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

OMB No 1545-0052

2009

Department of the Treasury Internal Revenue Service

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

_		endar year 2009, or tax year beginning		, and ending	, ,	
1	G Che	ck all that apply Initial return Initi	ial Return of a former p	· —		al return
_		Amended return	Address	change Nam	e change	
	Use th	le l		-	Employer identification nu	mber
	IRS lab		rion		94-3328372	
	Otherw print	1 1000 NICOLL I LICE	1.450	ļ	3 Telephone number (see the	instructions)
	or typ	e CASIRO VALLEI, CA 94546-1	1458		510-733-0577	·
	See Spe nstructi			[6	If exemption application is	pending, check here 🕨 🔛
	isti ucti				1 Foreign organizations, che	ck here 🕨 📘
ŀ	<u> 1</u> ⊆		1(c)(3) exempt private f		2 Foreign organizations mee	ting the 85% test, check
_		Section 4947(a)(1) nonexempt charitable t		orivate foundation	here and attach computati E If private foundation statu	
ı			counting method. X C	ash Accrual '	under section 507(b)(1)(A	
		rom Part II, column (c), line 16)	Other (specify)		F If the foundation is in a 60)-month termination
	► \$, column (d) must be or	n cash basis)	under section 507(b)(1)(B), check here
F	art I	Analysis of Revenue and	(a) Revenue and	(b) Net investmen	(c) Adjusted net	(d) Disbursements
		Expenses (The total of amounts in columns (b), (c), and (d) may not neces-	expenses per books	income	income	for charitable
		sarily equal the amounts in column (a)				purposes (cash basis only)
_		(see the instructions))				(000000.00)/
		1 Contributions, gifts, grants, etc, received (att sch)	20,000.			
		2 Ck rf the foundn is not req to att Sch B				
		3 Interest on savings and temporary cash investments				
		4 Dividends and interest from securities	7,012.	7,012	7,012.	······
	1	5a Gross rents				
		b Net rental income or (loss)				
	R	6a Net gain/(loss) from sale of assets not on line 10.	-15,916.			
	R E V	b Gross sales price for all assets on line 6a 55,777.				
	Ě	7 Capital gain net income (from Part IV, line 2)		().	
	N U	8 Net short-term capital gain				
	Ĕ	9 Income modifications				
	_	10a Gross sales less returns and allowances				
		h Less Cost of				
		c Gross profit/(loss) (att sch)				
		11 Other income (attach schedule)	-		-	
		(4.40.0.000)				
		Total. Add lines 1 through 11	11,096.	7,012	7,012.	
		13 Compensation of officers, directors, trustees, etc	0.			
		14 Other employee salaries and wages				
_		15 Pension plans, employee benefits		·····		
2010	A D	16a Legal fees (attach schedule)				
7	Ņ	b Accounting fees (attach sch)				
တ	Ņ	c Other prof fees (attach sch) SEE ST 1	4,272.	4,272	· · · · · · · · · · · · · · · · · · ·	
_	PS	17 Interest	144			+
\geq	P S E T R R	18 Taxes (attach schedule)(see instr.) SEE STM 2	144.		TRECEIVED -	
\geq	A A	19 Depreciation (attach sch) and depletion				\$
	I I N V G E	20 Occupancy	<u> </u>	8	NOV 1 5 2010	\$! 5:
Ш	G E	21 Travel, conferences, and meetings		7	MAA T 2 TOID	· F
SCANNED NOV	A E	22 Printing and publications		'\		¥
₹	A EXP	23 Other expenses (attach schedule)		1	OGDEN, UT	11
S.	Ņ	OA Tabal a sanda a desirabativa				₽
(I)	S E S	24 Total operating and administrative expenses. Add lines 13 through 23	4,416.	4,272	2.	
	3	25 Contributions, gifts, grants paid STMT 3	28,125.			28,125.
		26 Total expenses and disbursements.				
_		Add lines 24 and 25	32,541.	4,272	0.	28,125.
		27 Subtract line 26 from line 12:				
		a Excess of revenue over expenses and disbursements	-21,445.			
		b Net investment income (if negative, enter -0-)		2,740).	
		C Adjusted net income (if negative, enter -0-)			7,012.	
<u> </u>	A A F	or Privacy Act and Panenyork Poduction Ac	at Nation and the instru	ictions ~	FFA05041 02/02/10	Form 990-PF (2009)

317,015. end-of-year figure reported on prior year's return) 2 -21,445.2 Enter amount from Part I, line 27a 3 99,423. 3 Other increases not included in line 2 (itemize) SEE STATEMENT 4 394,993 4 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize). 6 394,993. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

