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# 990-PF

Department of the Treasury Internal Revenue Service

## **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

2010

OMB No 1545-0052

Fo	r ca	lendar year 2010, or ta	ıx year beginning	, ar	nd ending			
G	Che	eck all that apply	Initial return	Initial return of a for	mer public chai	rity	☐ Final re	turn
		,	Amended return	X Address change	•	-	hange	
-Na	me o	f foundation		<u> </u>			mployer identification nu	mber
Ma	raai	ret & George Helow Far	mily Foundation Inc			``	59-29042	
			er if mail is not delivered to street ad	dress)	Room/suite	ВТ	elephone number (see pag	
01/	10.0	Solfside Drive		,	7	_	(904) 636-	0501
		own, state, and ZIP code				C II	exemption application is pe	
	•	onville		FL	32256	l .	Foreign organizations, che	
			Section 501(c)(3) exe	-		1	Foreign organizations mee	_
Ë				Other taxable private		•	check here and attach con	
一	Ear	r market value of all ass	sets at end J Accounting	method X Cash	Accrual	_	private foundation status wa	
•		ear (from Part II, col (d	c). Other (sp	ecify)		Į.	nder section 507(b)(1)(A), cl the foundation is in a 60-mo	
		16) ▶ \$	6,695,529 (Part I, column (c	d) must be on cash basi	is)	1	nder section 507(b)(1)(B), c	
Pa	rt I	Analysis of Revenu	e and Expenses (The total of	(a) Revenue and				(d) Disbursements
			, and (d) may not necessanly equal	expenses per	(b) Net investm	ent	(c) Adjusted net	for charitable
		the amounts in column (a)	(see page 11 of the instructions))	books	income		ıncome	purposes (cash basis only)
	1	Contributions, gifts, grants,	etc , received (attach schedule)					· · · · · · · · · · · · · · · · · · ·
	2	Check ▶ If the foundat	ion is <b>not</b> required to attach Sch B					
	3	Interest on savings and	temporary cash investments	251,122	251	,122	251,122	
	4	Dividends and interest	from securities	4,976	4	,976	4,976	
	5	a Gross rents				0		
Ð		<b>b</b> Net rental income or (lo	oss)0					
Revenue	6	a Net gain or (loss) from	sale of assets not on line 10	-334	· · · · · · · · · · · · · · · · · · ·			
š	l _	<b>b</b> Gross sales price for all ass			<u> </u>	,		·
8		3	, ,			-334	† · · · · · · · · · · · · · · · · · ·	
	8		jain				0	
	9	Income modifications	1					
	10	a Gross sales less returns ar						
,		<b>b</b> Less Cost of goods so		0				
3	11	c Gross profit or (loss) (a Other income G	M Settlement	474		474	474	
•	12				050		<u> </u>	
·	13		rs, directors, trustees, etc	256,238 0	250	3,238	256,572	
Ses	14	•						
e ë	15	•	-					
Expense	}	a Legal fees (attach sche		0		0	0	0
	ı	<b>b</b> Accounting fees (attach		0		0	<del>                                     </del>	0
Z≥	1	c Other professional fees	•	0		0	<del>-</del>	0
<b>₹</b> ह	17	Interest	•					
ŢŢ.	18	Taxes (attach schedule) (se	e page 14 of the instructions)	5,125		0	0	0
ᆵ	19	Depreciation (attach sc		0		0	0	
þ	20	Occupancy	RECEIVED					
Q D	21	Travel, conferences, ar	1 ( "	ןטָן				
an	22	Printing and publication	S 6 MAY 1 8 2011	61				
בַּ	23		oditodaio)			0	0	0
ati.	24		dministrative expenses.	上 万 元		^		^
Operating and Administrative	25	Add lines 13 through 23		5,186 330,100		0	_0	330,100
Ö	25 26		rsements Add lines 24 and 25					
_				335,286		0	0	330,100
	27			-79,048				
		a Excess of revenue over exb Net investment incom	•	-13,040	256	5,238		
		c Adjusted net income (	• •			,		
	ı						256,572	

For Paperwork Reduction Act Notice, see page 30 of the instructions.

Form **990-PF** (2010)

