectively amends the governing instrument so that no manda	atory directions that conflict with the state	law		<u>                                     </u>
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," co	omplete Part II, col. (c), and Part XV		7 X	
,	, , , , ,			
8a Enter the states to which the foundation reports or with which it is registered. See instru	ctions. >			.
NY				] {
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	ie Attorney General (or designate)	_		
of each state as required by General Instruction G? If "No," attach explanation		<u> </u>	8b X	<u> </u>
9 Is the foundation claiming status as a private operating foundation within the meaning o		dar	_	ر لــــا
year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," of		<u> </u>	9	<u>x</u> 2
10 Did any persons become substantial contributors during the tax year? If *Yes,* attach a sci	nedule listing their names and addresses		10	X
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11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of

Yes No

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had not been removed from jeopardy before the first day of the tax year beginning in 2019?

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Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be Re	equired (cont	Inued)			
5a During the year, did the foundation pay or incur any amount to:					/es	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?		Yes X No		- 1	<del>,</del> [
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire			ł		
any voter registration drive?	, , , , , , , , , , , , , , , , , , , ,		Yes X No			I
(3) Provide a grant to an individual for travel, study, or other similar purposes'	>		Yes X No		Ì	ŀ
(4) Provide a grant to an organization other than a charitable, etc., organization					I	ŀ
4945(d)(4)(A)? See instructions			Yes X No			- 1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or aducational nurnoses, or fr	<del></del>			1	
the prevention of cruelty to children or animals?	or coocational purposes, or to		Yes X No	*	,	٠ }
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	for the excentions described i		ies ZZ No			1
section 53.4945 or in a current notice regarding disaster assistance? See instru	•	ii negulalions	N/A	5b -		<b></b>
				30		
Organizations relying on a current notice regarding disaster assistance, check h						- 1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			, , , , l			- 1
expenditure responsibility for the grant?	IN	/A	Yes L No	-		- 1
If "Yes," attach the statement required by Regulations section 53.4945-5(d).						1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		. 🖘 .			]
a personal benefit contract?			Yes 🗶 No 📙			لسيي
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	6b		<u> X</u>
If "Yes" to 6b, file Form 8870.						1
7a At any time during the tax year, was the foundation a party to a prohibited tax s			Yes X No			
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration or					]
excess parachute payment(s) during the year?			Yes X No			]
Part VIII Information About Officers, Directors, Truste	es, Foundation Mar	nagers, Highl	У			
Paid Employees, and Contractors						
1 List all officers, directors, trustees, and foundation managers and the	eir compensation.	1	170.	, . <u> </u>		
( ) Name and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e	e) Expe	ense
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	acc	llowan	ices
STUART SIEGEL	PRESIDENT		1			
3621 S OCEAN BLVD, UNIT 2						
HIGHLAND BEACH, FL 33487	1.00	0	. 0.			0.
JOEL ZYCHICK	SECRETARY					
429 LENOX AVE, SUITE 453						
MIAMI BEACH, FL 33139	1.00	0	. 0.			0.
				1		
		1				
		1				
		1				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."				
<u> </u>	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e	Expe	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred	acc	count, Ilowan	other
NONE	devoted to position		compensation	a	liuwai	1062
NONE						
		1	+	+		<del></del>
		<del>                                     </del>		+-		
			-	<b> </b>		
			1			
Total number of other employees paid over \$50,000		<del>_</del>				0
			Forn	<sub>1</sub> 990-	-PF (	(2019)

Form 990-PF (2019) STU SIEGEL FOUNDATION 11-3297021 Pa  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)  3 Five highest-paid independent contractors for professional services. If none, enter "NONE."  (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensi	ige 7
(a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compens	
	ation
NONE	
· · · · · · · · · · · · · · · · · · ·	
Total number of others receiving over \$50,000 for professional services	0
Part IX-A   Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	
1 N/A	
2	
3	
4	
Part IX-B   Summary of Program-Related Investments	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  Amount	
1 <u>N/A</u>	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.
Form 990-PF (	