(a) Lis 2-story b	t and describe the touck warehouse,	ne kınd(s) of property sold (e g or common stock, 200 shares	., real estate, MLC Company)	(b) How acc P — Purci D — Dona	iase	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a SEE STATEM	ENT 5	**************************************		0 00110			
b							
c							
d	·						
<u>e</u>						<u> </u>	
(e) Gross sales	price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal			(h) Gain or (e) plus (f) m	
<u>a</u>		· · · · · · · · · · · · · · · · · · ·					
<u>b</u>		···					
c d							
e						-	
	r assets showing	gain in column (h) and owner	by the foundation on 12/31/69	9		(I) Gains (Colu	ımn (h)
(i) Fair Market as of 12/31/	Value	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a) (I)	g tha	pain minus column (k an -0-) or Losses (fr	(), but not less
a							
<u>b</u>							
c d							<u> </u>
e							•
2 Capital gain net i	ncome or (net c	apital loss).	ilso enter in Part I, line 7 enter -0- in Part I, line 7	-	2		-15,916.
3 Net short-term ca	onital gain or (lo	ss) as defined in sections 1222	-	1			10,310.
	,	, column (c) (see the instruction	··				
in Part I, line 8	r in Part I, line o	, column (c) (see the instruction	ons) II (loss), enter -u-		3		0.
If section 4940(d)(2) ap	philes, leave this	part blank					
If 'Yes,' the foundation	does not qualify	under section 4940(e) Do no	 -			Yes	X No
If 'Yes,' the foundation 1 Enter the appropri	does not qualify	under section 4940(e) Do no each column for each year, se	complete this part the instructions before makin		ies		X No
If 'Yes,' the foundation	does not qualify riate amount in o rears tax year	under section 4940(e) Do no	e the instructions before makin	g any entr		Yes (d) Distribution umn (b) divided	n ratio
If 'Yes,' the foundation 1 Enter the appropriate (a) Base period y Calendar year (or	does not qualify riate amount in o rears tax year	under section 4940(e) Do not each column for each year, section (b)	complete this part the instructions before making (c) s Net value of noncharitable-use ass 5. 43	g any entr sets 8,959.		(d) Distribution	n ratio by column (c)) 0.043523
If 'Yes,' the foundation 1 Enter the appropriate (a) Base period y Calendar year (or beginning i	does not qualify riate amount in o rears tax year	under section 4940(e) Do not each column for each year, section 4940(e) Do not each year, section 4940(e) Do	complete this part te the instructions before making (c) Net value of noncharitable-use ass 5. 43	g any entr sets 8,959. 7,358.		(d) Distribution	n ratio by column (c)) 0.043523 0.037366
If 'Yes,' the foundation 1 Enter the appropriate (a) Base period y Calendar year (or beginning in the second period of the second period of the second period per	does not qualify riate amount in o rears tax year	under section 4940(e) Do not each column for each year, section 4940(e) Do not each year, section 4940(e) Do	complete this part the the instructions before making (c) Net value of noncharitable-use ass 5. 43 6. 50 7. 48	g any entr sets 8, 959. 7, 358. 2, 176.		(d) Distribution	0.043523 0.037366 0.050791
If 'Yes,' the foundation 1 Enter the appropriate (a) Base period y Calendar year (or beginning in 2008 2007 2006 2005	does not qualify riate amount in o rears tax year	under section 4940(e) Do not each column for each year, section 4940(e) Do not each year, section 4940(e) Do	complete this part te the instructions before making (c) Net value of noncharitable-use ass 5. 43 6. 43 7. 50 7. 48 7. 45	g any entr sets 8,959. 7,358. 2,176. 4,050.		(d) Distribution	0.043523 0.037366 0.050791 0.043971
If 'Yes,' the foundation 1 Enter the appropriate (a) Base period y Calendar year (or beginning in the second period of the second period of the second period per	does not qualify riate amount in o rears tax year	under section 4940(e) Do not each column for each year, section 4940(e) Do not each year, section 4940(e) Do	complete this part te the instructions before making (c) Net value of noncharitable-use ass 5. 43 6. 43 7. 50 7. 48 7. 45	g any entr sets 8, 959. 7, 358. 2, 176.		(d) Distribution	n ratio by column (c)) 0.043523 0.037366 0.050791 0.043971
If 'Yes,' the foundation 1 Enter the appropriate (a) Base period y Calendar year (or beginning in 2008 2007 2006 2005	does not qualify riate amount in o rears tax year n)	under section 4940(e) Do not each column for each year, section 4940(e) Do not each year, section 4940(e) Do	complete this part te the instructions before making (c) Net value of noncharitable-use ass 5. 43 6. 43 7. 50 7. 48 7. 45	g any entr sets 8,959. 7,358. 2,176. 4,050.		(d) Distribution	0.043523 0.037366 0.050791 0.043971 0.065988
If 'Yes,' the foundation 1 Enter the appropriate (a) Base period y Calendar year (or beginning i 2008 2007 2006 2005 2004 2 Total of line 1, co	does not qualify riate amount in or rears tax year n) blumn (d) ion ratio for the	under section 4940(e) Do not each column for each year, section 4940(a) Do not each year, section 4940(b) Adjusted qualifying distribution 19,102 18,955 24,490 19,960 30,060	s he instructions before making (c) Net value of noncharitable-use ass 3. 43. 3. 50. 48. 5. 45. 9. 45.	g any entr sets 8,959. 7,358. 2,176. 4,050. 5,537.	(colu	(d) Distribution	0.043523 0.037366 0.050791 0.043971 0.065988
If 'Yes,' the foundation 1 Enter the appropriate (a) Base period y Calendar year (or beginning in the period of t	does not qualify reate amount in or rears tax year n) column (d) non ratio for the the foundation h	under section 4940(e) Do not each column for each year, section 4940(e) Do not each column for each year, section 4940(e) Do not each year, se	complete this part the the instructions before making (c) Net value of noncharitable-use ass 5. 43. 3. 50. 48. 5. 45. 0. 45. 1. 45. 1. 45. 1. 45. 1. 45.	g any entr sets 8,959. 7,358. 2,176. 4,050. 5,537.	(colu	(d) Distribution	0.043523 0.037366 0.050791 0.043971 0.065988 0.241639
If 'Yes,' the foundation 1 Enter the appropriate (a) Base period y Calendar year (or beginning in the period of t	does not qualify reate amount in or rears tax year n) blumn (d) non ratio for the the foundation have of noncharital	under section 4940(e) Do not each column for each year, section 4940(e) Do not each column for each year, section 4940(e) Do not each year, se	complete this part the the instructions before making (c) Net value of noncharitable-use ass 5. 43. 3. 50. 48. 5. 45. 0. 45. 1. 45. 1. 45. 1. 45. 1. 45.	g any entr sets 8,959. 7,358. 2,176. 4,050. 5,537.	2	(d) Distribution	0.043523 0.037366 0.050791 0.043971 0.065988 0.241639 0.048328 350,665.
If 'Yes,' the foundation 1 Enter the appropriate (a) Base period y Calendar year (or beginning in the second of	does not qualify reate amount in or rears tax year n) blumn (d) non ratio for the the foundation h ue of noncharital line 3	under section 4940(e) Do not each column for each year, section 4940(e) Do not each column for each year, section 4940(e) Do not each year, se	complete this part the the instructions before making (c) Net value of noncharitable-use ass 5. 43. 3. 50. 48. 5. 45. 0. 45. 1. 45. 1. 45. 1. 45. 1. 45.	g any entr sets 8,959. 7,358. 2,176. 4,050. 5,537.	2 3	(d) Distribution	0.043523 0.037366 0.050791 0.043971 0.065988 0.241639 0.048328 350,665.
If 'Yes,' the foundation 1 Enter the appropriate (a) Base period y Calendar year (or beginning in the second of t	does not qualify reate amount in or rears tax year n) blumn (d) ion ratio for the the foundation h ue of noncharital line 3	under section 4940(e) Do not each column for each year, see (b) Adjusted qualifying distribution 19, 10: 18, 95: 24, 49: 19, 96: 30, 06: 5-year base period — divide that been in existence if less that ble-use assets for 2009 from F	complete this part the the instructions before making (c) Net value of noncharitable-use ass 5. 43. 3. 50. 48. 5. 45. 0. 45. 1. 45. 1. 45. 1. 45. 1. 45.	g any entr sets 8,959. 7,358. 2,176. 4,050. 5,537.	2 3 4 5	(d) Distribution	0.043523 0.037366 0.050791
If 'Yes,' the foundation 1 Enter the appropriate (a) Base period y Calendar year (or beginning in the second of t	does not qualify reate amount in or rears tax year n) blumn (d) non ratio for the the foundation h ue of noncharital line 3	under section 4940(e) Do not each column for each year, see (b) Adjusted qualifying distribution 19, 10: 18, 95: 24, 49: 19, 96: 30, 06: 5-year base period — divide that as been in existence if less that ble-use assets for 2009 from Fine (1% of Part I, line 27b)	complete this part the the instructions before making (c) Net value of noncharitable-use ass 5. 43. 3. 50. 48. 5. 45. 0. 45. 1. 45. 1. 45. 1. 45. 1. 45.	g any entr sets 8,959. 7,358. 2,176. 4,050. 5,537.	2 3 4 5	(d) Distribution	0.043523 0.037366 0.050791 0.043971 0.065988 0.241639 0.048328 350,665.