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Da	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
Га	II.	should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	36,299	50,989	50,989
	2	Savings and temporary cash investments	6,288,345	4,856,996	4,856,996
	3	Accounts receivable ▶ 0			
		Less allowance for doubtful accounts	0	0	0
	4	Pledges receivable   0			
		Less allowance for doubtful accounts	0	0	0
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the			
		instructions)	0	0	0
	7	Other notes and loans receivable (attach schedule)			
ţ		Less allowance for doubtful accounts	0	0	0
Assets	8	Inventories for sale or use			
Ą	9	Prepaid expenses and deferred charges	2,770	3,645	3,645
	10 a	Investments—U.S. and state government obligations (attach schedule)	96,841	885,656	903,397
	t	Investments—corporate stock (attach schedule)	90,238	82,214	231,250
	0	Investments—corporate bonds (attach schedule)	76,815	382,760	399,252
	11	Investments—land, buildings, and equipment basis			_
		Less accumulated depreciation (attach schedule)	0	0	0
	12	Investments—mortgage loans	·		
	13	Investments—other (attach schedule)	0	0	0
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)	ol	0	0
	15	Other assets (describe	0	250,000	250,000
	16	Total assets (to be completed by all filers—see the		·	<del></del>
		instructions Also, see page 1, item I)	6,591,308	6,512,260	6,695,529
	17	Accounts payable and accrued expenses	, ,		
	18	Grants payable			
Liabilities	19	Deferred revenue			
≝	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
ab	21	Mortgages and other notes payable (attach schedule)	0	0	
	22	Other liabilities (describe	0	0	
	23	Total liabilities (add lines 17 through 22)	ol	0	
		. 🗖			
S		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
nces	24	·			
an	24	Unrestricted			
3al	25	Temporarily restricted	+		
þ	26	Permanently restricted  Foundations that do not follow SFAS 117, check here			
S	ŀ	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
Assets or Fund Bala	27			0	
0	27	Capital stock, trust principal, or current funds		<u> </u>	
ets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0.504.200	0.540.000	
SS	29	Retained earnings, accumulated income, endowment, or other funds	6,591,308	6,512,260	
¥	30	Total net assets or fund balances (see page 17 of the instructions)	0.504.300	0.540.000	
Net	24	·	6,591,308	6,512,260	
_	31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	0.504.000	6 540 000	
		,	6,591,308	6,512,260	
	rt III	Analysis of Changes in Net Assets or Fund Balances	20 (	Г	
1		net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with		0.504.000
^		f-year figure reported on prior year's return)		1	6,591,308
		amount from Part I, line 27a		2	-79,048
		increases not included in line 2 (itemize)		3	0 512 200
		nes 1, 2, and 3		4	6,512,260
		eases 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, c	olumn (b), line 30	6	6 512 260

(a) List and describe the	kind(s) of property sold (e.g., real estate e, or common stock, 200 shs MLC Co.)	∍,	(b) How acquired P—Purchase D—Donation		acquired lay, yr)	(d) Date sold (mo , day, yr )
1a Lucerne Cty PA Bond			Р		5/5/2010	11/15/2010
b Puerto Rico CW Bond			Р	7	//28/2010	9/1/2010
С						
d						
<u>e</u>						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		(h) Gain o (e) plus (f) n	ninus (g)
a 15,000	0		15,329			329
<b>b</b> 40,000	0		40,005			
c 0	0		0			0
d 0	0		0			0
e 0	U	h 4h n. fan.d.n.k.	0			0
(i) F M V as of 12/31/69	ing gain in column (h) and owned (j) Adjusted basis as of 12/31/69	(k) Exce	ss of col (i)		) Gains (Col. (h l. (k), but not le Losses (fron	ss than -0-) or
<b>a</b> 0	0		o			-329
<b>b</b> 0	0		0			-5
с 0	0		0			0
<b>d</b> 0	0		0			0
e 0	0		0			0
2 Capital gain net income or	(net capital loss) { If (loss), e	so enter in Pa inter -0- in Pa	ırt I, line 7	2		-334
If gain, also enter in Part I,	or (loss) as defined in sections line 8, column (c) (see pages 1	` '	` '			22.4
enstructions) If (loss), enter  Part V Qualification Und	er Section 4940(e) for Rec	l I T	, Nat I a stra	3		-334
If section 4940(d)(2) applies, le Was the foundation liable for th If "Yes," the foundation does no	ne section 4942 tax on the distr ot qualify under section 4940(e	) Do not con	plete this part			<u></u>
	ount in each column for each y	ear, see page	e 18 of the instruc	tions befo	ore making	
(a)  Base period years  Calendar year (or tax year beginning in	(b) Adjusted qualifying distributions	s Net value	(c) of noncharitable-use a	ssets		(d) pution ratio ided by col (c))
2009	326,	300	6,525	,618		0 050003
2008	337,		6,738			0 050011
2007	335,	500	6,708	,879		0 050008
2006	331,	850	6,635	,957		0 050008
2005	367,	117	6,033	,864		0 060843
2 Total of line 1, column (d) 3 Average distribution ratio for	or the 5-year base period—divi	de the total o	n line 2 hv 5 or b	_ 2		0 260873
_	indation has been in existence		-	<u>3</u>		0 052175
4 Enter the net value of nonc	haritable-use assets for 2010 f	rom Part X, Iı	ne 5	4		6,600,327
5 Multiply line 4 by line 3			•	5		344,372
6 Enter 1% of net investment	income (1% of Part I, line 27b	)		6		2,562
7 Add lines 5 and 6				7	<del> </del>	346,934
8 Enter qualifying distribution If line 8 is equal to or greate the Part VI instructions on the second seco	er than line 7, check the box in	 Part VI, line	1b, and complete	that part		330,100 tax rate See

