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Department of the Treasury

Return of Private Foundation

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

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

OMB No 1545-0052 2010

Intern	al Rev	renue Service	<u> </u>	lote. The foundation	n may be	able to use a copy of this	return to sati	sfy state repo	rting requirements		
For c	alen	dar year 2010,	or tax yea	r beginning			, and e	nding			
G C	heck	all that apply		Initial return		Initial return of a f	ormer public o	harity	Final ret	urn	
				Amended return		Address char	ige .		Name change		
Nan	ne of	foundation							A Employer identification number		
		SWIFT	FAM]	LY FOUND	ATIC	N, INC.			20-010262	20	
Nun	ber a	nd street (or PO t	oox number i	if mail is not delivered	to street a	ddress)	- · · · - · · · -	Room/suite	B Telephone number		
		2221	8TH S	STREET					(941)951-	-1977	
City	or to	own, state, and	ZIP code					•	C If exemption application	is pending, check here	
		SARAS	OTA,	FL 3423	7				D 1. Foreign organization		
H C	heck	type of organiz	ation	X Section 501(c	c)(3) exe	mpt private foundation			Foreign organizations check here and attach	meeting the 85% test,	
] Se	ction 4947(a)(1		npt charitable trust		ther taxable private found	ation				
l Fa				end of year J A			Acc	rual	E If private foundation under section 507(b)		
		Part II, col. (c),				er (specify)				a 60-month termination	
\			1,045	765 . (Part		nn (d) must be on cash	basis.)		under section 507(b)		
Pa	rt I	Analysis of R	evenue an	nd Expenses		(a) Revenue and	1	vestment	(c) Adjusted net	(d) Disbursements	
	<u> </u>	(The total of amonecessarily equal	ounts in colu al the amoun	imns (b), (c), and (d) ma its in column (a))	ay not	expenses per books		ome	income	for chantable purposes (cash basis only)	
	1			ts, etc , received		0.			N/A		
				in is not required to attach S	ch B			•••••	1		
	3	Interest on saving	s and tempo	orary	···						
	4	Dividends and			F	35,646.	3	5,646.		STATEMENT 1	
	5a	Gross rents		0000111100	F						
		Net rental income	or (loss)								
	_		· · -	assets not on line 10	<u> </u>	<24,825.	>			,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	
J.	h	Gross sales price	for all	167,52	6.		 	••••••			
Revenue	7	assets on line 6a Capital gain net ii				, 		0.			
æ	8	Net short-term	•	•	-		1	-			
	g	Income modifi	. •		ŀ					n'ninillana	
	40-	Gmes sales less			r		<u> </u>	······			
		Less Cost of goo	nde enid			r in 'Hillimman	. [-1111-1-1	*******	t	7.12 - 1417 AMMININ III	
	1	Gross profit or		L				***************************************			
		Other income	(,		F					-	
		Total. Add line	es 1 throug	ıh 11	Ī	10,821.	. 3	5,646.			
	13			ectors, trustees, etc	Ī	0		0.	,	0	
	14	Other employe			j	REC	CEIVEL				
		Pension plans.		•	Ī		-	70			
es		Legal fees	,		F	N		. Ø			
eus		Accounting fee	es		Ī	OUA B	2 2 201	1 6			
Expens		Other professi		STMT	2	7,427.				0	
	17	Interest				OG	DEN, U	γ			
and Administrative	1	Taxes		STMT	3	367.	199	6.	,	0	
ist	19	Depreciation a	nd depletio								
Ē	20	Оссиралсу			ſ						
Ā	l	Travel, confere	ences, and	meetinas	- [
þ	22	Printing and p	-	•	Ī		1				
	23	Other expense			Ī	·					
aţiu	ı	Total operatin		ninistrative	Ī						
Operating		expenses. Ad	-			7,794.	,	0.	,	0	
ō	25	Contributions,				7,794. 50,600.				50,600	
	1	Total expense	-								
		Add lines 24 a		"		58,394.	.[0.	,	50,600	
	27	Subtract line 2		= 12		· · · · · · · · · · · · · · · · · · ·					
	l			nses and disbursemen	ts	<47,573.	>				
	l		· ·	(if negative, enter -0-)		······································		5,646.	· · · · · · · · · · · · · · · · · · ·	**************************************	
	l			negative, enter -0-)		······			N/A		
				× ··· /			***************************************		· · · · · · · · · · · · · · · · · · ·		

023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions.

Part III	Analysis of	Changes in	Net Assets	or Fund	Balances

31 Total liabilities and net assets/fund balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	998,901.
2	Enter amount from Part I, line 27a	2	<47,573.>
3	Other increases not included in line 2 (itemize) UNREALIZED GAIN ON INVESTMENTS	3	94,437.
4	Add lines 1, 2, and 3	4	1,045,765.
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 30	6	1,045,765.