Form 990-PF (2009) THE SEELIG FAMILY FOUNDATION 94-3328372		Pi	age 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the instruc	ions)		
1 a Exempt operating foundations described in section 4940(d)(2), check here			
Date of ruling or determination letter (attach copy of letter if necessary - see instr.)			
b Domestic foundations that meet the section 4940(e) requirements in Part V,			<u>27.</u>
check here ► X and enter 1% of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			- 1
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
foundations only. Others enter -0-)			0.
3 Add lines 1 and 2			27.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			27.
6 Credits/Payments			
a 2009 estimated tax pmts and 2008 overpayment credited to 2009			1
b Exempt foreign organizations — tax withheld at source			1
c Tax paid with application for extension of time to file (Form 8868)			
d Backup withholding erroneously withheld			<u> </u>
7 Total credits and payments Add lines 6a through 6d 7			<u>0.</u>
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached if Fo			
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 6			28.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			—
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax		—	—
Part VII-A Statements Regarding Activities		Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1 a	res	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1 b		X
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
c Did the foundation file Form 1120-POL for this year?	1 c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			$\overline{}$
(1) On the foundation \Rightarrow 0. (2) On foundation managers \Rightarrow 0.			}
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 0.			ł
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
If 'Yes,' attach a detailed description of the activities		\neg	
			.
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		<u></u>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>x</u>
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	4b	N	/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
If 'Yes,' attach the statement required by General Instruction T.			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			ł
By language in the governing instrument, or			1
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?	6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	Х	 -
8a Enter the states to which the foundation reports or with which it is registered (see the instructions) CA			
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G² If 'No,' attach explanation</i>	8b	Х	 ,
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Part XIV			
	9		<u>X</u>
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10		Х
BAA Fo	rm 990	-PF (2009)