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dation	s, see instructions)
_	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes;		
' 2	Average monthly fair market value of securities	1a	1,150,945.
	Average of monthly cash balances	1b	12,045.
	Fair market value of all other assets	1c	12,043.
d	Total (add lines 1a, b, and c)	1d	1,162,990.
-	Reduction claimed for blockage or other factors reported on lines 1a and	'*	2,102,330.
·	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,162,990.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	17,445.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,145,545.
6	Minimum investment return. Enter 5% of line 5	6	57,277.
_	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are		
_	foreign organizations, check here and do not complete this part.)	u cortan	··
1	Minimum investment return from Part X, line 6	1	57,277.
2a	Tax on investment income for 2019 from Part VI, line 5		
Ь	Income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	189.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	57,088.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	57,088.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	57,088.
Ē	art XII Qualifying Distributions (see instructions)		
느	art 7411 additional (See institutions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	_1a	700,287.
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., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	700,287.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	189.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	700,098.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies	for the section
	4940(e) reduction of tax in those years.		

Form 990-PF (2019) -

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	( <b>d)</b> 2019
1 Distributable amount for 2019 from Part XI, line 7				57,088.
2 Undistributed income, if any, as of the end of 2019				37,000.
a Enter amount for 2018 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014 213,727.			•	
b From 2015 157,973.				
c From 2016 154,681.				
d From 2017 93,058.	Ì			
e From 2018 207, 279.				
f Total of lines 3a through e	826,718.			
4 Qualifying distributions for 2019 from	·			
Part XII, line 4: ►\$ 700, 287.				
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		•		
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount				57,088.
e Remaining amount distributed out of corpus	643,199.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,469,917.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c 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		0.		,
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0.
7 Amounts treated as distributions out of			•	
corpus to satisfy requirements imposed by				l
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7	213,727.			
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a	1,256,190.		•	
10 Analysis of line 9.				
a Excess from 2015 157,973.				
b Excess from 2016 154,681.				
c Excess from 2017 93,058.				į
d Excess from 2018 207, 279.				
e Excess from 2019 643,199.			L	5 000 PE (0040)

923581 12-17-19

Form **990-PF** (2019)

	GEL FOUNDAT				97021 Page 10
Part≀XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	r 2019, enter the date of	the ruling	▶ ∟		
<b>b</b> Check box to indicate whether the found		ng foundation described		4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for					
each year listed ,					<u> </u>
<b>b</b> 85% of line 2a					
c 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					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon; a "Assets" alternative test - enter;		. /			
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)  b "Endowment" alternative test - enter					-
2/3 of minimum investment return shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter;					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization	<del></del>	<del> </del>	+		
(4) Gross investment income Part XV類 Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during t			ii the loundation	11ad \$5,000 or 1110	e iii assets
1 Information Regarding Foundation	-				
a List any managers of the foundation wh year (but only if they have contributed in			tributions received by the	e foundation before the clos	e of any tax
STUART SIEGEL					
b List any managers of the foundation whother entity) of which the foundation ha			(or an equally large port	on of the ownership of a pa	irtnership or
NONE					
2 Information Regarding Contribut Check here  In if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does	•	ests for funds. If
a The name, address, and telephone num	<u> </u>		<del> </del>	· · · · · · · · · · · · · · · · · · ·	
SEE STATEMENT 8					
b The form in which applications should l	pe submitted and informa	tion and materials they s	hould include;		
c Any submission deadlines:		··········			<del></del>
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	, kınds of ınstitutions, or	other factors;	<del></del>
-			,		
923601 12-17-19	· · · · · · · · · · · · · · · · · · ·				Form <b>990-PF</b> (2019)