P	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see pa	ige 1	8 of the	inst	ructi	ons)
1	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 ☐					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)					
	b Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		5	,125	
	here ▶ ☐ and enter 1% of Part I, line 27b					
	c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%	- 1			- 1	
	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-)	2	_		0	
3	Add lines 1 and 2	3		5	,125	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		5	,125	
6	Credits/Payments	-				
	a 2010 estimated tax payments and 2009 overpayment credited to 2010  6a 8,770				i	
	b Exempt foreign organizations—tax withheld at source					
	c Tax paid with application for extension of time to file (Form 8868)					
_	d Backup withholding erroneously withheld	_				
7	Total credits and payments Add lines 6a through 6d	7		<u> </u>	<u>,770</u>	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	<u>8</u> 9			0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	10		— ,	,645	
10		11				
	Enter the amount of line 10 to be Credited to 2011 estimated tax    3,645   Refunded		— Т		0	
					Yes	No
1	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			4.	res	
	participate or intervene in any political campaign?		}	<u>1a</u>	_	<u>X</u>
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the		,	1b		V
	Instructions for definition)?			וט		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?			1c		Х
	<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		}			^
	(1) On the foundation $\blacktriangleright$ \$ (2) On foundation managers $\blacktriangleright$ \$		1			
	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers   \$					
2				2		Х
	If "Yes," attach a detailed description of the activities		Ì			
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		Х
4	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		Х
	b If "Yes," has it filed a tax return on Form 990-T for this year?			4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			_5		Х
	If "Yes," attach the statement required by General Instruction T		ł			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	<ul> <li>By language in the governing instrument, or</li> </ul>					
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions</li> </ul>			_		
	that conflict with the state law remain in the governing instrument?		ļ	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), at	nd Pa	rt XV	7	Χ	
8	a Enter the states to which the foundation reports or with which it is registered (see page 19 of the					
	instructions) ► FL	. <b></b> .				
	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			0.		
_	General (or designate) of each state as required by General Instruction G? If "No," attach explanation		}	8b	X	<del> </del> -
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	^	-	ĺ		
	or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)	′		9		\ \
10	If "Yes," complete Part XIV  Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing		İ	3		_X_
	their names and addresses			10		х

Part	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 page 20 of the instructions)	11		Χ
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before  August 17, 2008?	12	1	х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13_	Х	
	Website address N/A	 EO1		
14	The books are in care of    Joseph P Helow    Located at    Same    ZIP+4     ZIP+4    ZIP+4     ZIP+4    ZIP+4     ZIP+4    ZIP+4     ZIP+			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		•	• 🗆
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter			
В-	the name of the foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1	V	NI-
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)  (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			
	(c) remaining or the control of the			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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			
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 page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance check here	1b	N/A	
С	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 2010?	1c		Х
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))			
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?  Yes X No			
	If "Yes," list the years > 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)		N./A	
	to all years listed, answer "No" and attach statement—see page 22 of the instructions )	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
За	20, 20	* -		
Ja	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2010 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 approved	1		
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine	21-	NIZA	
4	if the foundation had excess business holdings in 2010 )	3b 4a	N/A	X
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable.	4d_	<u> </u>	<del>  ^-</del>
b	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 2010?	4b		x