Form 990-PF (2010)

998,901.

1,045,765

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.) 1a SCHEDULE ATTACHED					` P ·			(c) Date (mo , d		(d) Date sold (mo , day, yr)	
					"		P				
b											
C					<u> </u>						
<u>d</u>		<u>.</u>									
<u>e </u>					Ц,					<u> </u>	
	(e) Gross sales price (f) Depreciation allowed (g) Cost or other plus expense							(h) G (e) plus	(h) Gain or (loss) (e) plus (f) minus (g)		
a 167,526.			 	192,35	1 -					<24,825.	
<u>b</u>	_		 		\dashv						
c									_		
9			 		-						
Complete only for assets showing	nam in coli	umn (h) and owned by	the foundation	n n 12/31/69) Coupe (C	'al /h\ aava		
Complete only for assets showing				cess of col (i)					ol (h) gain not less tha		
(i) F M V as of 12/31/69		Adjusted basis s of 12/31/69		col (j), if any	ļ		-		(from col (
1			1		\dashv			·		<24,825	
0		-	 		_					124,025	
G I			<u> </u>		+						
1											
8											
<u> </u>		C If corp. also and			7						
Capital gain net income or (net cap	ital loss)	If gain, also enter -			- [[2				<24,825	
				,	ᄼᅡ	-				1217020	
Net short-term capital gain or (loss If gain, also enter in Part I, line 8, co		I IN SECTIONS 1222(5) a	na (6)		٦١						
If (loss), enter -0- in Part I, line 8	olumni (c)				P	,			BT / 78		
									N/A		
or optional use by domestic private f	foundations						ent Ind	come	N/A		
For optional use by domestic private f section 4940(d)(2) applies, leave this Vas the foundation liable for the section "Yes," the foundation does not qualify	foundations s part blank on 4942 tax y under sec	subject to the section on the distributable au etion 4940(e) Do not c	4940(a) tax on mount of any ye omplete this pa	net investment in ear in the base pe irt	ncome		ent Ind	come	N/A		
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Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) 1a Exempt operating foundations described in section 4940(d)(2), check here
Date of ruling or determination letter
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here
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 Others enter -0-) 3 Add lines 1 and 2 3 T13 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 5 Tax based on Investment Income. Subtract line 4 from line 3 if zero or less, enter -0- 5 Credits/Payments a 2010 estimated tax payments and 2009 overpayment credited to 2010 6 Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) 6 Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) 6 Exempt foreign organizations - tax withheld at Source c Tax paid with application for extension of time to file (Form 8868) 6 Exempt foreign organizations - tax withheld at Source 7 Total credits and payments Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax Check here ☐ if Form 2220 is attached 8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Enter the amount of line 10 to be Credited to 2011 estimated tax 7 Refunded ► 11 0 Part VII-A Statements Regarding Activities 1a 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? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1b X 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 managers ► \$ 0 e Enter the remib
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4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 4b
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?
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
By language in the governing instrument, or
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?
7 Did the foundation have at least \$5,000 in assets at any time during the year?
If "Yes," complete Part II, col. (c), and Part XV.
8a Enter the states to which the foundation reports or with which it is registered (see instructions)
FL
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 General Instruction G? If "No," attach explanation
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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses 10 X

orm 990-PF (2010) SWIFT FAMILY FOUNDATION	, INC.		20-01026	20 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)	
, 5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (secti	on 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955),	, or to carry on, directly or indire			
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purpose	es?	Ye	ıs X No	
(4) Provide a grant to an organization other than a charitable, etc., organizat	ion described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literar	y, or educational purposes, or f			
the prevention of cruelty to children or animals?		Ye	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	inder the exceptions described i	ın Regulations		
section 53 4945 or in a current notice regarding disaster assistance (see inst	ructions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check	c her e		▶∟	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption				
expenditure responsibility for the grant?	N	I/A Υ ₆	es L No	
If "Yes," attach the statement required by Regulations section 53.49)45-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, t	o pay premiums on			
a personal benefit contract?		Ye	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	a personal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax	k shelter transaction?	Ye	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attri				7b
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	stees, Foundation Ma	anagers, Highly	У	
1 List all officers, directors, trustees, foundation managers and the			T (.8) -	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	to position	enter -0-)	and deferred compensation	allowances
JON F. SWIFT	_PRESIDENT			
2221 8TH STREET		_		_
SARASOTA, FL 34237	0.00	0.	0.	0.
JANEY SWIFT	VICE PRESIDEN	AL.		
2221 8TH STREET				
SARASOTA, FL 34237	0.00	0.	0.	0.
JASON SWIFT	DIRECTOR			
4153 CAMINO REAL ROAD				
SARASOTA, FL 34231	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those i	ncluded on line 1). If none.	enter "NONE."		<u> </u>
	(b) Title, and average		(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	account, other allowances
NONE	dovoted to position	1	Compensation	
			<u></u>	
		<u> </u>	<u></u>	
Total number of other employees paid over \$50,000			>	0
			F	000 DE (2010)