Forn	n 990-PF (2009) THE SEELIG FAMILY FOUNDATION	94-332837	2	P	age 5
Par	t VII-A Statements Regarding Activities Continued				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		11		х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?		12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption. Website address N/A		13	Х	
14	The books are in care of ► ROBERT SEELIG Telephone	no ► 510-73	33-0	 577	
	Located at ► 4805 NICOLE PLACE, CASTRO VALLEY, CA ZIP + 4 ►	94546-145	8		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	▶ 15	N/A		∐ N/A
Par	and enter the amount of tax-exempt interest received or accrued during the year t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	- 19			N/A
<u> </u>	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			Yes	No
1:	During the year did the foundation (either directly or indirectly).	ļ			111
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes X No			
ŀ	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instruction	ons)?		N	/A
	Organizations relying on a current notice regarding disaster assistance check here	▶ 🗌			
Ć	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?		1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))				
ā	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	Yes X No			
	If 'Yes,' list the years ► 20, 20, 20, 20				
ŧ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942	(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942) all years listed, answer 'No' and attach statement — see the instructions.)	a)(2) to		N	/A
C	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years l	nere.			
	► 20, 20, 20				
3 <i>a</i>	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes X No			
t	o If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approve by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or	d			
	(3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)		3ь	N	/A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		Х
ı	Did the foundation make any investment in a prior year (but after December 31, 1969) that could				
	jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b		Х

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4b X Form **990-PF** (2009)

Form **990-PF** (2009)

Form 990-PF (2009) THE SEELIG FAMILY FOUNDATION 94-3328372 Partiville Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services — enter 'NONE.'	(see instructions). If none,	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	· -	
		
	· -	
	· -	
	· -]	
	. –	
Total number of others receiving over \$50,000 for professional services	▶	0
Partix-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant sta organizations and other beneficiaries served, conferences convened, research papers produced, etc.	tistical information such as the number of	Expenses
1 N/A		
**		
2		
3		
4		
Rartix:Bi Summary of Program-Related Investments (see in	structions)	
Describe the two largest program-related investments made by the foundation	n during the tax year on lines 1 and 2	Amount
1 N/A		
		-71
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3		0.
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1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	28,125.
b Program-related investments — total from Part IX-B	1 b	
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 a Suitability test (prior IRS approval required)		
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	28,125.
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 (see instructions)	5	2 <u>7</u> .
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	28,098.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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Form **990-PF** (2009)

Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				17,506.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			21,069.	
b Total for prior years 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2009				
a From 2004				
b From 2005				:
c From 2006				
d From 2007				
e From 2008		:		
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from Part				
XII, line 4 ► \$ 28, 125.				
a Applied to 2008, but not more than line 2a			21,069.	
 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 2009 distributable amount				7,056.
e Remaining amount distributed out of corpus	0.		_	
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the				
same amount must be shown in column (a).)				
6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-				
ed 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 2008 Subtract line 4a from			0.	
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2009 Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2010.				10,450.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	l o.			j
·				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.	·		
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006	Į			
c Excess from 2007	ļ			
d Excess from 2008		1		
e Excess from 2009	<u> </u>	<u>i</u>		Form 990-PF (2009)

Form 990-PF (2009) THE SEELIG FAMIL				94-332837	
Part XIV Private Operating Foundation					N/A
1a If the foundation has received a ruling or on is effective for 2009, enter the date of the	ruling			_	
b Check box to indicate whether the foundat		rating foundation (4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	-	Prior 3 years	1 1 2005	.
investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
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					
 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					
 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					
(4) Gross investment income			<u> </u>		
PartXXV Supplementary Information	(Complete this	part only if the	organization ha	ad \$5,000 or mo	re in
assets at any time during th		structions.)			
a List any managers of the foundation who ledose of any tax year (but only if they have SEE STATEMENT 7	nave contributed mo	ore than 2% of the than \$5,000) (See	total contributions resection 507(d)(2).)	eceived by the foun	dation before the
SEE STRIEMENT /					
b List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more o foundation has a 1	f the stock of a co 0% or greater inter	rporation (or an equi rest.	ally large portion of	the ownership of
2 Information Regarding Contribution, Gran	t Gift Loan Scho	larchin etc Progr	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Check here • I If the foundation only requests for funds. If the foundation make	nakes contributions	to preselected cha	arıtable organızatıon		
complete items 2a, b, c, and d					
a The name, address, and telephone number	er of the person to v	vnom applications	snould be addressed	a	
SEE STATEMENT 8					
b The form in which applications should be	submitted and infor	mation and materi	als they should inclu	ıde.	
SEE STATEMENT FOR LINE 2A					
c Any submission deadlines					
SEE STATEMENT FOR LINE 2A					
d Any restrictions or limitations on awards,	such as by geograp	hical areas, charita	able fields, kinds of i	institutions, or other	factors.
SEE STATEMENT FOR LINE 2A					
BAA	TEI	EA0310L 07/06/09			Form 990-PF (2009)