Forn	m 990-PF (2010) Margaret & Georg	ie Helow Fai	mily Foundation Inc.			59-290	04267	P	age 6
Pa	art VII-B Statements Regardi				equired (continued)				
5a					7		T		
Ja	(1) Carry on propaganda, or otherw			section 4945(a)\2	Yes	X No			
						۸, ۱۰۰			
	(2) Influence the outcome of any sp			955), or to carry		IJ.,			
	on, directly or indirectly, any vot	er registration	i drive?		Yes	<u></u> N₀			
	(3) Provide a grant to an individual	for travel, stu	dy, or other similar pur	poses?	Yes	X No			
	(4) Provide a grant to an organization		•				1		
	in section 509(a)(1), (2), or (3),		_		Yes	X No		1 1	
						<u> </u>			
	(5) Provide for any purpose other th					ſ <b>∵</b> ]			
	educational purposes, or for the	prevention o	r crueity to children or	animais /	Yes	X No			
b	If any answer is "Yes" to 5a(1)–(5), di	d any of the t	ransactions fail to qual	ify under the exception	ns described in		1		
	Regulations section 53 4945 or in a ci	urrent notice i	regarding disaster assi	stance (see page 22	of the instructions)?	_	5b	N/A	
	Organizations relying on a current not	tice regarding	disaster assistance ch	eck here	•				
С									
•	tax because it maintained expenditure				Yes	No	-	N/A	
	If "Yes," attach the statement required			(d)				''''	
_									
6a	Did the foundation, during the year, re	-	ids, directly or indirectly	y, to pay					
	premiums on a personal benefit contr	ract?			Yes	X No			
b	Did the foundation, during the year, p	ay premiums,	directly or indirectly, of	n a personal benefit of	contract?		6b	<u> </u>	X
	If "Yes" to 6b, file Form 8870								
7a	At any time during the tax year, was t	he foundation	a party to a prohibited	tax shelter transaction	on? Yes	X No			
	If "Yes," did the foundation receive ar						7b	N/A	
_						Daid En			
P		it Officers,	Directors, Truste	es, roundation	Managers, Highly	raiu Eii	пріоу	ees,	
	and Contractors	<del></del> -							
1		one found	stian managam an	4 44-1	ion (000 nono 77 of (	tha inetr	uction	ne)	
	List all officers, directors, trust	ees, iouilu				110 11134		15)	
<u> </u>		ees, rourid	(b) Title, and average	(c) Compensation	(d) Contributions to	(e		ise acco	unt,
<u> </u>	(a) Name and address	ees, louilu				, (e	) Expen		
	(a) Name and address	ees, louliu	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	, (e	) Expen	se acco	
			(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and deferred compensati	, (e	) Expen	se acco	
	(a) Name and address	ees, louina	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensati	on (e	) Expen	se acco	es
	(a) Name and address		(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensati	on (e	) Expen	se acco	0 0
	(a) Name and address		(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensati	on (e	) Expen	se acco	es
	(a) Name and address		(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensati	0 0	) Expen	se acco	0 0
	(a) Name and address		(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensati	on (e	) Expen	se acco	0 0
	(a) Name and address	ees, louliu	(b) Title, and average hours per week devoted to position  00 00	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensati	0 0	) Expen	se acco	0 0
Sec	(a) Name and address e Statement 2 attached		(b) Title, and average hours per week devoted to position  00  00  .00	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensati	0 0 0	) Expen	ise acco	0 0
Sec	(a) Name and address e Statement 2 attached		(b) Title, and average hours per week devoted to position  00  00  .00	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensati	0 0 0	) Expen	ise acco	0 0
Sec	(a) Name and address		(b) Title, and average hours per week devoted to position  00  00  .00	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensati	0 0 0	) Expen	ise acco	0 0
Sec	(a) Name and address se Statement 2 attached Compensation of five highest-		(b) Title, and average hours per week devoted to position  00  00  .00  vees (other than the	(c) Compensation (if not paid, enter -0-)  0  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensati	0 0 0 0 f the ins	) Expen	ise acco	0 0
	(a) Name and address re Statement 2 attached Compensation of five highest-r	paid employ	(b) Title, and average hours per week devoted to position  00  00  00  00  vees (other than the	(c) Compensation (if not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensations to employee benefit plans and deferred compensations to employee benefit plans to employee benefit plans to employee benefit plans to employee benefit	0 0 0 f the ins	tructi	ons).	0 0 0
	(a) Name and address se Statement 2 attached Compensation of five highest-	paid employ	(b) Title, and average hours per week devoted to position  00  00  00  00  vees (other than the	(c) Compensation (if not paid, enter -0-)  0  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation of the contributions to employee benefit plans and deferred compensation of the contributions to employee benefit plans and deferred compensation contributions to employee benefit plans and deferred contributions and deferr	0 0 0 f the ins	tructi	ons).	0 0 0
	(a) Name and address  The Statement 2 attached  Compensation of five highest-pull finone, enter "NONE."	paid employ	(b) Title, and average hours per week devoted to position  00  00  00  cees (other than the hours per week hours per week devoted to position	(c) Compensation (if not paid, enter -0-)  0  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensations to employee benefit plans and deferred compensations to employee benefit plans to employee benefit plans to employee benefit plans to employee benefit	0 0 0 f the ins	tructi	ons).	0 0 0
	(a) Name and address re Statement 2 attached Compensation of five highest-r	paid employ	(b) Title, and average hours per week devoted to position  00  00  00  cees (other than the hours per week hours per week devoted to position	(c) Compensation (if not paid, enter -0-)  0  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation of the contributions to employee benefit plans and deferred compensation of the contributions to employee benefit plans and deferred compensation contributions to employee benefit plans and deferred contributions and deferr	0 0 0 f the ins	tructi	ons).	0 0 0
	(a) Name and address  The Statement 2 attached  Compensation of five highest-pull finone, enter "NONE."	paid employ	(b) Title, and average hours per week devoted to position  00  00  00  cees (other than the hours per week hours per week devoted to position	(c) Compensation (if not paid, enter -0-)  0  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation of the contributions to employee benefit plans and deferred compensation of the contributions to employee benefit plans and deferred compensation contributions to employee benefit plans and deferred contributions and deferr	0 0 0 f the ins	tructi	ons).	0 0 0
	(a) Name and address  The Statement 2 attached  Compensation of five highest-pull finone, enter "NONE."	paid employ	(b) Title, and average hours per week devoted to position  00  00  00  cees (other than the hours per week hours per week devoted to position	(c) Compensation (if not paid, enter -0-)  0  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation of the contributions to employee benefit plans and deferred compensation of the contributions to employee benefit plans and deferred compensation contributions to employee benefit plans and deferred contributions and deferr	0 0 0 f the ins	tructi	ons).	0 0 0
	(a) Name and address  The Statement 2 attached  Compensation of five highest-pull finone, enter "NONE."	paid employ	(b) Title, and average hours per week devoted to position  00  00  00  cees (other than the hours per week hours per week devoted to position	(c) Compensation (if not paid, enter -0-)  0  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation of the contributions to employee benefit plans and deferred compensation of the contributions to employee benefit plans and deferred compensation contributions to employee benefit plans and deferred contributions and deferr	0 0 0 f the ins	tructi	ons).	0 0 0
	(a) Name and address  The Statement 2 attached  Compensation of five highest-pull finone, enter "NONE."	paid employ	(b) Title, and average hours per week devoted to position  00  00  00  cees (other than the hours per week hours per week devoted to position	(c) Compensation (if not paid, enter -0-)  0  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation of the contributions to employee benefit plans and deferred compensation of the contributions to employee benefit plans and deferred compensation contributions to employee benefit plans and deferred contributions and deferr	0 0 0 f the ins	tructi	ons).	0 0 0
	(a) Name and address  The Statement 2 attached  Compensation of five highest-pull finone, enter "NONE."	paid employ	(b) Title, and average hours per week devoted to position  00  00  00  cees (other than the hours per week hours per week devoted to position	(c) Compensation (if not paid, enter -0-)  0  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation of the contributions to employee benefit plans and deferred compensation of the contributions to employee benefit plans and deferred compensation contributions to employee benefit plans and deferred contributions and deferr	0 0 0 f the ins	tructi	ons).	0 0 0
	(a) Name and address  The Statement 2 attached  Compensation of five highest-pull finone, enter "NONE."	paid employ	(b) Title, and average hours per week devoted to position  00  00  00  cees (other than the hours per week hours per week devoted to position	(c) Compensation (if not paid, enter -0-)  0  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation of the contributions to employee benefit plans and deferred compensation of the contributions to employee benefit plans and deferred compensation contributions to employee benefit plans and deferred contributions and deferr	0 0 0 f the ins	tructi	ons).	0 0 0
	(a) Name and address  The Statement 2 attached  Compensation of five highest-pull finone, enter "NONE."	paid employ	(b) Title, and average hours per week devoted to position  00  00  00  cees (other than the hours per week hours per week devoted to position	(c) Compensation (if not paid, enter -0-)  0  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation of the contributions to employee benefit plans and deferred compensation of the contributions to employee benefit plans and deferred compensation contributions to employee benefit plans and deferred contributions and deferr	0 0 0 f the ins	tructi	ons).	0 0 0
	(a) Name and address  The Statement 2 attached  Compensation of five highest-pull finone, enter "NONE."	paid employ	(b) Title, and average hours per week devoted to position  00  00  00  cees (other than the hours per week hours per week devoted to position	(c) Compensation (if not paid, enter -0-)  0  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation of the contributions to employee benefit plans and deferred compensation of the contributions to employee benefit plans and deferred compensation contributions to employee benefit plans and deferred contributions and deferr	0 0 0 f the ins	tructi	ons).	0 0 0
	(a) Name and address  The Statement 2 attached  Compensation of five highest-pull finone, enter "NONE."	paid employ	(b) Title, and average hours per week devoted to position  00  00  00  cees (other than the hours per week hours per week devoted to position	(c) Compensation (if not paid, enter -0-)  0  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation of the contributions to employee benefit plans and deferred compensation of the contributions to employee benefit plans and deferred compensation contributions to employee benefit plans and deferred contributions and deferr	0 0 0 f the ins	tructi	ons).	0 0 0
2 (a NC	(a) Name and address  The Statement 2 attached  Compensation of five highest-pull finone, enter "NONE."	paid employ	(b) Title, and average hours per week devoted to position  00  00  00  00  (b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)  0  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation of the contributions to employee benefit plans and deferred compensation of the contributions to employee benefit plans and deferred compensation contributions to employee benefit plans and deferred contributions and deferr	0 0 0 f the ins	tructi	ons).	0 0 0