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation status of recipient show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor a Paid during the year AMERICAN ENDOWMENT FOUNDATION NONE ₽C GENERAL/NO 5700 DARROW ROAD, SUITE 118 RESTRICTIONS HUDSON, OH 44236 610,547. BOCA RATON REGIONAL HOSPITAL NONE GENERAL/NO FOUNDATION RESTRICTIONS 800 MEADOWS ROAD BOCA RATON, FL 33486 18,500. BRAIN BOWL NONE GENERAL SUPPORT GRANT 3094 INDIAN CIRCLE MARIANNA, FL 32446 315. BROWARD PERFORMING ARTS FOUNDATION NONE GENERAL/NO RESTRICTIONS 201 SW 5TH AVENUE FORT LAUDERDALE, FL 33312 5,000. COLLEGE POSSIBLE NONE ÞС GENERAL/NO 755 PRIOR AVENUE NORTH, STE 210 RESTRICTIONS SAINT PAUL, MN 55104 180. SEE CONTINUATION SHEET(S) → 3a 700,287. **b** Approved for future payment NONE 0. **▶** 3b Total Form 990-PF (2019)

	Part XVI-A	Analysis of	Income-Producing	Activities
--	------------	-------------	------------------	------------

ter gross amounts unless otherwise indicated.	Unrelated	business income		y section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
Program service revenue:	code	Amount	code	Amount	Tunction income
a			<del>                                     </del>		<del></del>
b		<del></del>			
C					
d			<del>                                     </del>		
e					
f	_				
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments	L				
Dividends and interest from securities			14	26,276.	
Net rental income or (loss) from real estate:	1			•	
a Debt-financed property				-	_
b Not debt-financed property					
Net rental income or (loss) from personal	-		<del>                                     </del>		
property					
Other investment income			14	4.	•
Gain or (loss) from sales of assets other	<del>                                     </del>		╅	3.1	
than inventory			18	11,604.	
•		<del></del>	1 1 1	11,004.	
Net income or (loss) from special events	<del>                                     </del>				
Gross profit or (loss) from sales of inventory			+ +		
Other revenue:					
<u>a</u>			+		
b	— <del>   </del> -		+ + -		
C	_		+		
d	<del>-</del>		<del></del>		
e			<b></b>		
Subtotal. Add columns (b), (d), and (e)		0	· <u></u>	37,884.	(
Total. Add line 12, columns (b), (d), and (e)				13	37,884
ee worksheet in line 13 instructions to verify calculations	5.)				
art XVI-B Relationship of Activitie	s to the Accom	plishment of Ex	empt Pu	rposes	
•		<u> </u>			
ine No. Explain below how each activity for which			A contributed	importantly to the accomp	lishment of
▼ the foundation's exempt purposes (other t	han by providing fund:	for such purposes).			
					-
~ · <del>                                   </del>					

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
	· · · · · · · · · · · · · · · · · · ·

Form **990-PF** (2019)