Page 11

3 Grants and Contributions Paid During the Yo	ear or Approved for Fut	ure Paymen	t	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient	Contribution	
a Paid during the year	Substantial Continuetor			
Total			► 3a	
b Approved for future payment Total			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Inter gross amounts unless otherwise indicated	Unrelated	business income	Excluded by	section 512, 513, or 514	
Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)
a					
b					
с	T				
d		<u></u> -			
e				<u> </u>	
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	7,012.	
5 Net rental income or (loss) from real estate.					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					-15,916
9 Net income or (loss) from special events.					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a		•			
b					
C					
d			l		
e					
12 Subtotal Add columns (b), (d), and (e)				7,012.	-15,916
13 Total. Add line 12, columns (b), (d), and (e).				13	-8,904
See worksheet in the instructions for line 13 to verify of	alculations)				

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

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) (See the instructions.)
N/A	
-	

F	orm 990-F	PF (2009) TH	E SEE	LIG FAM	ILY FOU	NDATION				94-	3328372	Pa	ge 13
P	art XVII	Informat	ion Re	garding T	ransfers	To and Tr	ansactio	ons an	d Relations	hips With N	oncharitable	;	
		Exempt	Organ	izations								· · · · · ·	
	1 Did th	ne organization	dırectly	or indirectly	engage in	any of the fo	llowina wi	h anv o	ther organizat	ion	ļ	Yes	No
	descr	ne organization ibed in section ng to political or	501(c) c	of the Code (other than	section 501(d	c)(3) organ	nizations) or in section	527,			
		fers from the re	-		a a aanaha	vitable evem	nt organiz	ation of					
	(1) C		porting	iouridation t	o a noncha	intable exemp	pt organiz	ation of			1a (1)		X
	٠,	ther assets									1a (2)		X
		transactions									10(2)		
		ales of assets t	o a none	charitable ex	empt organ	nızatıon					1 b (1)		X
	• •	urchases of ass					on				1b (2)		X
	` '	ental of facilitie				F S					1 b (3)		Х
		leimbursement a									1 b (4)		Х
	(5) L	oans or loan gu	arantee:	s							1 b (5)		Х
	(6) P	erformance of s	services	or members	hip or fund	iraising solicif	tations				1 b (6)		X
	c Shari	ng of facilities,	equipme	ent, mailing l	ists, other	assets, or pa	id employ	ees			1c		X
		_											
	d If the the go any tr	answer to any o oods, other asse ransaction or sh	of the al ets, or s laring ar	bove is 'Yes, ervices givei rangement,	,' complete n by the rep show in col	the following porting found lumn (d) the	g schedule lation If th value of th	Colum e found e aood:	n (b) should a ation received s. other assets	lways show the I less than fair r s, or services re	fair market val narket value in ceived	ue of	
(a) Line no	(b) Amount in				able exempt organ				ansfers, transaction			s
N	/A												
_								ļ					
_													
_	-												
									 				
											<u> </u>		
_													
_				<u> </u>									
-								 					
									 	 			
-													
								ļ ————————————————————————————————————					
	b If 'Ye	foundation dire ibed in section ! s,' complete the	followi	ng schedule	T			nore tax section			Yes	X	No
.		(a) Name of org	ganızatıd	on	(t	b) Type of org	ganization		((c) Description (of relationship		
N	/A				<u> </u>								
-		•											
	-				<u> </u>								
			-	.	†								
_	Under pena	alties of perjury, I dec Declaration of prepare	lare that I	have examined t	this return, incl	luding accompany	/ing schedule:	and state	ments, and to the I	best of my knowledge	e and belief, it is true	, correc	t, and
	complete [Declaration of prepare	er (other th	nan taxpayer or f	iduciary) is bas	sed on all informa	ition of which	preparer h	as any knowledge		_		
		///		00					Vəla	. Dra	sident		
•	Sunn	from t	<u> </u>	gels	9 1				<u> </u>	_	314 410		
i	Signa	ature of officer or trus		H	V	1		Date		Title	Preparer's Identify	00 000	
1	Paid	Preparer's signature	/// . !	1/2 > 1	/// ///	111/1/		Dale	[[2/L]	Check if self-	(See Signature in	the instr	S)
ì	Pre-		V 01-	V \ [V	V JW	MAX			1///	employed P	P00440473	<u> </u>	
•	parer's Use	Firm's name (or yours if self	FOURI		DERMOTT		LLP		·	EIN ► 77	-0264251		
	Only	employed), address, and	2601 SOQUE	41ST AV		UITE E				4	(001) 476	045	2
		ZIP code	つつづいり	ъп, СА 9	2013					Phone no	(831) 476	<u>-245</u>	۷

BAA

Form **990-PF** (2009)