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Part VIII Information About Officers, Directors, Trustees, Fe	oundation Managers, Highly Pai	d Employees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see p	age 23 of the instructions). If none, ent	er "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0
	-	0
		0
		0
		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 state number of organizations and other beneficianes served, conferences convened, research papers.		Expenses
<u> </u>		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see page 1)		A
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2	Amount
All other program-related investments See page 24 of the instructions		
3		
	,	

Total. Add lines 1 through 3

Form **990-PF** (2010)

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Par	Minimum Investment Return (All domestic foundations must complete this part. Foreign	ounda	tions,
	see page 24 of the instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
a	Average monthly fair market value of securities	1a	918,566
b	Average of monthly cash balances	1b	5,777,591
С	Fair market value of all other assets (see page 25 of the instructions)	1c	4,683
d	Total (add lines 1a, b, and c)	1d	6,700,840
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	6,700,840
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25		
	of the instructions)	4	100,513
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	6,600,327
6	Minimum investment return. Enter 5% of line 5	6	330,016
Par		peratin	g
	foundations and certain foreign organizations check here   And do not complete this part )		
1	Minimum investment return from Part X, line 6	1	330,016
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010 (This does not include the tax from Part VI )	]	
C	Add lines 2a and 2b	2c	5,125
3	Distributable amount before adjustments Subtract line 2c from line 1	3	324,891
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	324,891
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	324,891
Par	t XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	330,100
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	330,100
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		<u></u>
	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	330,100
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	dation	
	qualifies for the section 4940(e) reduction of tax in those years		