17130929 721252 650866-2300

Form 990-P			OUNDATIO			11-329		Pa	ige 13
Part XV			ansfers to a	nd Transactions a	nd Relationshi	ps With Nonchari	able		
	Exempt Organ	•				<del></del>		15.0	
	e organization directly or indi				on described in section	on 501(c)		Yes	No
•	than section 501(c)(3) organ	•	-	•					1
	fers from the reporting found	ation to a noncha	iritable exempt orç	janization of;			4. (4)	<b>√</b>	
(1) C							1a(1)		X
	ther assets transactions:						1a(2)	<del>                                     </del>	
	ales of assets to a noncharita	able exempt organ	nization				1b(1)	·	X
	urchases of assets from a no						1b(2)	<del> </del>	X
• •	ental of facilities, equipment,		pr organization				1b(3)		X
	eimbursement arrangements						1b(4)		X
	oans or loan guarantees						1b(5)		Х
	erformance of services or me	embership or fund	draising solicitatio	ns			1b(6)		Х
c Sharir	ng of facilities, equipment, ma	ailing lists, other a	assets, or paid em	ployees			1c		X
d If the	answer to any of the above is	s "Yes," complete t	the following sche	dule. Column (b) should al	ways show the fair m	arket value of the goods, o	ther ass	sets,	
or ser	vices given by the reporting f	foundation. If the	foundation receive	ed less than fair market valu	ie in any transaction (	or sharing arrangement, sl	iow in		
	n (d) the value of the goods,								
(a) Line no	(b) Amount involved	(c) Nam		exempt organization	(d) Description	of transfers, transactions, and s	haring arr	angemer	its
		+	N/A						
		<del> </del>	<del>-</del> .						
		<del> </del>							
		<del>                                     </del>							
		+				<del>-</del>			
					<u> </u>				-
		<del> </del> -							
		<b>-</b>							
		<u> </u>							
	foundation directly or indirect	-		or more tax-exempt organ	izations described	_	<b>-</b> 7	T37	٦
	tion 501(c) (other than section		n section 52/7			L	Yes	LA	No
<u> </u>	s," complete the following sch (a) Name of or			(b) Type of organization	T	c) Description of relations	hin		
	N/A	94.1124.1071		(b) Type of organization	<u>'</u>	of Boomphon or rolations	<u>b</u>		
	21,722								
						<del></del>			
	inder penalties of perjury, I declare nd belief, it is true, correct; and con					Ma	y the IRS	discuss t	his
Sign	nd belief, it is the, consect, and con	Inplete Declaration o		1 1		sho	urn with the		
Here	P % /		-Try tee	X10 13 20	PRESID	ENT	X Yes	;	No
	Signature of officer or trustee		Tomicia	Date	Title	Chook Corre			
	Print/Type preparer's n	ame	Preparer's s	_	1 1	Check if PTIN			
Paid	DAMPTOTAT	CDEEN	Por	in L Lew	9/30/2020	self- employed	0 0 E 0	600	
Prepare	er PATRICIA L			as v roan	10100120201	Firm's EIN ► 13-1	0058		
Use On	111111111111111111111111111111111111111	MENTANT DI	K DDE			LINIUS CIN TO T	,,,,,	<b>4</b> 0	
	Firm's address ▶ 10	001 BRIC	KELL BAY	DRIVE, SUIT	E 1400	<del> </del>			

MIAMI, FL 33131-4938

Form **990-PF** (2019)

Phone no. (305)371-6200

4.31			(h) How acquire	dl	
(a) List and	f describe the kind(s) of property sole rick warehouse; or common stock, 20	d, e.g., real estate,	P - Purchase	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo., day, yr.)
		D - Donation	(iiio , day, yr.)	(1110., day, yr.)	
1a MERRILL LYNCH			P	<u> </u>	
b MERRILL LYNCH		P			
c MERRILL LYNCH		P			
d MERRILL LYNCH	X04022		P		
e MERRILL LYNCH	X04015		P	1	<del></del>
f MERRILL LYNCH			P	1	
q CAPITAL GAINS			<del>-</del>	<del></del>	<del></del>
	DIVIDENDS			+ +	<del></del> -
<u>h</u>			<del></del>	<b>+</b> ····	
				+	
<u></u>	· · · · · · · · · · · · · · · · · · ·	· · ·		·	<del> </del>
k					
m				1	
n					
0					
	(f) Depreciation allowed	(g) Cost or other basis		n) Gain or (loss)	
(e) Gross sales price	(or allowable)	plus expense of sale	(e)	plus (f) minus (g)	
a 47,883.	<b>(</b> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	47,623.	147	Free (1)	260.
		198,753.			
E E 0.1					1,262.
c 5,581.		3,611.			1,970.
d 16,902.		11,102.			5,800.
e 2,233.		2,233.			0.
f 10,751.		10,236.			515.
g 1,797.			,		1,797.
h				•	•
1					<del></del>
-					
1				•	
<u>k</u>					
<u>l</u>					
<u>m</u>					
n					
0					
Complete only for assets showing	ng gain in column (h) and owned by t	he foundation on 12/31/69	(I) Lo	sses (from col. (h))	
(1) 5 M V as at 40/04/00	(j) Adjusted basis	(k) Excess of col. (i)	Gains (excess	of col. (h) gain over	col. (k),
(i) F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any	Dut	not less than "-0-")	
a					260.
b					1,262.
	·				1,970.
<u>c</u>					5,800.
•					0.
<u>e</u>				<del> </del>	515.
<u>f</u>		<u>-</u>			
9					1,797.
<u>h</u>					
1					
1					
k					
Ī					
m					
n	<u> </u>				
0	<u> </u>		<del></del> -	<del></del>	
• Constal age and second of the second	apital loss) { If gain, also enter "-C	in Part I, line 7 1			11 604
2 Capital gain net income or (net ca	apitarioss) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	)-" in Part I, line 7 /	2	· · · · · · · · · · · · · · · · · · ·	11,604.
	ss) as defined in sections 1222(5) an	d (6):			
If gain, also enter in Part I, line 8,	, column (c).	<b>)</b>			
If (loss), enter "-0-" in Part I, line	8	J	3	N/A	