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ition Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ente	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Tatal number of others recentling over \$50,000 for professional convices		▶ 0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers pro	tical information such as the duced, etc	Expenses
1 THE FOUNDATION WAS CREATED TO PROVIDE SUPPOR AND YOUTH-RELATED ORGANIZATIONS.	RT TO CHILDREN	0
2		0.
3		
4		
Doubly D. C. D. L. L. L.		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year or	lines 1 and 2	Amount
1 N/A		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		0.

·P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	ın foundations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а		1a	800,000.
b	Average of monthly cash balances	1b	200,000.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,000,000.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,000,000.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	15,000.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	985,000.
6_	Minimum investment return Enter 5% of line 5	6	49,250.
P	part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundate foreign organizations check here and do not complete this part)	ions and certain	
1	Minimum investment return from Part X, line 6	1	49,250.
2a		13.	· · · · · · · · · · · · · · · · · · ·
b			
C	Add lines 2a and 2b	2c	713.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	48,537.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	48,537.
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	48,537.
_	Part XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	1a	50,600.
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 Program-related investments - total from Part IX-B	1b	0.
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	-	<u> </u>
		3a	
a b		3b	
_	Cash distribution test (attach the required schedule) Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	50,600.
4 5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	7	30,000.
J		5	0.
e	income Enter 1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4	6	50,600.
6			
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foun- 4940(e) reduction of tax in those years	uation qualines for	

Part XIII	Undistributed	Income	(see instructions)
-----------	---------------	--------	--------------------

T		· - · · · · · · · · · · · · · · · · · ·		
	(a)	(b)	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI.	Corpus	Years prior to 2009	2009	2010
· · · · · · · · · · · · · · · · · · ·				48,537.
line 7			·····	40/33/1
2 Undistributed income, if any, as of the end of 2010 a Enter amount for 2009 only			0.	
b Total for prior years	······ · · · · · · · · · · · · · · · ·			
g rotation prior years		0.		
3 Excess distributions carryover, if any, to 2010		· · · · · · · · · · · · · · · · · · ·		
a From 2005 2,075.				
b From 2006 5, 131.				
c From 2007 7, 202.				
d From 2008 11,895.				
e From 2009 9, 403.				
	35,706.			
f Total of lines 3a through e	33,700.			
4 Qualifying distributions for 2010 from Part XII, line 4 ▶\$ 50,600.				
			0.	
a Applied to 2009, but not more than line 2a				
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		······································		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	U •			48,537.
d Applied to 2010 distributable amount	2 062			40,337.
e Remaining amount distributed out of corpus	2,063.			0.
5 Excess distributions carryover applied to 2010 (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	37,769.			
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 2009 Subtract line			<u> </u>	
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2010 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of	7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7111 /11 ·	V-16-0-101-101-11	
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	2,075.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	35,694.			
10 Analysis of line 9				
b Excess from 2007 7,202.				
c Excess from 2008 11,895.				
d Excess from 2009 9,403.				
e Excess from 2010 2,063.				
				Form 990-PF (2010)

Page 11

023611 12-07-10

SWIFT FAMILY FOUNDATION, INC.