1	Distributable amount for 2010 from	n Part XI,	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
	line 7					324,891
2	Undistributed income, if any, as of	the end of 2010				
а	Enter amount for 2009 only				0	
b	Total for prior years 20, 20	0, 20		0		
3	Excess distributions carryover, if a	iny, to 2010				
а	From 2005	0	i			
b	From 2006	0				
C	From 2007	0				
d	From 2008	0				
е	From 2009	326,300				
f	Total of lines 3a through e		326,300			
4	Qualifying distributions for 2010 from	om Part				
	XII, line 4 ► \$33	<u>80,100</u>		1		
а	Applied to 2009, but not more than	n line 2a			0	
b	Applied to undistributed income of	' '				
	(Election required—see page 26 of			0		
С	Treated as distributions out of corp	pus (Election				
	required—see page 26 of the instr		0	· · · · · · · · · · · · · · · · · · ·		
d	Applied to 2010 distributable amor	unt				
е	Remaining amount distributed out	· F	330,100			
5	Excess distributions carryover app		326,300			326,300
	(If an amount appears in column ( same amount must be shown in c					
6	Enter the net total of each colur indicated below:	nn as				
а	Corpus Add lines 3f, 4c, and 4e	Subtract line 5	330,100			
b	Prior years' undistributed income	Subtract				
	line 4b from line 2b			0		
C	Enter the amount of prior years' ui	ndistributed				
	income for which a notice of defici	iency has				
	been issued, or on which the sect	ion 4942(a)				
	tax has been previously assessed		,			
d	Subtract line 6c from line 6b Taxa	able				
	amount—see page 27 of the instri	uctions		0		
е	Undistributed income for 2009 Su	ubtract line				
	4a from line 2a Taxable amount-	-see page 27 of the				
	instructions				0	
f	Undistributed income for 2010 Su	ıbtract				
	lines 4d and 5 from line 1 This an	nount must				
	be distributed in 2011					0
7	Amounts treated as distributions of	out of				
	corpus to satisfy requirements imp	posed by				
	section 170(b)(1)(F) or 4942(g)(3)	(see page 27 of				
	the instructions)	<u> </u>				
8	Excess distributions carryover from	m 2005				
	not applied on line 5 or line 7 (see	page 27 of the				
	instructions)		0			
9	Excess distributions carryover	to 2011.				
	Subtract lines 7 and 8 from line 6a	a [	330,100			
10	Analysis of line 9					
а	Excess from 2006	0				
b	Excess from 2007	0				
C	Excess from 2008	0				
d	Excess from 2009	0				
_	Evenes from 2010	330 100				

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	If the foundation has received a ruling or determination, and the ruling is effective for 2010, ent	ation letter that it is a	private operating	lid Pailt VII-A, qu	estion 9) I	<u> </u>
	Check box to indicate whether the foundation is a		•	section	4942(j)(3) or	4942(J)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		4-) T-4-1
	income from Part I or the minimum investment return from Part X for each	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	year listed	0	0			0
b	85% of line 2a	0	0	0	0	0
	Qualifying distributions from Part XII, line 4 for each year listed	0	0			0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0	0
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test—enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed		-			
_	"Support" alternative test—enter	0	0			0
•	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Pa	rt XV Supplementary Information (Co	mplete this part	only if the fou	ndation had \$5.	000 or more in	
_	assets at any time during the ye	ar—see page 28				
1 a	Information Regarding Foundation Managers of the foundation who have corbefore the close of any tax year (but only if they have	tributed more than 2			the foundation	
<u>N//</u>						
	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which				ortion of the	
2	Information Regarding Contribution, Grant Check here ► X if the foundation only makes unsolicited requests for funds. If the foundation may under other conditions, complete items 2a, b, c, as	contributions to pres akes gifts, grants, etc	elected charitable	organizations and do		ions
а	The name, address, and telephone number of the	person to whom appl	ications should be	addressed		
<u>N//</u>	The form in which applications should be submitte	d and information and	f materials they she	ould include		<del></del>
N/A		a and information and	a materials they sin	odia molade		
$\overline{}$	Any submission deadlines	<del> </del>				
<u>N//</u>						
d	Any restrictions or limitations on awards, such as l factors	oy geographical areas	s, charitable fields,	kinds of institutions,	or other	
N/A	1					

Fdrm 990-PF (2010) Margaret & George Helow Family Foundation Inc Page **11** 59-2904267 Part XV, Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year See Statement 3 330,100

	Total			. <b>•</b>	3a	330,100
b	Approved for future payment		·			
		i				
	Total			 	3b	0