Phone no P

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2009

Name of the organization		Employer identification number
THE SEELIG FAMILY FOUNDAY	94-3328372	
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not tre	eated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated	d as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by Note: Only a section 501(c)(7), (8), or (the General Rule or a Special Rule 10) organization can check boxes for both the General Ru	ule and a Special Rule See instructions
General Rule —		
X For an organization filing Form 990, contributor (Complete Parts I and II	990-EZ, or 990-PF that received, during the year, \$5,000	or more (in money or property) from any one
Special Rules —		
509(a)(1)/170(b)(1)(A)(vi) and received t	filing Form 990 or 990-EZ, that met the 33-1/3% support from any one contributor, during the year, a contribution of the gne 1h or (ii) Form 990-EZ, line 1 Complete Parts! and II	greater of (1) \$5,000 or (2) 2% of the
aggregate contributions of more that	organization filing Form 990 or 990-EZ, that received from n \$1,000 for use <i>exclusively</i> for religious, charitable, scie animals Complete Parts I, II, and III.	n any one contributor, during the year, ntific, literary, or educational purposes, or the
contributions for use exclusively for this box is checked, enter here the	organization filing Form 990 or 990-EZ, that received fror religious, charitable, etc, purposes, but these contribution total contributions that were received during the year for a parts unless the General Rule applies to this organization.	ns did not aggregate to more than \$1,000 If an exclusively religious, charitable, etc,
religious, charitable, etc, contributio	ns of \$5,000 or more during the year	► \$
990-PF) but it must answer 'No' on Par	rered by the General Rule and/or the Special Rules does t IV, line 2 of their Form 990, or check the box on line Ho the filing requirements of Schedule B (Form 990, 990-EZ,	of its Form 990-EZ, or on line 2 of its Form
BAA For Privacy Act and Paperwork F for Form 990, 990EZ, or 990-PF.	Reduction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

,			
	B (Form 990, 990-EZ, or 990-PF) (2009)	Page 1	of 1 of Part I
Name of org THE SE	ELIG FAMILY FOUNDATION	1 ' '	328372
Park I;	Contributors (see instructions)	· -	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ROBERT & ANNETTE SEELIG		Person X Payroll
	4805 NICOLE PLACE	\$20,000.	Noncash
	CASTRO VALLEY, CA 94546		(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
I		ı	

Person Payroll Noncash

(Complete Part II if there is a noncash contribution)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)	Page	1 of 1 c	of Part I
Name of organization		Employer identification num	ber
THE SEELIG FAMILY FOUNDATION		94-3328372	
Part II Noncash Property (see instructions)			

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	<u> </u>
(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
		_	
··		Y	
(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
		}	
		_ \$	

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2009)

•							
Schedule E	3 (Form 990, ⁻ 990-EZ, or 990-PF) (2009)		!	Page 1	of 1	of Part III	
Name of organ				age 1	Employer (dentifica		
THE SEE	ELIG FAMILY FOUNDATION				94-332837	2	
	Exclusively religious, charitable, e organizations aggregating more th	tc, individual contribution an \$1,000 for the year.(C	ns to section	on 501(c) (a) through	(7), (8), or (10))	
	For organizations completing Part III, enter contributions of \$1,000 or less for the year	total of <i>exclusively</i> religious, c (Enter this information once —	haritable, etc, see instruction	ons)	► \$	N/A	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Desc	(d) Description of how gift is held		
	N/A						
		(e) Transfer of gift					
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of	transferor to tran	nsferee	
					_		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is h		ft is held	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
			-				
(a) No. from Part i	(b) Purpose of gift	(c) Use of gift		Desc	(d) cription of how gi	ft is held	

	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					sferee	
	, , ,	-,					

(a) (b) (c) (d)
No. from Purpose of gift Use of gift Description of how gift is held

(e)

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Form **8868** (Rev April 2009)

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

-	e filing for an Automatic 3-Month	•	-			- 4		► <u>X</u>
-	e filing for an Additional (Not Au t o lete Part II unless you have alrea	•						
	Automatic 3-Month Extens					nea r o	0000	
			, ,	` '	•			
A corporation	required to file Form 990-T and	requesting an aut	tomatic 6-month exte	nsion – check	this box and o	comple	te Part I only	•
All other corp income tax re	porations (including 1120-C filers eturns), partnerships, Rt	EMICS, and trusts mi	ust use Form 70	004 to request	an ex	tension of time	to file
the additiona Form 990-T	ling (e-file). Generally, you can end below (6 months for a corporation of a corporation of automatic) 3-month extens instead, you must submit the full the www.irs.gov/efile.and.click.on	sion or (2) you file ly completed and :	Forms 990-BL, 6069 signed page 2 (Part	or 8870 group	returns or a	compo	osite or consolic	dated
	Name of Exempt Organization					Employ	er identification nur	nber
Type or print								
·	THE SEELIG FAMILY FO					94-3	3328372	
File by the due date for	Number, street, and room or suite number	If a P O box, see instri	uctions					
filing your return See	4805 NICOLE PLACE							
instructions	City, town or post office, state, and ZIP co	-	s, see instructions					
	CASTRO VALLEY, CA 94							
	of return to be filed (file a separa	— ''	•					
Form 990	<u>'</u>	Form 990-T (co			Form 472			
Form 990		-	ction 401(a) or 408(a	•	Form 522			
Form 990		-	ust other than above)		Form 606			
X Form 990)-PF	Form 1041-A			Form 887	0		
Telephone If the orga If this is f check this the exten	are in the care of ► ROBERT No ► 510-733-0577 Anization does not have an office or a Group Return, enter the org s box ► If it is for part of sion will cover	e or place of busin anization's four di the group, check t	git Group Exemption his box ► _ and a	Number (GEN) attach a list with	the names a		-	
	st an automatic 3-month (6 mont		·	·				
	$8/15$, 20 10 _, to file ension is for the organization's r		nization return for the	organization na	amed above			
	calendar year 20 09 or							
▶ [tax year beginning	, 20, a	and ending	, 20 _				
2 If this ta	ax year is for less than 12 month	s, check reason	Initial return	Final retu	rn C	hange	in accounting p	eriod
3a If this a nonrefu	pplication is for Form 990-BL, 99 indable credits See instructions	90-PF, 990-T, 4720), or 6069, enter the	tentative tax, le	ss any	3a	\$	27.
b If this a made I	pplication is for Form 990-PF or include any prior year overpayme	990-T, enter any r ent allowed as a cr	refundable credits an redit	d estimated tax	payments	3ъ	\$	0.
deposit	e Due. Subtract line 3b from line with FTD coupon or, if required, tructions	3a. Include your p by using EFTPS (eayment with this fori Electronic Federal To	m, or, if required ax Payment Sys	d, stem)	3c	\$	27.
Caution. If you payment instru	ou are going to make an electron ructions	ic fund withdrawa	I with this Form 8868	, see Form 845	3-EO and For	m 8879	9-EO for	
BAA For Priv	vacy Act and Paperwork Reduct	ion Act Notice, se	e instructions.			F	orm 8868 (Rev	4-2009)