nter gross amounts unless otherwise indicated	Unrelated	business income		ed by section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					
b	l I			· ·	
C			1		
d	1 1				
е	l i		1 1-		
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments					
Dividends and interest from securities			1		35,646
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		· ·			
property					
Other investment income		-			
Gain or (loss) from sales of assets other			+ +		
than inventory					<24,82
Net income or (loss) from special events	 		┪┈╌┪╴		124702.
Gross profit or (loss) from sales of inventory			+ +		
Other revenue			+ +		
a			+ +		
b			++		
C			+		
d			+		
d			1 1		
e		0	-	0.	10.82
e Subtotal Add columns (b), (d), and (e)		0	•	0.	10.00
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		0		0 .	10.00
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculate	ions)			13	1000
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculate Part XVI-B Relationship of Activi ine No. Explain below how each activity for whi	ties to the Accor	mplishment of E	xempt	Purposes	10,82
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculate Part XVI-B Relationship of Activi ine No. Explain below how each activity for whith the foundation's exempt purposes (oth	ties to the Accor	mplishment of E column (e) of Part XVI- ls for such purposes)	xempt A contribi	Purposes uted importantly to the accord	10,82
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculate Part XVI-B Relationship of Activi ine No. Explain below how each activity for whi	ties to the Accor	mplishment of E column (e) of Part XVI- ls for such purposes)	xempt A contribi	Purposes uted importantly to the accord	10,82
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Hee worksheet in line 13 instructions to verify calculate Part XVI-B Relationship of Activi Line No. Explain below how each activity for whith the foundation's exempt purposes (oth	ties to the Accor	mplishment of E column (e) of Part XVI- ls for such purposes)	xempt A contribi	Purposes uted importantly to the accord	nplishment of
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculate Part XVI-B Relationship of Activit ine No. Explain below how each activity for whith the foundation's exempt purposes (oth	ties to the Accor	mplishment of E column (e) of Part XVI- ls for such purposes)	xempt A contribi	Purposes uted importantly to the accord	10,82
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Form 99(FAMILY I						102620		ge 13
Part)	XVII	Information Re Exempt Organ		nsfers To a	nd Trans	actions a	nd Relations	ships With Non	charitable	•	
1 Did	the org	anization directly or indi		y of the following	with any oth	er organizatio	n described in sec	ction 501(c) of		Yes	No
	•	ther than section 501(c)				olitical organi	zations?				
		om the reporting founda	ation to a noncharit	able exempt org	anization of				4 - (4)		v
٠,	Cash								1a(1)		X
	Other a								1a(2)		
	er trans		ble everent erganiz	ation					1b(1)		Х
		of assets to a noncharital ises of assets from a no	· -						1b(2)		X
		of facilities, equipment,	· ·	organization					1b(3)		X
,		ursement arrangements							1b(4)		X
		or loan guarantees							1b(5)		X
(6)	Perfor	mance of services or me	embership or fundra	aising solicitation	ns				1b(6)		X
c Sh	aring of	facilities, equipment, ma	uling lists, other ass	sets, or paid emp	oloyees				10		X
		er to any of the above is		-						ets,	
		given by the reporting for			d less than fa	ır market valu	e in any transaction	on or sharing arrangem	ent, show in		
		the value of the goods,			avament areas		(d) n				
(a) Line n	10 (b) Amount involved	(C) IVAITIE	of noncharitable N/A	exempt organ	112411011	(u) Descripti	on of transfers, transaction	s, and snaring ar	rangeme	mts
				N/A				**			
	_	· · ·	-				-				
						-					
			·- ·-			.,					
			ļ								
			ļ	· <u>·</u>			 				
											
			-	.,-						-	
	-		1								
			_								
2a Is	the foun	dation directly or indirec	ctly affiliated with, o	r related to, one	or more tax-e	exempt organi	zations described				
		501(c) of the Code (othe							Yes	X	□ No
		mplete the following sch									
		(a) Name of or	ganızatıon		(b) Type of	organization		(c) Description of rel	ationship		
		N/A							.		
		<u> </u>			_			 -			
									 -		
	Unde	r penalties of penury, I declar	re that I have examined	this return, includi	ng accompanyi	ng schedules an	d statements, and to	the best of my knowledge	and belief, it is t	rue, com	ect,
Sign	and c	omplete Declaration of prep	arer (other than taxpay	er or fiductary) is ba	on all infon	mation of which	preparer has any kno	owledge	/		
Here		X(// -i				8/15		Pars.Jr.	-t`		
	_	Signature of officer or tr	rustee			Date	_ _	Title			
-		Print/Type preparer's n		Preparer's si	-		Date	Check X If	PTIN		
		M. DENNIS	MODRAK	MOM	odrck	GPB	8-2-11	self- employed	POIZ	411	654
Paid		CPA						1,	1012	- 1 1	
Prep		Firm's name ► M .	DENNIS M	ODRAK,	CPA			Firm's EIN			
Use	Only										
		Firm's address $ ightharpoons P$.	.o. BOX 2	0488							