Part XVI-A Analysis of Income-Producing Activities 59-2904267

Enter gross amounts unless otherwise indicated.	Unrelated bus	siness income	Excluded by section	(e)	
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
-		0		0	·
a b		0		0	
0		0		0	
d		0		0	
e		0		0	
<b>.</b>		0		0	
Fees and contracts from government aconside		U		0	<u> </u>
<ul><li>g Fees and contracts from government agencies</li><li>2 Membership dues and assessments</li></ul>					
3 Interest on savings and temporary cash investments			14	251,122	
4 Dividends and interest from securities			14	4,976	
5 Net rental income or (loss) from real estate			17	7,370	
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			18	-334	
9 Net income or (loss) from special events			10	-554	
10 Gross profit or (loss) from sales of inventory	<b>-</b>				
11 Other revenue a GM Settlement		0		474	C
· · · · · · · · · · · · · · · · · · ·	·	0		0	
b	·	0		0	
d		0		Ö	
e		0		0	-
12 Subtotal Add columns (b), (d), and (e)	\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}		X. 'WI "	256,238	
13 Total. Add line 12, columns (b), (d), and (e)		<u></u>	L	13	256,238
See worksheet in line 13 instructions on page 29 to verify calc	ulations)				
Part XVI-B Relationship of Activities to the Ac		of Exempt P	urposes		
Line No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions.)					

# Form 990-PF (2010) Margaret & George Helow Family Foundation Inc 59-2904267 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

1		n 501(c) of the Code	•	engage in any of the fo section 501(c)(3) orga	•			Yes	No
а	-	s from the reporting	foundation to	a noncharitable exen	npt organization of		1a(1		×
	(2) Othe	er assets .					1a(2	)	X
b	Other tra	ansactions							
	(1) Sale	s of assets to a none	charitable exe	empt organization			1b(1	)	X
	(2) Purc	chases of assets from	n a noncharita	able exempt organiza	tion		1b(2	)	X
	(3) Ren	tal of facilities, equip	ment, or othe	er assets .			1b(3	)	Х
		nbursement arrange					1b(4	)	Х
		ns or loan guarantee					1b(5	)	X
				hip or fundraising soli	citations		1b(6	)	X
С	Sharing	of facilities, equipme	ent, mailing lis	sts, other assets, or pa	aid employees	•	. 1c		Х
d	value of	the goods, other ass	sets, or servic	complete the following ces given by the report ement, show in column	ting foundation If	the foundation re	ceived less than fair	marke	t d
(a)	Line no	(b) Amount involved	(c) Name	of noncharitable exempt org	anization (d) De	escription of transfers,	transactions, and sharing a	rrangen	nents
		0							
		0							
		0							
,		0							
		0							
		0							
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		0							
		0							
		0	•	· · · · · · · · · · · · · · · · · · ·					
		0							
	describe		of the Code (c	ated with, or related to other than section 501			tions Yes [)	₹ No	
		(a) Name of organization		(b) Type of o	rganization	(c)	Description of relationship		
							·		
			<del></del>						
				<u> </u>		<u> </u>			
	gn belief			xamined this return, including n of preparer (other than tax	payer or fiduciary) is bas		-	-	
	t	Print/Type preparer's na	ame	Preparer's signature		Date	PTIN		
Pa	id				Tue CPA		Check if		
Pr	eparer	Donald A Toce		Condu C	me Cold	5/6/2011	self-employed P012	22733	3
	e Only		nald A Toce,				Firm's EIN ▶		
		Firm's address ▶ P (	O Box 54015	, Jacksonville, FL 322	245		Phone no (904) 710	-3708	
							- 00	A DE	

### Margaret & George Helow Family Foundation

59-2904267 2010 Form 990 PF Statement #1 Part II Balance Sheet

Part II Balance Sheet	Beg. Of Book V		End O Book		End Of FM	
Line 10a - U.S. & State Gov. Obligations						
Guam Airport Authority	\$	47,778	\$	47,778	\$	50,910
West Haven CT	\$	49,063	\$	49,063	\$	50,959
Cook County IL	None		\$	51,091	\$	51,560
Gainesville FL	None		\$	82,489	\$	86,097
Orange County Pension	None		\$	60,165	\$	64,975
Trenton NJ	None		\$	59,236	\$	60,754
Luzerne County PA	None		\$	61,436	\$	62,926
Lackawanna County PA	None		\$	25,719	\$	25,364
New Castle PA	None		\$	249,063	\$	250,253
Gainesville FL	None		\$	92,953	\$	92,207
York PA	None		\$	42,399	\$	43,089
Jackson & Williamson County IL	None		\$	64,264	\$	64,303
Total Gov Obligations	\$	96,841	\$	885,656	\$	903,397
Line 10b Investments - Corporate Stock						
5,000 Shares Entertainment Prop.	\$	90,238	\$	82,214	\$	231,250
Total Corporate Stock	\$	90,238	\$	82,214	\$	231,250
Line 10c Investments - Corporate Bonds						
Hartford Life Global	\$	49,058	\$	49,058	\$	50,236
Unumprovident Corp	\$	27,757	\$	27,757	\$	26,257
Goldman Sachs	None		\$	105,350	\$	108,520
Morgan Stanley	None		\$	100,820	\$	106,339
BP Capital Markets	None		\$	99,775	\$	107,900
Total Corporate Bonds	\$	76,815	\$	382,760	\$	399,252