Form 8868	3 (Rev 4-2009)			Page 2	
• If you a	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check t	ns box		► X	
Note. Only	complete Part II if you have already been granted an automatic 3-month extension on a previous	ly filed Fo	rm 8868	_	
• If you a	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. Only file the original	no copie	es needed).	
	Name of Exempt Organization	Employer ide	entification numb	ber	
Type or					
print	THE SEELIG FAMILY FOUNDATION	94-332	94-3328372 or IRS use only		
City his Man	Number, street, and room or suite number. If a P O box, see instructions	For IRS use of			
File by the extended	FOURNIER, MCDERMOTT & LAMB LLP				
due date for filing the	2601 41ST AVENUE, SUITE E				
return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions			}	
	SOQUEL, CA 95073				
Check type	e of return to be filed (File a separate application for each return):				
Form 9	990 X Form 990-PF Form 1041-A		Form	6069	
Form 9	990-BL Form 990-T (section 401(a) or 408(a) trust) Form 4720		Form	8870	
Form 9	990-EZ Form 990-T (trust other than above) Form 5227				
STOP! Do	not complete Part II if you were not already granted an automatic 3-month extension on a previous	usly filed	Form 8868.		
 The boo 	oks are in care of ► ROBERT_SEELIG				
Teleph	one No ► 510-733-0577 FAX No ►				
If the o	organization does not have an office or place of business in the United States, check this box			▶ □	
• If this is	is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		If th	is is for the	
whole grou	up, check this box $ ightharpoonup$. If it is for part of the group, check this box $ ightharpoonup$ and attach a list wit	n the nam	es and EINs	of all	
members t	the extension is for				
4 I requ	uest an additional 3-month extension of time until 11/15 , 20 10				
5 For c	calendar year 2009, or other tax year beginning, 20, and ending		, 20		
6 If this	s tax year is for less than 12 months, check reason Initial return Final return	Chang	e in accounti		
7 State	e in detail why you need the extension TAXPAYER REQUESTS EXTENSION BECAUS				
TO	ORGANIZE AND ASSEMBLE ALL THE DOCUMENTS REQUIRED TO FILE A CO	MPLETE	AND AC	CURATE	
RET	TURN.				
8a If this	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		Ī		
nonre	efundable credits. See instructions	8a	\$	27.	
b If this	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	i tax			
paym with f	nents made. Include any prior year overpayment allowed as a credit and any amount paid previous Form 8868	8t 8 t	ds.	0.	
	nce Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, depos		1		
with F	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instri	` 8c	\$	27.	
	Signature and Verification				
Under penaltie correct, and co	es of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my kno omplete, and that I am authorized to prepare this form	wledge and t	belief, it is true,		
Signature >	Title ▶	С	ate ►		
BAA	FIFZ0502L 03/11/09		Form 8868	(Rev 4-2009)	

FIFZ0502L 03/11/09

Form 8868 (Rev 4-2009)

2009	FEDE	RAL STATEMEN	ITS	PAGE 1
,	THE SE	ELIG FAMILY FOUNDA	TION	94-3328372
STATEMENT 1 FORM 990-PF, PART I, LINE 1 OTHER PROFESSIONAL FEE	16C :S			
MANAGEMENT FEES	TOTAL	EXPENSES INVERSES INV	NET (C) STMENT ADJUST COME NET INC 4,272. 4,272. \$	
STATEMENT 2 FORM 990-PF, PART I, LINE 1 TAXES	18			
TAXES & FILING FEES	TOTAL	EXPENSES INVERPER BOOKS IN	NET (C) STMENT ADJUST COME NET INC	
STATEMENT 3 FORM 990-PF, PART I, LINE 2 CONTRIBUTIONS, GIFTS, AN				
CASH GRANTS AND ALLOCAT CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF AMOUNT GIVEN:		DONATION TO GENE CATHOLIC CHARITI 433 JEFFERSON ST OAKLAND, CA 9460 NONE PUBLIC CHARITY	ES REET	\$ 1,000.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS O AMOUNT GIVEN:	F DONEE:	DONATION TO GENE MARYKNOLL 18760 CINDY WAY CASTRO VALLEY, CANONE PUBLIC CHARITY		12,000.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE:		DONATION TO GENE OUR LADY OF GRAC 3433 SOMERSET AV CASTRO VALLEY, CANONE	E CATHOLIC ENUE	·

CLASS OF ACTIVITY: GENOME'S NAME: MISONEE'S ADDRESS: VAI

GENERAL FUND DONATION MISCELLANEOUS ORGANIZTIONS

350.