(941)504-4510

SARASOTA, FL 34276

FORM 990-PF DIVIDENT	OS AND I	INTERI	EST FROM	SECUR	RITIES	STATEMENT	1
SOURCE	C	GROSS	AMOUNT		TAL GAINS	COLUMN (A	A)
DIVIDEND INCOME INTEREST INCOME			28,177. 7,469.		0.		177. 169.
TOTAL TO FM 990-PF, PART I, I			35,646.		0.	35,	546.
FORM 990-PF (OTHER PR	ROFES	SIONAL FE	EES		STATEMENT	2
DESCRIPTION	(A) EXPENS PER BO	SES	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
INVESTMENT ADVISORY FEES	7,	,427.		0.			0.
INVESTMENT MOVIDONT TEED							
TO FORM 990-PF, PG 1, LN 16C	7,	,427.		0.			0.
TO FORM 990-PF, PG 1, LN 16C	7,	,427.	ES	0.		STATEMENT	
TO FORM 990-PF, PG 1, LN 16C	(A) EXPENS PER BO	TAXI) SES	ES (B) NET INVE	EST-	(C) ADJUSTED NET INCOM	(D) CHARIT	3 ABLE
-	(A)	TAXI) SES	(B) NET INVI	EST-	ADJUSTED	(D) CHARIT	3 ABLE
TO FORM 990-PF, PG 1, LN 16C FORM 990-PF DESCRIPTION	(A)	TAXI) SES OOKS	(B) NET INVI	EST-	ADJUSTED	(D) CHARIT	3 ABLE SES
TO FORM 990-PF, PG 1, LN 16C FORM 990-PF DESCRIPTION EXCISE TAX	(A) EXPENS PER BO	TAXI) SES OOKS 367.	(B) NET INVI	EST-COME	ADJUSTED	(D) CHARIT	3 ABLE SES 0.
TO FORM 990-PF, PG 1, LN 16C FORM 990-PF DESCRIPTION EXCISE TAX TO FORM 990-PF, PG 1, LN 18	(A) EXPENS PER BO	TAXI) SES OOKS 367.	(B) NET INVENT INC	EST-COME 0.	ADJUSTED	(D) CHARIT. ME PURPO	ABLE SES 0.
TO FORM 990-PF, PG 1, LN 16C FORM 990-PF DESCRIPTION EXCISE TAX TO FORM 990-PF, PG 1, LN 18 FORM 990-PF	(A) EXPENS PER BO	TAXI) SES OOKS 367.	(B) NET INVENT INC	EST-COME 0.	ADJUSTED NET INCOM	(D) CHARIT ME PURPO STATEMENT FAIR MARK	ABLE SES 0. 0.

FORM 990-PF

5

STATEMENT

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
AMERICAN RED CROSS 2001 CANTU CT SARASOTA, FL 34232	NONE UNRESTRICTED CHARITABLE CONTRIBUTION	501(C)(3)	1,000.
BISHOP WATERSON HIGH SCHOOL 99 EAST COOKE ROAD COLUMBUS, OH 43214	NONE UNRESTRICTED CHARITABLE CONTRIBUTION	501(C)(3)	2,000.
BOY SCOUTS OF AMERICA 1801 BOY SCOUT DRIVE FORT MYERS, FL 33907	NONE UNRESTRICTED CHARITABLE CONTRIBUTION	501(C)(3)	1,500.
CHRISTIAN FELLOWSHIP MISSION P.O. BOX 50035 SARASOTA, FL 34232	NONE UNRESTRICTED CHARITABLE CONTRIBUTION	501(C)(3)	2,000.
EDUCATION FDN OF SARASOTA CTY P.O. BOX 15920 SARASOTA, FL 34277	NONE UNRESTRICTED CHARITABLE CONTRIBUTION	501(C)(3)	2,000.
EDUCATION FDN OF SARASOTA CTY P.O. BOX 15920 SARASOTA, FL 34277	NONE UNRESTRICTED CHARITABLE CONTRIBUTION	501(C)(3)	25,000.
FLORIDA SHERIFFS YOUTH RANCH P.O. BOX 2000 BOYS RANCH, FL 32064	NONE UNRESTRICTED CHARITABLE CONTRIBUTION	501(C)(3)	2,000.
GULF COAST BUILDERS EXCHANGE 8470 ENTERPRISE CIR, STE 101 LAKEWOOD RANCH, FL 4202	NONE UNRESTRICTED CHARITABLE CONTRIBUTION	501(C)(3)	

GRANTS AND CONTRIBUTIONS

PAID DURING THE YEAR

SWIFT FAMILY FOUNDATION, INC.			20-0102620
HIGHLANDS PLAYHOUSE P.O. BOX 896 HIGHLANDS, NC 28741	NONE UNRESTRICTED CHARITABLE CONTRIBUTION	501(C)(3)	
POLICE ATHLETIC LEAGUE 2071 RINGLING BLVD SARASOTA, FL 34236	NONE UNRESTRICTED CHARITABLE CONTRIBUTION	501(C)(3)	1,000.
RESURRECTION HOUSE 507 KUMQUAT CT SARASOTA, FL 34230	NONE UNRESTRICTED CHARITABLE CONTRIBUTION	501(C)(3)	1,000.
ROTARY CLUB OF SARASOTA SARASOTA, FL	NONE UNRESTRICTED CHARITABLE CONTRIBUTION	501(C)(3)	
ROTARY FOUNDATION P.O. BOX 2766 SARASOTA, FL 34230	NONE UNRESTRICTED CHARITABLE CONTRIBUTION	501(C)(3)	1,000.
UNITED FIRST METHODIST 3224 BEE RIDGE ROAD SARASOTA, FL 34239	NONE UNRESTRICTED CHARITABLE CONTRIBUTION	501(C)(3)	6,100.
YMCA 1 S SCHOOL AVE, STE 302 SARASOTA, FL 34237	NONE UNRESTRICTED CHARITABLE CONTRIBUTION	501(C)(3)	
JOIN OUR YOUTH SARASOTA, FL 34236	NONE UNRESTRICTED CHARITABLE CONTRIBUTION	501(C)(3)	500.
GOODWILL 7501 15TH ST E SARASOTA, FL 34243	NONE UNRESTRICTED CHARITABLE CONTRIBUTION	501(C)(3)	5,000.
FIELD CLUB FOUNDATION 1400 FIELD ROAD SARASOTA, FL 34231	NONE UNRESTRICTED CHARITABLE CONTRIBUTION	501(C)(3)	500.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		50,600.
			

Realized Gain/Loss

Page 14 of 20

As of Date: 2/11/11

Account Number: 7672-4797 SWIFT FAMILY FOUNDATION INC JOHN SWIFT PRES

Long Term DESCRIPTION	QUANTITY	ADJ PRICE/ ORIG PRICE	DATE CLOSE DATE	LOSE DATE	PROCEEDS	ADJ COST/ ORIG COST	GAIN/I OSS
FHLMC 2928 EE RETAIL LOTTERY REMIC MULTICLASS CMO CPN 5 000% DUE 04/15/34 DTD 02/01/05 FC 03/15/05	4,000.00000	99 2600	03/07/05	05/17/10	4,000 00	3,970 40	29.60
FHLMC 2928 EE XXX PARTIAL CALL 31395M-2T-5 REMIC MULTICLASS CMO CPN 5 000% DUE 03/15/10 DTD 02/01/05 FC 03/15/05	30,000.00000	99.2600	, 03/ǧ//05	03/15/10	30,000.00	29,778.00	222.00
FHLMC 2928 EE XXX PARTIAL CALL 31395M-2T-5 REMIC MULTICLASS CMO CPN 5 000% DUE 04/15/10			, 258				
DTD 02/01/05 FC 03/15/05	16,000.00000	99.2600	03/0/1/05	04/15/10	16,000.00	15,881.60 15,881.60	118 40
NEXTERA ENERGY INC	650 00000	62 4900	10/08/07	12/15/10	33,184 23	41,069.37	-7,885 14
	275.00000	68 1985	01/16/08	12/15/10	14,039.49	18,992.79	-4,953 30
Subtotal	925.00000		•		47,223.72	60,062.16	-12,838.44
PFIZER INCORPORATED	1,000.00000	16 7682	12/11/08	06/23/10	14,855 54	17,088.82	-2,233 28
PPL CORPORATION	250 00000	26 8900	04/22/05	06/21/10	6,369 30	6,824.15	-454 85
	400 00000	30 5700	01/19/06	06/21/10	10,190 89	12,446 14	-2,255.25
	100.00000	32 8500	10/11/06	06/21/10	2,547 72	3,373 06	-825 34
	100.00000	35 5000	01/11/07	06/21/10	2,547 72	3,632 00	-1,084 28
	350 00000	52 9700	01/16/08	06/21/10	8,917 05	18,833 38	-9,916 33
Subtotal	1,200.00000				30,572.68	45,108.73	-14,536.05



109 /

Realized Gain/Loss

Page 15 of 20

As of Date: 2/11/11

CAPITAL SECURITIES OF AMERICA

A Division of Wunderlich Securities, Inc

Account Number: 7672-4797 SWIFT FAMILY FOUNDATION INC JOHN SWIFT PRES

.ong Term Continued		10000	-4				
DESCRIPTION	QUANTITY	ORIG PRICE	ACQUIRED CLOSE DATE	LOSE DATE	PROCEEDS	ADJ COST/ ORIG COST	SAINIOSS
ON DRILLING CORP	1,000.00000	9.1436	10/28/08	09/24/10	6,138.07	9,372.72	-3.234.65
	142 00000	00000	60/80/90	09/24/10	871.61	394.76	476.85
Subtotal	1,142.00000				7,009.68	9.767.48	-2 757 80
SHIP FINANCE INTL LTD	1,000.00000	10 4493	10/28/08	10/28/08 05/19/10	17,864.59	10,694 10	7.170.49
Fotal - Long Term					\$167,526.21	\$192,351.29	-\$24.825.08

As of Date: 2/11/11

Account Number: 7672-4797 SWIFT FAMILY FOUNDATION INC JOHN SWIFT PRES

Long Term	YTITNALIO	ADJ PRICE/ ORIG PRICE	DATE	OSEDATE	PROCEEDS	ADJ COST/ ORIG COST	GAIN/LOSS
FHLMC 2928 EE RETAIL LOTTERY REMIC MULTICLASS CMO CPN 5 000% DUE 04/15/34 DTD 02/01/05 FC 03/15/05	4,000.00000	99 99 99 99 99 99	03/07/05	05/17/10	4,000.00	3,970,40	29.60
FHLMC 2928 EE XXX PARTIAL CALL 31395M-2T-5 REMIC MULTICLASS CMO CPN 5 000% DUE 03/15/10 DTD 02/01/05 FC 03/15/05	30,000 00000	99 2600	. 03/07/05	03/15/10	30,000.00	29,778.00	222.00
FHLMC 2928 EE XXX PARTIAL CALL 31395M-2T-5 REMIC MULTICLASS CMO CPN 5 000% DUE 04/15/10 DTD 02/01/05 FC 03/15/05	16,000.00000	99.2600	03/0/1/05	04/15/10	16,000.00	15,881.60 15,881.60	118.40
NEXTERA ENERGY INC	650.0000	62.4900	10/08/07	12/15/10	33,184.23	41,069.37	-7,885.14
	275.00000	68 1985	01/16/08	12/15/10	14,039.49	18,992.79	-4,953.30
Subtotal	925.00000				47,223.72	60,062.16	-12,838.44
PPL CORPORATION	1,000 00000	16 7682	12/11/08	06/23/10	14,855 54 6.369.30	17,088.82	-2,233.28
	400.0000	30.5700	01/19/06	06/21/10	10,190.89	12,446.14	-2,255.25
	100.0000	32 8500	10/11/06	06/21/10	2,547 72	3,373.06	-825.34
	100 00000	35 5000	01/11/07	06/21/10	2,547.72	3,632.00	-1,084 28
	350 00000	52.9700	01/16/08	06/21/10	8,917 05	18,833.38	-9,916 33
Subtotal	1,200.00000				30,572.68	45,108.73	-14,536.05



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A Division of Wunderlich Securities, Inc

Page 15 of 20

As of Date: 2/11/11

Account Number: 7672-4797 SWIFT FAMILY FOUNDATION INC JOHN SWIFT PRES

Long Term Continued DESCRIPTION	QUANTITY	ADJ PRICE/ ORIG PRICE	DATE CLOSE DATE	OSE DATE	PROCEEDS	ADJ COST/ ORIG COST	GAIN/LOSS
PRECISION DRILLING CORP	1,000.00000	9.1436	10/28/08	09/24/10	6,138.07	9,372.72	-3,234.65
	142.00000	00000	60/80/90	09/24/10	871.61	394.76	476.85
Subtotal	1,142.00000				7,009.68	9,767.48	-2,757.80
SHIP FINANCE INTL LTD	1,000.00000	10.4493	10/28/08	10/28/08 05/19/10	17,864.59	10,694.10	7,170.49
Total - Long Term					\$167,526.21	\$192,351.29	-\$24,825.08

Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

OMB No 1545-1709

Internal Revenue	Service ► File	a separate applic	ation for each return.	1	
	iling for an Automatic 3-Month Extens	ion, complete o	only Part I and check this box		▶ 🎾
• If you are f	iling for an Additional (Not Automatic)	3-Month Extens	sion, complete only Part II (on pa	ige 2 of this form)	
Do not com	plete Part II unless you have already b	een granted an a	automatic 3-month extension on a	previously filed Fo	orm 8868
Electronic f	iling (e-file). You can electronically file	Form 8868 if you	u need a 3-month automatic exten	ision of time to file	(6 months for
a corporation	n required to file Form 990-T), or an add	ditional (not auto	matic) 3-month extension of time	You can electron	Cally file Form
8868 to requ	uest an extension of time to file any of	the forms listed	in Part I or Part II with the exce	ption of Form 667	o, inionnation
Heturn for I	ransfers Associated With Certain Per For more details on the electronic filing	sonal Benefit C	ontracts, which must be sent to	file for Charities &	Nonnralits
					Tronpromo
	Automatic 3-Month Extension of on required to file Form 990-T and r				complete
Part I only					▶ 🗆
	porations (including 1120-C filers), part	nerships, REMIC	s, and trusts must use Form 7004	to request an ext	ension of time
	e tax returns			T =	
Type or	Name of exempt organization	E	 -	Employer identification 20 - 01	
print -	Swiff Family Number, street, and room or suite no If a F	FOUNT	ATTON	20-01	0 2 4 2
File by the due date for	2221 8 H	C. Dox, see instru	actions		
filing your	City, town or post office, state, and ZIP co	do For a foreign a	ddraee eoo instructiona	 ~	
return See instructions	SALASO74		34231		
	DITCH SUTH				
Enter the Re	eturn code for the return that this applica	ation is for (file a	separate application for each retu	rn)	04
Application	n	Return	Application		Return
Is For		Code	Is For		Code
Form 990		01	Form 990-T (corporation)		07
Form 990-1	3L	02	Form 1041-A		80
Form 990-	ΞZ	03	Form 4720		09
Form 990-l	OF	04	Form 5227		10
Form 990-	(sec 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-	T (trust other than above)	06	Form 8870		12
Telephone If the orga If this is for the whole a list with the until for the whole with the control of the whole with the wind th	e No 941 - 504 - 44 nization does not have an office or place or a Group Return, enter the organization e group, check this box le names and EINs of all members the eleust an automatic 3-month (6 months for the organization's return for. (calendar year 20 10 or	e of business in a four digit Group is four digit Group is for par extension is for or a corporation is exempt organization.	AX No. the United States, check this box up Exemption Number (GEN) t of the group, check this box required to file Form 990-T) extens the companient of the organization in	l and and alon of time lamed above. The	extension is
▶ [tax year beginning	, 20	, and ending		20
	e tax year entered in line 1 is for less tha			Final return	•••••

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. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c |\$

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

nonrefundable credits. See instructions

Change in accounting period

За

Form 886	8 (Rev. 1-2011)				Page 2
• If you	are filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Part II and c	heck this box	▶ □
	Only complete Part II if you have already been gran				168
• If you	are filing for an Automatic 3-Month Extension, o	complete	only Part I (on page 1)	,	
Part I				no copies needed)	
Type o				Employer identification	n number
print				Ì	
File by the		ox, see instr	uctions.	1	
extended due date					
filing your return Se		r a foreign a	ddress, see instructions		
instruction					
Enter th	ne Return code for the return that this application i	is for (file a	separate application for each retu	rn)	
Applic	cation	Return	Application		Return
Is For		Code	Is For		Code
Form 9	990	01		OPERATOR AND A STORE	VICE STATE
	990-BL	02	Form 1041-A	Calculation and a design to 1000 and produced a consensus of	08
	990-EZ	03	Form 4720		09
	990-PF	04	Form 5227		10
	990-T (sec 401(a) or 408(a) trust)	05	Form 6069		11
	990-T (trust other than above)	06	Form 8870		12
	Do not complete Part II if you were not already gra			previously filed Form	
• The b	pooks are in the care of ▶				
reich	mone no	1 ~~	110.		
• If the	organization does not have an office or place of b	ousiness in	the United States, check this box		, ▶ □
• If this	organization does not have an office or place of but is so for a Group Return, enter the organization's for whole group, check this box	ur digit Gro	oup Exemption Number (GEN)	If th	nis is
	,		rt of the group, check this box	▶ ☐ and at	ttach a
	the names and EINs of all members the extension				
4	I request an additional 3-month extension of time	until		, 20	
5	For calendar year , or other tax year beginni	ing	, 20 , and endir	19	, 20
	If the tax year entered in line 5 is for less than 12 i	months, ch	neck reason Initial return	☐ Final return	
	Change in accounting period				
7	State in detail why you need the extension				

	WALL	- T 1700			
8a	If this application is for Form 990-BL, 990-PF, 99 nonrefundable credits. See instructions	10-1, 4720,	or 6069, enter the tentative tax, le	8a \$	
ь	If this application is for Form 990-PF, 990-T,	4720 or 1	6069 enter any refundable credi		
-	estimated tax payments made. Include any price	or vear ov	erpayment allowed as a credit at	nd any	
	amount paid previously with Form 8868.	o. you. o.	o.paymont anotica as a creat at	8b \$	
С	Balance due. Subtract line 8b from line 8a. Include y	OUR Daymer	nt with this form if required by using	EFTPS	
	(Electronic Federal Tax Payment System). See instruc		m mar and form, in required, by daining	8c \$	
			d Verification	1 90 14	
Under po	enalties of perjury, I declare that I have examined this form, inc rect and complete, and that I am authorized to prepare this form	luding accort	npanying schedules and statements, and to	the best of my knowledge	and belief it is
	1 An				
	\mathcal{W}^{\prime}		A A A		11
Signatur	er itt pric	Title I	CPA	Date ▶ 5 - 4	· 4 -1/