59-2904267 Margaret & George Helow Family Foundation 9140 Golfside Drive, #7 Jacksonville, FL 32256

2010 Form 990PF Statement 2 Part VIII

George A. Helow	<u>Title</u> Chairman/Director 2 hrs/wk	Contribution 0	Exp-A/C 0	Compensation 0
Margaret O. Helow	Secretary/Treasurer Director	0	0	0
Joseph P. Helow	President/Director 2 hrs/wk	0	0	0
Mary H. Pritchard	Director	0	0	0
Anne H. Darling	Director	0	0	0
Diane H. Parker	Director	0	0	0
Katherine H. Gilligan	Director	0	0	0
Theresa H. Ryan	Director	0	0	0

Note:

Mailing Address for all Directors

9140 Golfside Drive, #7 Jacksonville, FL 32256

#### 59-2904267 Margaret & George Helow Family Foundation 9140 Golfside Drive, Suite 7 Jacksonville, FL 32256

2010 Form 990 PF Part XV Statement 3

	INDIVIDUAL	<u>PURPOSE</u>	AMOUNT	
St. Vincent's Foundation 1800 Barrs Street Jacksonville, FL 32203	N/A	Charitable	\$ 5,00	10
Journeys of Faith P.O. Box 845 Morrilton, AR 72110	N/A	Charitable	\$ 5,00	10
Franciscan University of Steubenville 1235 University Blvd. Steubenville, Ohio 43952	N/A	Charitable	\$ 5,00	00
Food For the Poor, Inc. 550 S.W. 12th Avenue Deerfield Beach, FL 33442	N/A	Charitable	\$ 20,00	00
United Way of Northeast Florida P O Box 41428 Jacksonville, FL 32203-1428	N/A	Charitable	\$ 10,00	00
The Guardian of Dreams 134 East Church Street Jacksonville, FL 32202	N/A	Charitable	\$ 10,00	00
I.M. Sulzbacher Center For the Homeless 611 East Adams Street Jacksonville, FL 32202	N/A	Charitable	\$ 25,00	00
Franciscan Friars of the Renewal 1 Pryer Manor Road Larchmont, NY 10538	N/A	Charitable	\$ 5,00	)0
Holy Family Catholic Church 9800 Baymeadows Road Jacksonville, FL 32256	N/A	Charitable	\$ 50,10	)0
Eternal Word Television Network 5817 Old Leeds Road Irondale, AL 35210	N/A	Charitable	\$ 10,00	)0

Catholic Charities Bureau 134 East Church Street, #2 Jacksonville, FL 32202	N/A	Charitable	\$ 10,000
Bishop Snyder High School 5001 Samaritan Way Jacksonville, FL 32210	N/A	Charitable	\$ 10,000
FOCUS P.O. Box 1210 Greeley, CO 80632	N/A	Charitable	\$ 10,000
Apostolate For Family Consecration 3375 County Road 36 Bloomingdale, OH 43910	N/A	Charitable	\$ 10,000
Communita Cenacolo America, Inc. 24 Cathedral Place, #307 St. Augustine, FL 32084	N/A	Charitable	\$ 5,000
Thomas More Law Center 24 Frank Lloyd Wright Drive Ann Arbor, MI 48106	N/A	Charitable	\$ 5,000
St Gerard House P.O. Box 4382 St. Augustine, FL. 32085	N/A	Charitable	\$ 5,000
Emergency Pregnancy Services 1555 Oak Street Jacksonville, FL 32204	N/A	Charitable	\$ 5,000
Diocese of St. Augustine 11625 Old St. Augustine Road Jacksonville, FL 32258	N/A	Charitable	\$ 5,000
Archdiocese for Military Services P.O. Box 29149 Washington, DC 20077-5210	N/A	Charitable	\$ 10,000
Mercy Ships P.O. Box 2020 Garden Valley, TX 75771	N/A	Charitable	\$ 5,000
Pilgrıms Peace Center P.O. Box 1439 Crystal River, FL 34423-1439	N/A	Charitable	\$ 5,000
Sisters of Reparation P.O. Box 3 Steubenville, OH 43952	N/A	Charitable	\$ 5,000

Women's Help Center 4209 University Blvd. South Jacksonville, FL 32216	N/A	Charitable	\$ 5,000
St. Ephrem Syriac Catholic Church 4650 Kernan Blvd. Jacksonville, FL 32224	N/A	Charitable	\$ 20,000
St. Maron Maronite Catholic Church 7032 Bowden Road Jacksonville, FL 32216	N/A	Charitable	\$ 30,000
Mount St. Marys Seminary 16300 Old Emmitsburg Road Emmitsburg, MD 21727	N/A	Charitable	\$ 10,000
Hospice of Northeast Florida 4266 Sunbeam Road Jacksonville, FL 32257	N/A	Charitable	\$ 5,000
Harbor House 700 Arlington Road Jacksonville, FL 32211	N/A	Charitable	\$ 5,000
The Crudem Foundation P.O. Box 804 Ludlow, MA 01056	N/A	Charitable	\$ 20,000
Total			\$ 330,100