Part XV	Supplementary Information				
3 Grants	and Contributions Paid During the Ye	ear (Continuation)			
Recipient  Name and address (home or business)		If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
		or substantial contributor	recipient	out to discuss	
CONGREGATION B'NAI ISRAEL		NONE	PC	GENERAL/NO	
2200 YAMATO ROAD				RESTRICTIONS	
BOCA RATO	N, FL 33431				100.
FLORIDA S	HERRIFF'S ASSOCIATION	NONE	₽C	GENERAL/NO	
2617 MAHA				RESTRICTIONS	
TALLAHASS	EE, FL 32308				100.
	-				
	OPTION AND FAMILY CARE	NONE	PC	GENERAL SUPPORT GRANT	
OPTIONS	IVERSITY DRIVE				
SUNRISE 1					150.
,					130.
	FIONAL FUND	NONE	PC	GENERAL/NO	
78 RANDAL				RESTRICTIONS	
ROCKVILLE	CENTRE, NY 11570				180.
JOE DIMAG	GIO CHILDREN'S HOSPITAL	NONE	PC	GENERAL/NO	
FOUNDATIO	N		•	RESTRICTIONS	
2711 GARF	IELD STREET				
HOLLYWOOD	, FL 33021				50,360.
JUVENILE 1	DIABETES RESEARCH FOUNDATION	NONE	₽C	GENERAL/NO	
26 BROADW	AY 14TH FLOOR			RESTRICTIONS	
NEW YORK,	NY 10004				1,000.
LYNN UNIV	ERSITY	NONE	₽C	GENERAL SUPPORT GRANT	
	LITARY TRAIL.				
BOCA RATO	N, FL 33431				180.
NETWORK F	OR GOOD	NONE	₽C	GENERAL/NO	
	ECTICUT AVE NW #700	NONE		RESTRICTIONS	
	N, DC 20036				180.
					-
<b></b>					
PAN MASS		NONE	PC	GENERAL/NO	
77 4TH AV				RESTRICTIONS	256.
,					233.
	NTRIBUTIONS	NONE	₽C	GRANT FOR PURCHASE OF	
	H FIRST STREET			BOOKS FOR WISH A BOOK	4 050
SAN JOSE, CA 95131		<u> </u>	L	PROGRAM	4,059. 65.745
Total f	rom continuation sheets				65,745.