VARIOUS VARIOUS, NONE

NONE CHURCH

RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE:

RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

PUBLIC CHARITIES

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STATEMENT 3 (CONTINUED) FORM 990-PF, PART I, LINE 25 **CONTRIBUTIONS, GIFTS, AND GRANTS**

AMOUNT GIVEN:

1,950.

CLASS OF ACTIVITY:

GENERAL FUND DONATION

DONEE'S NAME:

OAKLAND DIOCESE-CATHOLIC CHRCH

DONEE'S ADDRESS:

2900 LAKESHORE AVE OAKLAND, CA 94610

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN:

CHURCH

NONE

NONE

10,000.

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

GENERAL FUND DONATION

CATHEDRAL OF CHRIST THE LIGHT

180 GRAND AVE

OAKLAND, CA 94612

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

CHURCH AMOUNT GIVEN:

1,000.

CLASS OF ACTIVITY:

DONEE'S NAME:

GENERAL FUND DONATION CASTRO VALLEY YOUTH SOCCER LEAGUE

DONEE'S ADDRESS:

20212 REDWOOD ROAD

CASTRO VALLEY, CA 94546

RELATIONSHIP OF DONEE: NONE ORGANIZATIONAL STATUS OF DONEE: NONE YOUTH SPORTS

AMOUNT GIVEN:

500.

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

GENERAL FUND DONATION BISHOP O'DOWD HIGH SCHOOL

9500 STEARNS AVE OAKLAND, CA 94065

RELATIONSHIP OF DONEE: NONE

ORGANIZATIONAL STATUS OF DONEE: EDUCATIONAL INSTITUTION

AMOUNT GIVEN:

DONEE'S NAME:

DONEE'S ADDRESS:

GENERAL FUND DONATION

FESCO

21455 BIRCH STREET

HAYWARD, CA 94065

NONE

501 (C) (3) `

500.

225.

RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE:

CLASS OF ACTIVITY:

AMOUNT GIVEN:

GENERAL FUND DONATION YMCA OF EAST BAY

2230 BROADWAY OAKLAND, CA 94612

NONE

RELATIONSHIP OF DONEE:

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

ORGANIZATIONAL STATUS OF DONEE: 501(C)(3)

AMOUNT GIVEN:

600.

28,125. TOTAL \$

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STATEMENT 4 FORM 990-PF, PART III, LINE 3 OTHER INCREASES

UNREALIZED GAINS ON SECURITIES (NET)

TOTAL $\frac{$99,423.}{$99,423.}$

STATEMENT 5 FORM 990-PF, PART IV, LINE 1 CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

<u>ITEM</u>		(A) DESC	CRIPTION		(B) ACOU		OUIRED	(D) DATE SOLD
1	SCHWAB MANA	AGED ACCOUN	T #6179 ST	T SUMMARY	PURCH	ASED	VARIOUS	VARIOUS
2	SCHWAB MANA	AGED ACCOUN	T #6179 LT	T SUMMARY	PURCH	ASED	VARIOUS	VARIOUS
3	SCHWAB MANA	AGED ACCOUN'	T #5852 ST	T SUMMARY	PURCH	ASED	VARIOUS	VARIOUS
4	SCHWAB MANA	AGED ACCOUN'	T #5852 LT	T SUMMARY	PURCH	ASED	VARIOUS	VARIOUS
5	SCHWAB MANA	AGED ACCOUN'	T #7759 ST	T SUMMARY	PURCH	ASED	VARIOUS	VARIOUS
6	SCHWAB MANA	AGED ACCOUN'			PURCH	ASED	VARIOUS	VARIOUS
<u>ITEM</u> 1 2 3 4 5	(E) GROSS SALES 6,040. 7,195. 19,737. 8,496. 3,401. 10,908.	(F) DEPREC. ALLOWED	(G) COST BASIS 8,146. 11,342. 18,431. 13,656. 3,694. 16,424.	(H) GAIN (LOSS) -2,106. -4,147. 1,306. -5,160. -293. -5,516.	(I) FMV 12/31/69	(J) ADJ. BAS. 12/31/69	(K) EXCESS (I) - (J)	(L) GAIN (LOSS) \$ -2,106. -4,147. 1,306. -5,160. -293. -5,516.
							TOTAL	\$ - 15,916.

STATEMENT 7
FORM 990-PF, PART XV, LINE 1A
FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

ROBERT SEELIG ANNETTE SEELIG 2009

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STATEMENT 8 FORM 990-PF, PART XV, LINE 2A-D **APPLICATION SUBMISSION INFORMATION**

NAME OF GRANT PROGRAM:

NAME:

ROBERT OR ANNETTE SEELIG

CARE OF:

STREET ADDRESS:

4805 NICOLE PLACE

CITY, STATE, ZIP CODE: TELEPHONE:

CASTRO VALLEY, CA 94546-1458

FORM AND CONTENT:

GENERAL REQUEST LETTER OUTLINING REQUESTED AMOUNT, PURPOSE, AND OTHER SIGNIFICANT DETAILS IS ACCEPTABLE.

SUBMISSION DEADLINES: RESTRICTIONS ON AWARDS: