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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-11.

**2008**Department of the Treasury  
Internal Revenue Service

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)**

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public  
Inspection**

<b>A</b> For the 2008 calendar year, or tax year beginning <b>Oct 1</b> , 2008, and ending <b>Sep 30</b> , 2009									
<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td><b>C</b> Name of organization <b>SEABECK FAMILY INC</b></td> <td><b>D</b> Employer identification number <b>91-1238612</b></td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address) <b>6002 DIAMOND LN</b></td> <td>Room/suite</td> </tr> <tr> <td>City or town, state or country, and ZIP + 4 <b>FERNDAL WA 98248-8732</b></td> <td><b>E</b> Telephone number <b>(425) 644-1040</b></td> </tr> <tr> <td colspan="2"><b>F</b> Group Exemption Number</td> </tr> </table>	<b>C</b> Name of organization <b>SEABECK FAMILY INC</b>	<b>D</b> Employer identification number <b>91-1238612</b>	Number and street (or P.O. box, if mail is not delivered to street address) <b>6002 DIAMOND LN</b>	Room/suite	City or town, state or country, and ZIP + 4 <b>FERNDAL WA 98248-8732</b>	<b>E</b> Telephone number <b>(425) 644-1040</b>	<b>F</b> Group Exemption Number	
<b>C</b> Name of organization <b>SEABECK FAMILY INC</b>	<b>D</b> Employer identification number <b>91-1238612</b>								
Number and street (or P.O. box, if mail is not delivered to street address) <b>6002 DIAMOND LN</b>	Room/suite								
City or town, state or country, and ZIP + 4 <b>FERNDAL WA 98248-8732</b>	<b>E</b> Telephone number <b>(425) 644-1040</b>								
<b>F</b> Group Exemption Number									
<p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p>									
<b>G</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►	<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)								
<b>I</b> Website: ► <b>N/A</b>									
<b>J</b> Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527									
<b>K</b> Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.									
<b>L</b> Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. <span style="float: right;">► \$ <b>32,043.</b></span>									

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I.)	
<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b> 7,782.
<b>2</b> Program service revenue including government fees and contracts	<b>2</b> 24,251.
<b>3</b> Membership dues and assessments	<b>3</b>
<b>4</b> Investment income	<b>4</b> 10.
<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>
<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>
<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	<b>5c</b>
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>
<b>b</b> Less direct expenses other than fundraising expenses	<b>6b</b>
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>
<b>b</b> Less cost of goods sold	<b>7b</b>
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>
<b>8</b> Other revenue (describe ► _____)	<b>8</b>
<b>9</b> Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b> 32,043.
<b>10</b> Grants and similar amounts paid (attach schedule) See L-10 Stmt	<b>10</b> 7,485.
<b>11</b> Benefits paid to or for members	<b>11</b>
<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b> 2,200.
<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>
<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>
<b>15</b> Printing, publications, postage, and shipping	<b>15</b>
<b>16</b> Other expenses (describe ► See Other Expenses Statement)	<b>16</b> 15,964.
<b>17</b> Total expenses (add lines 10 through 16)	<b>17</b> 25,649.
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b> 6,394.
<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b> 54,189.
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>
<b>21</b> Net assets or fund balances at end of year Combine lines 18 through 20	<b>21</b> 60,583.

<b>Part II Balance Sheets.</b> If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ		
(See the instructions for Part II.)		
	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	58,841.	62,121.
<b>23</b> Land and buildings	0.	0.
<b>24</b> Other assets (describe ► <b>DEPOSITS &amp; ACCTS REC</b> )	10,124.	14,577.
<b>25</b> Total assets	68,965.	76,698.
<b>26</b> Total liabilities (describe ► <b>DEFERRED REVENUE &amp; ACCRUED TAX</b> )	14,776.	16,115.
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	54,189.	60,583.

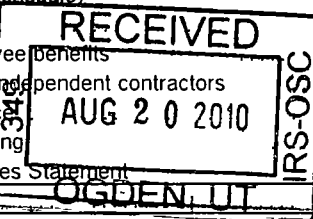
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Form 990-EZ (2008)

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## Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others )

28	PLAN & IMPLEMENT TWO FAMILY CAMP PROGRAMS AT SEABECK CHRISTIAN CONFERENCE CENTER IN SEABECK WA EDUCATIONAL, RELIGIOUS, ATHLETIC & CHARITABLE ACTIVITES (Grants \$ 0. ) If this amount includes foreign grants, check here	28 a	18,164.
29	PUBLIC OUTREACH AND FUNDRAISING ACTIVITIES TO BENEFIT SEABECK CHRISTIAN CONFERENCE CENTER GRANTS TO 501(C)(3) (Grants \$ 7,485. ) If this amount includes foreign grants, check here	29 a	7,485.
30	    (Grants \$ ) If this amount includes foreign grants, check here	30 a	
31	Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here	31 a	
32	Total program service expenses (add lines 28a through 31a)	32	25,649.

[illegible]

**Part V Other Information** (Note the statement requirement in General Instruction V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float: right;">▶ <b>37 a</b> 0.</span>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38 a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <span style="float: right;"><b>38 b</b></span>		
<b>39</b> 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <span style="float: right;"><b>39 a</b></span>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <span style="float: right;"><b>39 b</b></span>		
<b>40 a</b> 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
<b>b</b> 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I <span style="float: right;"><b>40 b</b></span>		X
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">▶</span>		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization <span style="float: right;">▶</span>		
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T <span style="float: right;"><b>40 e</b></span>		X
<b>41</b> List the states with which a copy of this return is filed <span style="float: right;">▶ Washington</span>		

**42 a** The books are in care of ▶ SUSAN DUNCAN Telephone no ▶ (360) 380-5932  
 Located at ▶ 6002 DIAMOND LANE FERNDAL WA ZIP + 4 ▶ 98248-8732

	Yes	No
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country <span style="float: right;">▶</span>		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country <span style="float: right;">▶</span>		X

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** ☐

	Yes	No
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ <span style="float: right;"><b>44</b></span>		X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ <span style="float: right;"><b>45</b></span>		X

**Part VI** Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.**46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

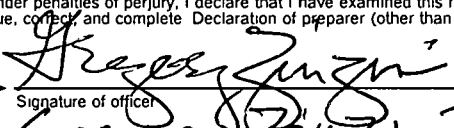
	Yes	No
<b>46</b>		X
<b>47</b>		X
<b>48</b>		X
<b>49a</b>		X
<b>49b</b>		

**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II**48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E**49a** Did the organization make any transfers to an exempt non-charitable related organization?**b** If 'Yes,' was the related organization(s) a section 527 organization?**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

<b>Sign Here</b>	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, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer  Type or print name and title Gregory Zuzin Treasurer	Date 18/11/2010	
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	Preparer's Identifying Number (See instructions)	
	Non-Paid Preparer	EIN	Phone no

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No

BAA

Form 990-EZ (2008)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 <b>Total.</b> Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%
16a <b>33-1/3 support test – 2008.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>33-1/3 support test – 2007.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include "unusual grants.")	7,243.	5,059.	5,265.	9,719.	7,782.	35,068.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	17,633.	20,008.	18,416.	23,007.	24,251.	103,315.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1-5	24,876.	25,067.	23,681.	32,726.	32,033.	138,383.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	832.	1,085.	823.	760.	1,333.	4,833.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b	832.	1,085.	823.	760.	1,333.	4,833.
8 <b>Public support.</b> (Subtract line 7c from line 6.)						133,550.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	24,876.	25,067.	23,681.	32,726.	32,033.	138,383.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,017.	1,982.	2,182.	1,082.	10.	6,273.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,017.	1,982.	2,182.	1,082.	10.	6,273.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						144,656.
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	92.32%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	90.74%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	4.34%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	5.41%

- 19a **33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☒
- b **33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐



## Part IV

**Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

This image shows a full page of white paper with horizontal dashed lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the page.

Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

GENERAL CAMP PROGRAM EXPENSES	11,801.
CAMP ACTIVITIES - REFRESHMENTS	1,200.
CAMP ACTIVITIES - SUPPLIES & SERVICES	2,963.

Total	15,964.
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Form 990-EZ, Part I, Line 10

**Grants and Similar Amounts Paid**

Purpose of Payment

ASSIST NONPROFIT CONFERENCE CENTER'S CHARITABLE PURPOSE

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE 501C3 NON-PROFIT CONF CENTER	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> SEABECK CHRISTIAN CONFERENCE CENTER 15395 SEABECK HIGHWAY NW SEABECK WA 98380	NONE	7,485.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

**Seabeck Family****91-1238612****FYE****9/30/2009****Form 990 Part IV List of Board of Directors**

<b>Name</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip code</b>	<b>Title</b>	<b>Hours/ Term</b>	
						<b>Week</b>	<b>Ends</b>
Cancro, Tara	1760 N Northlake Way #428	Seattle	WA	98103		0	2009
Hadaway, Dave	8815 42nd Ave SW	Seattle	WA	98136		0	2009
Perrin, Alison	14724 Edgewater Lane NE	Seattle	WA	98155		0	2009
Burkheimer, Michelle	4128 Sunset Beach Dr NW	Olympia	WA	98502	President	2	2010
Dobbs, Heidi	116 J Street NE	Auburn	WA	98002		0	2010
Humann, Kirstin	1524 Alaskan Way Ste 200	Seattle	WA	98101	Vice President	1	2010
Brown, Sara	2232 42nd Ave	Longview	WA	98638		0	2011
Hathaway, Ann	3513 NE 179th St	Ridgefield	WA	98642	Secretary	1	2011
Tintinger, Lisa	12569 SE 70th St	Newcastle	WA	98056		0	2011
Layman, Steve & Sabrina	3505 Shore Ave	Everett	WA	98203	Leader	2	2010
Abendroth, Kent & Linda	24133 SE 45th Pl	Issaquah	WA	98029	Leader - Camp	2	2010
Ziuzin, Greg	5428 116th Ave SE	Bellevue	WA	98006	Treasurer	2	2009
Ziuzin, Marja	5428 116th Ave SE	Bellevue	WA	98006	Past Leader	0	2009
Morris, Janice & Tom	24400 SE 46th Ct	Issaquah	WA	98029	Past Leader-Camp	0	2009

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** You must file original and one copy. ☒ **X**

**Type or print**

File by the extended due date for filing the return. See instructions

Name of Exempt Organization

SEABECK FAMILY INC

Number, street, and room or suite number. If a P.O. box, see instructions

5428 116TH AVE SE

City, town or post office, state, and ZIP code. For a foreign address, see instructions

BELLEVUE

WA 98006-3318

Employer identification number

91-1238612

For IRS use only

**Check type of return to be filed** (File a separate application for each return).

- |   |  |                                      |                                    |
|---|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-PF                                 | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of SUSAN DUNCAN  
Telephone No. (360) 380-5932 FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until Aug 16, 20 10.

5 For calendar year \_\_\_\_\_, or other tax year beginning Oct 1, 20 08, and ending Sep 30, 20 09.

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension TAXPAYER HAS NOT BEEN ABLE TO GATHER

COMPLETE ACCOUNTING INFORMATION DUE TO SEVERAL SOURCES OF DATA.

ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE & ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

8a \$ 0.

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.

8b \$ 0.

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs

8c \$ 0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Signature] Title CPA

Date 05/05/10