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient PEACEFUL MIND PEACEFUL LIFE NONE GENERAL/NO РC 201 PLAZA REAL, SUITE 140 RESTRICTIONS BOCA RATON, FL 33432 30. RUTH RALES JEWISH FAMILY SERVICES NONE GENERAL/NO ÞС 21300 RUTH & BARON COLEMAN BLVD RESTRICTIONS BOCA RATON, FL 33428 500. SPECIAL OLYMPICS NONE ÞС 3712 BENSON DRIVE, #102 RL7579 - 08/10/18 RALEIGH, NC 27609 10:09AM WORKSHEET PRIVATE FOUNDATION 150. UNIVERSITY OF PENNSYLVANIA NONE ÞС GENERAL/NO 3535 MARKET STREET, SUITE 500 RESTRICTIONS PHILADELPHIA, PA 19104 7,500. USA HOCKEY FOUNDATION NONE GENERAL/NO 1775 BOB JOHNSON DRIVE RESTRICTIONS COLORADO SPRINGS, CO 80906 1,000. Total from continuation sheets

FORM 990-PF	DIVIDENDS	AND INTE	REST	FROM SECU	RITIES S	TATEMENT 1	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME		
ENTERPRISE PRODUCTS PARTNERS LP MERRILL LYNCH	1.	•	0.	1	. 1.		
X4015 MERRILL LYNCH X4015	29. 564.		0.	29 564			
MERRILL LYNCH X4022	27,479		97.				
TO PART I, LINE 4	28,073	1,7	97.	26,276	26,276.		
FORM 990-PF		OTHER	INCO	ME	S	TATEMENT 2	
DESCRIPTION					(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
OTHER INCOME - PAYP	'AL	_		4.	4.		
TOTAL TO FORM 990-P	F, PART I,	LINE 11		4.	4.		
		=			-		
FORM 990-PF	Oī	THER PROFE	ssio	NAL FEES	S	TATEMENT 3	
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ADVISORY FEES ACCOUNTING FEES		11,857 7,036		11,857. 7,036.		0	
TO FORM 990-PF, PG	1, LN 16C	18,893	3.	18,893.		0	
	<del></del>				· · · · · · · · · · · · · · · · · · ·		

FORM 990-PF	TAX	ES		STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOM			
FOREIGN TAXES	88.	88.	,	0.		
TO FORM 990-PF, PG 1, LN 18	88.	88.		0.		
				· · · · · · · · · · · · · · · · · · ·		
FORM 990-PF OTHER INCREASES	S IN NET ASS	ETS OR FUND B	ALANCES	STATEMENT 5		
DESCRIPTION	-	•		AMOUNT		
COST/MARKET VALUE OF DONATION BOOK TAX DIFFERENCE	NS			200,645. 1,910.		
TOTAL TO FORM 990-PF, PART I	II, LINE 3			202,555.		
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 6		
DESCRIPTION		во	OK VALUE	FAIR MARKET VALUE		
STOCKS			508,265.	553,248.		
TOTAL TO FORM 990-PF, PART I	I, LINE 10B		508,265.	553,248.		
FORM 990-PF	OTHER LIA	BILITIES	<u> </u>	STATEMENT 7		
DESCRIPTION		ВО	Y AMOUNT	EOY AMOUNT		
CREDIT CARDS PAYABLE		<del></del>	60,858.	63,500.		
TOTAL TO FORM 990-PF, PART I	I, LINE 22	<del></del>	60,858.	63,500.		
		<del></del>	<del></del>			

FORM 990-PF . GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 8

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

STUART SIEGEL 3621 S OCEAN BLVD, UNIT 2 HIGHLAND BEACH, FL 33496

TELEPHONE NUMBER NAME OF GRANT PROGRAM

215-881-8868

N/A

FORM AND CONTENT OF APPLICATIONS

NO SPECIFIC FORM OF APPLICATION IS REQUIRED.

## ANY SUBMISSION DEADLINES

N/A. APPLICATIONS ARE ACCEPTED AT ANY TIME. ONCE APPROVED, A NOTICE OF DETERMINATION IS SENT.

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE