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Form **990-PF**

EXTENSION GRANTED TO 11/15/11

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation Department of the Treasury

OMB No 1545-0052

		idar year 2010, or tax year beginning		, and ending	iting rodanomonto	
		all that apply Initial return	Initial return of a fo		Final retu	
u c	неск	Amended return	Address change	· · · —	Name change	III
Nar	ne of	foundation	Address chang	ي ور	A Employer identification	on number
		THE SEAMAN FAMILY FOU	NDATION, INC	•	59-363110	2
Nun	ber a	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
		11540 HIGHWAY 92 EAST			813-623-5	400
City	or to	own, state, and ZIP code		 	C If exemption application is	pending, check here
		SEFFNER, FL 33584			D 1. Foreign organization	ns, check here
H C	heck	type of organization X Section 501(c)(3) ex	empt private foundation		Foreign organizations recheck here and attach.	neeting the 85% test, pcomputation
] Se		Other taxable private founda	tion	E If private foundation st	
l Fa	ır ma	rket value of all assets at end of year J Accounting		Accrual	under section 507(b)(
(fr	om F		her (specify)		F If the foundation is in	a 60-month termination
_	\$	1,602,501. (Part I, colu	mn (d) must be on cash b	oasis.)	under section 507(b)(
Pa	rt i	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for chantable purposes
	1	Contributions, gifts, grants, etc., received	3,175,000.		N/A	(cash basis only)
	2	Check fittle foundation is not required to attach Sch. B	3,173,000		14/ 53	-
	3	Interest on savings and temporary	621.	621.	<u></u>	STATEMENT 1
1169	4	cash investments Dividends and interest from securities	57.	57.		STATEMENT 2
		Gross rents	3,0	37.		
I		Net rental income or (loss)				<u> </u>
>	_	Net gain or (loss) from sale of assets not on line 10	·	 		
2 2	b	Green ealer nace for all				
Revenue	7	Capital gain net income (from Part IV, line 2)	1141444444	0.	• • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·
ي ق	8	Net short-term capital gain				
CANNICO NOT Revenue	9	Income modifications	=n/r:n	 		
	10a	Gross sales less returns and allowances	JULY TO			
\tilde{c}	b	Less Cost of goods sold	(2)			
Z)	C	Gross profit or (loss) Other income Total Add lines 1 through 11	21 2011			
	11	Other income NOV	15			
	12	Total. Add lines 1 through 11	3,71757,678	678.		
	13	Compensation of officers, directors, trustees etc	UEIV. O.	0.		0.
	14	Other employee salaries and wages				
S	15	Pension plans, employee benefits	0.00	1 510		
nses	i	Legal fees STMT 3	3,036.	1,518.		1,518.
Ç		Accounting fees				
Ü		Other professional fees				
ž		Interest				
stra	18	Taxes			•	
Ë	19	Depreciation and depletion	-	· · · · · · · · · · · · · · · · · · ·		
ρ	20	Occupancy Travel conferences and meetings	-			
Þ	21 22	Travel, conferences, and meetings	-			
ga	23	Printing and publications Other expenses STMT 4	871.	735.	<u> </u>	136.
Ē		Total operating and administrative	0/1.	, , , , , , , , , , , , , , , , , , , ,		130.
Operating and Administrative Exper		expenses. Add lines 13 through 23	3,907.	2,253.	1	1,654.
Ö	25	Contributions, gifts, grants paid	2,751,800.	2,233.		2,751,800.
		Total expenses and disbursements.				
	-	Add lines 24 and 25	2,755,707.	2,253.	İ	2,753,454.
	27	Subtract line 26 from line 12				
		Excess of revenue over expenses and disbursements	419,971.			
	l .	Net investment income (if negative, enter -0-)		0.	<u> </u>	
	_ c	Adjusted net income (if negative, enter -0-)			N/A	
0235	01	LUA For Panarwork Reduction Act Notice see	the lest-unions			Form 990-DE (2010)

Part	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of y	/ear
rdFL	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			
2	Savings and temporary cash investments	1,182,530.	1,602,501.	1,602,501.
3	Accounts receivable	1 17 1 101		
1	Less allowance for doubtful accounts			
4	Pledges receivable ►			
	Less allowance for doubtful accounts ▶		į	
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons			
7	Other notes and loans receivable			
'	Less allowance for doubtful accounts		1	
8	Inventories for sale or use			-
9			·	
100	Prepaid expenses and deferred charges			
H	Investments - U S and state government obligations			
i i	Investments - corporate stock			· · · · · · · · · · · · · · · · · · ·
	Investments - corporate bonds	~····		
111	Investments - land, buildings, and equipment basis		1	
	Less. accumulated deprecation			
12	Investments - mortgage loans			
13	Investments - other			, . ,
14	Land, buildings, and equipment basis			
-	Less. accumulated depreciation			
15	Other assets (describe)			
Ì				
16	Total assets (to be completed by all filers)	1,182,530.	1,602,501.	1,602,501
17	Accounts payable and accrued expenses			
18	Grants payable			
19	Deferred revenue			
19 20 21	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable			
22	Other liabilities (describe			
	·			
23	Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			
24	Unrestricted			
25 26	Temporarily restricted		-	
26	Permanently restricted			
20	Foundations that do not follow SFAS 117, check here			
:	•			
27	and complete lines 27 through 31.	0.	0.	
27	Capital stock, trust principal, or current funds	0.	0.1	
27 28 29	Paid-in or capital surplus, or land, bldg, and equipment fund		•	
	Retained earnings, accumulated income, endowment, or other funds	1,182,530.	1,602,501.	
30	Total net assets or fund balances	1,182,530.	1,602,501.	
		1 100 500	1 (02 501	
31	Total liabilities and net assets/fund balances	1,182,530.	1,602,501.	
Part	Analysis of Changes in Net Assets or Fund B	alances		
		· · · · · · · · · · · · · · · · · · ·		
	il net assets or fund balances at beginning of year - Part II, column (a), line	30		1 100 500
	st agree with end-of-year figure reported on prior year's return)		<u> 1 </u>	1,182,530
	er amount from Part I, line 27a		2	419,971
Oth	er increases not included in line 2 (itemize)		3	0
	lines 1, 2, and 3		4	1,602,501
Dec	reases not included in line 2 (itemize)		5	0
Tota	Il net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	1,602,501
				Form 990-PF (2010

023511 12-07-10

2

b NONE c d e (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale a b c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F M V as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col (i) over col (j), if any a b c d e 2 Capital gain net income or (net capital loss) (If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Ne	}			(e) plus (Gains (Col (k), but no		minus -0-) or
c d e (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale a b c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) FM V as of 12/31/69 (i) Adjusted basis as of 12/31/69 (ii) FM V as of 12/31/69 (iii) Adjusted basis (k) Excess of col (i) over col (ji), if any a b c d e Capital gain net income or (net capital loss) (if gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8 (if (loss), enter -0- in Part I, line 8	}			(e) plus (Gains (Col (k), but no	f) minus (g	minus -0-) or
e (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale a b C d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F M V as of 12/31/69 (j) Adjusted basis (k) Excess of col (i) over col (j), if any a b C d e 2 Capital gain net income or (net capital loss) (if gain, also enter in Part I, line 7 if (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 8 If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 8 If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 8	}			(e) plus (Gains (Col (k), but no	f) minus (g	minus -0-) or
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale (or allowable) (g) Cost or other basis plus expense of sale (or allowable) (i) FM V as of 12/31/69 (i) FM V as of 12/31/69 (ii) FM V as of 12/31/69 (ij) Adjusted basis (k) Excess of col (i) over col (j), if any a b c d e 2 Capital gain net income or (net capital loss) (If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8	}			(e) plus (Gains (Col (k), but no	f) minus (g	minus -0-) or
(e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale (or allowable) (g) Cost or other basis plus expense of sale (a) (b) (c) (d) (e) Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F M V as of 12/31/69 (ii) F M V as of 12/31/69 (ij) Adjusted basis (k) Excess of col (i) over col (j), if any a b c d e (if gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If gain, also enter in Part I, line 8 (if gain, also enter in Part I, line 8, column (c) If gain, also enter -0- in Part I, line 8	}			(e) plus (Gains (Col (k), but no	f) minus (g	minus -0-) or
(or allowable) plus expense of sale a	}			(e) plus (Gains (Col (k), but no	f) minus (g	minus -0-) or
t c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col (l) over col (j), if any b c d e If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8	}			(k), but no	t less than	-0-) or
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Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col (i) over col (j), if any a b c d e If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8	}			(k), but no	t less than	-0-) or
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) FM V as of 12/31/69 (i) Adjusted basis as of 12/31/69 (k) Excess of col (i) over col (j), if any a b c d e Capital gain net income or (net capital loss) (If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 8 If gain, also enter in Part I, line 8	}			(k), but no	t less than	-0-) or
(i) F M V as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col (i) over col (j), if any a b c d e (f) F M V as of 12/31/69 (k) Excess of col (i) over col (j), if any (ii) F M V as of 12/31/69 (k) Excess of col (i) over col (ji), if any (iii) F M V as of 12/31/69 (k) Excess of col (i) over col (ji), if any (iii) F M V as of 12/31/69 (k) Excess of col (i) over col (ji), if any (iii) F M V as of 12/31/69 (k) Excess of col (i) over col (ji), if any (iii) F M V as of 12/31/69 (k) Excess of col (i) over col (ji), if any (iii) F M V as of 12/31/69 (k) Excess of col (i) over col (ji), if any (iii) F M V as of 12/31/69 (k) Excess of col (i) over col (ji), if any (iii) F M V as of 12/31/69 (k) Excess of col (i) over col (ji), if any (iii) F M V as of 12/31/69 (k) Excess of col (i) over col (ji), if any (iii) F M V as of 12/31/69 (iii) F M V as of 12/31/69 (iii) Adjusted basis as of 12/31/6	}			(k), but no	t less than	-0-) or
as of 12/31/69 as of 12/31/69 over col (j), if any b c d e If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8	}			Losses (f	rom col (h	1))
a b c d e If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8	}					
t c d e Capital gain net income or (net capital loss) Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8	}					
t Capital gain net income or (net capital loss) Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8	}					
t Capital gain net income or (net capital loss) Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8	}					
e Capital gain net income or (net capital loss) In Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8	}					
If gain, also enter in Part I, line 7 Record of the capital loss of the capital loss of the capital loss of the capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8	}					
Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8	}	1				
Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8		2				
If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8						
If (loss), enter -0- in Part I, line 8)					
Part V Qualification Under Section 4940(e) for Reduced Tax on Ne	اڑ	3				
The state of the s	t Inv	estr	nent Inc	ome		
(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment	income	e)				
f section 4940(d)(2) applies, leave this part blank						
Nas the foundation liable for the section 4942 tax on the distributable amount of any year in the base p	eriod?					Yes X No
f Yes, the foundation does not qualify under section 4940(e) Do not complete this part			-			
Enter the appropriate amount in each column for each year, see instructions before making any ent						(d)
Base period years	(2)			l ,	Distribi	(d) ution ratio
The state of the s	ionicha			(C	ol (b) divi	ded by col (c))
2009 3,213,742.	1		2,836	•		3.44513
2008 2,530,803. 2007 2,458,836.			$\frac{1,415}{0.724}$			1.68561
			9,734			.93501
2006 2,324,741.			1,702			1.73268
2005 1,727,772.	<u> </u>	, 33	0,086	- 		1.11463
Total of line 4 column /d\						0 01206
2 Total of line 1, column (d)				2		8.91306
Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number that foundation has been provided as foundation to be been provided as foundation.	er ot ye	ears				1 70261
the foundation has been in existence if less than 5 years	•			3		1.78261
Enter the net value of sensharitable use seests for 0040 from Dad V to 5						415,592
Enter the net value of noncharitable-use assets for 2010 from Part X, line 5			•	4		413,332
5 Multiply line 4 by line 3				1 - 1		740,840
wantiply line 4 by line 5			•	5		740,040
Enter 19/ of not investment income (19/ of Bort I line 97h)						0
Enter 1% of net investment income (1% of Part I, line 27b)				6		0
Add have 5 and 6				,		740,840
4 AOO HODE 5 20 0 5				7		/40,040
7 Add lines 5 and 6				1 1		
Add lines 5 and 6				8		2,753,454

	1990-PF (2010) THE SEAMAN FAMILY FOUNDATION, INC. 59-3631 Let VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see			Page 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			113/
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%			0.
_	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)			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
3	Add lines 1 and 2			0.
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-			0.
6	Credits/Payments Credits/Payments			
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 2, 162.			
b	Exempt foreign organizations - tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d		2,1	62.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	,		<u>2,1</u>	62.
	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ 2,162. Refunded ▶ 11			0.
Pa	rt 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		Yes	No
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		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.			
	Did the foundation file Form 1120-POL for this year?	16		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ► \$ O . (2) On foundation managers ► \$ O .			
9	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers > \$			v
Z	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	ļ	X
•	If "Yes," attach a detailed description of the activities.			
J	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		i i	х
12	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	<u> </u>	X
	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		1
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
٠	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?	6	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	Х	
	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	8b	X	
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	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses .	10		X
	Fo	rm 990	-PF	(2010)

Form **990-PF** (2010)

X

3b

4a

4h

N/A

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 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2010)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Total. Add lines 1 through 3

	inimum Investment Return (All domestic foun		1-11	
	alue of assets not used (or held for use) directly in carrying or	it charitable, etc., purposes		0
	thly fair market value of securities		1a	0. 421,921.
-	onthly cash balances		1b	421,321.
	alue of all other assets		10	421,921.
d Total (add lin			10	421,921.
	imed for blockage or other factors reported on lines 1a and	1.1	0.	
,	ailed explanation)	1e		0.
	debtedness applicable to line 1 assets		2	421,921.
3 Subtract fine :			3	
	held for charitable activities Enter 1 1/2% of line 3 (for great	•	4	6,329.
	noncharitable-use assets. Subtract line 4 from line 3 Enter f	ere and on Part V, line 4	5	415,592.
	estment return. Enter 5% of line 5		6	20,780.
	stributable Amount (see Instructions) (Section 49 eign organizations check here		ndations and certain	
1 Minimum inve	estment return from Part X, line 6		1	20,780.
2a Tax on invest	ment income for 2010 from Part VI, line 5	2a		
	r 2010 (This does not include the tax from Part VI)	2b		
c Add lines 2a a	•	<u> </u>	2c	0.
3 Distributable	amount before adjustments Subtract line 2c from line 1		3	20,780.
	amounts treated as qualifying distributions		4	0.
5 Add lines 3 ar			5	20,780.
6 Deduction fro	m distributable amount (see instructions)		6	0.
	amount as adjusted Subtract line 6 from line 5 Enter here a	nd on Part XIII. line 1	7	20,780.
Part XII Qu	ualifying Distributions (see instructions) I (including administrative expenses) to accomplish chantable			
	ntributions, gifts, etc total from Part I, column (d), line 26	s, etc., parposes	1 _{1a}	2,753,454.
	ted investments - total from Part IX-B	•	1b	0
	I to acquire assets used (or held for use) directly in carrying (uit charitable, etc., purpoces	2	<u> </u>
	aside for specific charitable projects that satisfy the	out chantable, etc., purposes		
	t (prior IRS approval required)		3a	
·=			3b	
	tion test (attach the required schedule)	/ line 9 and Dark VIII line 4	4	2,753,454.
	stributions. Add lines 1a through 3b Enter here and on Part that qualify under section 4940(e) for the reduced rate of tax (4	211331434
	nat quality under section 4940(e) for the reduced rate of tax (r 1% of Part I, line 27b	on net arvestment	_	Λ
			5 6	2,753,454.
	lifying distributions. Subtract line 5 from line 4			
	nount on line 6 will be used in Part V, column (b), in subsequi e) reduction of tax in those years	ent years when calculating whether the t	ouncation quaimes for t	ne section

Form **990-PF** (2010)

Page 9

Part XIII Undistributed Income (see instructions)

	-			
	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,	Corpus	Tours prior to 2000		2010
line 7				20,780.
2 Undistributed income, if any, as of the end of 2010	· · · · · · · · · · · · · · · · · · ·	-W-n - ,		, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,
a Enter amount for 2009 only			0.	
b Total for prior years	-144-1 - 1-14-1 - 1-14-1			
		0.		
3 Excess distributions carryover, if any, to 2010			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
a From 2005 1,650,771.				
b From 2006 2,258,632.				
c From 2007 2,329,820.				
d From 2008 2,456,314.				
e From 2009 3, 167, 138.				
f Total of lines 3a through e	11,862,675.			
4 Qualifying distributions for 2010 from				
Part XII, line 4 ►\$ 2,753,454.			0	
a Applied to 2009, but not more than line 2a			0.	111111 HH '-l
b Applied to undistributed income of prior		^		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)		· ·	, , ' '. !;''! ''.! , -! .	20,780.
d Applied to 2010 distributable amount	2,732,674.			20,700.
Remaining amount distributed out of corpus Excess distributions carryover applied to 2010	0.		,, <u>(.,, ., ., ., ., ., ., ., ., ., ., ., ., </u>	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:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	14,595,349.			
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				
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		··· !!!!!!' ·!·!·!! · !'·!· 1.1'! · ··*		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3)	· ·	······································		
8 Excess distributions carryover from 2005	1,650,771.			
not applied on line 5 or line 7 9 Excess distributions carryover to 2011.	1,030,771.			
Subtract lines 7 and 8 from line 6a	12,944,578.			
10 Analysis of line 9	12/311/3/01			
a Excess from 2006 2,258,632.				
b Excess from 2007 2,329,820.				
c Excess from 2008 2,456,314.				
d Excess from 2009 3, 167, 138.				
e Excess from 2010 2,732,674.				
				Form 990-DE (2010)

	MAN FAMILY		INC.		31102 Page 10
Part XIV Private Operating For	oundations (see ins	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective for	r 2010, enter the date of t	the ruling	. ▶ ∟_		
b Check box to indicate whether the found	lation is a private operatir	ng foundation described i		4942(j)(3) or49)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	(1) 0000	4
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for		1			
each year listed					
b 85% of line 2a			_		
c Qualifying distributions from Part XII,				•	
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter				1 11 11 11 11 11 11 11 11 11 11 11 11 1	
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public			*****		
and 5 or more exempt					1
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization		1			
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	on had \$5,000 or m	ore in assets
at any time during t	he year-see the	instructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			tributions received by t	the foundation before the clo	se of any tax
year (but only if they have contributed in	nore than \$5,000) (See s	section 507(d)(2))			
JEFFREY SEAMAN					
b List any managers of the foundation wh other entity) of which the foundation has			(or an equally large po	rtion of the ownership of a p	artnership or
NONE	-				
2 Information Regarding Contributi	ion, Grant. Gift. Loan	, Scholarship, etc., P	rograms:		· ·
Check here 🕨 🔲 rf the foundation o	only makes contributions	to preselected charitable	organizations and doe		
the foundation makes gifts, grants, etc	(see instructions) to indiv	viduals or organizations i	under other conditions	, complete items 2a, b, c, an	d d
a The name, address, and telephone num		m applications should be	addressed		
LEWIS STEIN, (813)62					
11540 HIGHWAY 92 EAS	T, SEFFNER,	FL 33584			<u> </u>
\boldsymbol{b} The form in which applications should \boldsymbol{t} $\boldsymbol{N/A}$	e submitted and informa	ition and materials they s	hould include		
c Any submission deadlines					
N/A	o auch oc hu ssaanster	alamaa chambila Eara	lundo of mathities:	or other facts	
f d Any restrictions or limitations on awards $f N/A$	s, such as by geographic	ai areas, chartadie tields	, KINOS OT INSTITUTIONS, (OI OTHER ISCIOLS	
••					
023601 12-07-10					Form 990-PF (2010)

10

Part XV Supplementary Information (continued)									
3 Grants and Contributions Paid During the You	ear or Approved for Future	Payment							
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)	or substantial contributor	recipient							
a Paid during the year	or substantial contributor	recipient							
SEE STATEMENT 5		I	▶ 3a	2,751,800.					
b Approved for future payment NONE									
			▶ 3h	0 .					

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated	business income		y section 512, 513, or 514	(e)
•	_ (a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	Business code	Amount	sion code	Amount	function income
a					
b	_				-
c	-				
d	1				
e	1 1				
1					
g Fees and contracts from government agencies		·			
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments .			14	621.	
4 Dividends and interest from securities			14	57.	
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					
9 Net income or (loss) from special events					·
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a	_				
b	l I				
C	1				
d	_				
e					
12 Subtotal. Add columns (b), (d), and (e)	,,,		0.	678.	0
13 Total. Add line 12, columns (b), (d), and (e)				13	678
(See worksheet in line 13 instructions to verify calculations)	ı				

023621 12-07-10		Form 990-PF (2010)
-		
		· .
	N/A	
Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accompliate foundation's exempt purposes (other than by providing funds for such purposes)	shment of

<u> </u>	M & 73 4 4X	Exempt Organ		31613 10 6	and Hansactions a	illa Nelations		antabi	•	
1	Did the or			of the followin	ng with any other organization	on described in secti	on 501(c) of		Yes	No
•		•			27, relating to political organ		o oo .(o, o.			
а		from the reporting found								
	(1) Cash	· · · ·			3			1a(1)		X
	(2) Other		-	•	•			1a(2)		X
b	Other tran				•	·				
	(1) Sales	of assets to a noncharital	ble exempt organiza	tion				15(1)		X
	(2) Purch	ases of assets from a no	ncharitable exempt (organization				1b(2)		X
	(3) Renta	l of facilities, equipment,	or other assets	•				1b(3)		X
	(4) Reimi	bursement arrangements						15(4)		X
	(5) Loans	s or loan guarantees						1b(5)		X
	(6) Perfo	rmance of services or me	embership or fundrai	sing solicitation	ons .			1b(6)		X
C	Sharing of	f facilities, equipment, ma	uling lists, other asse	ets, or paid em	ployees			10	<u> </u>	X
đ	If the ansv	ver to any of the above is	"Yes," complete the	following sche	edule Column (b) should alv	ways show the fair n	narket value of the goods	s, other ass	sets,	
	or service:	s given by the reporting fo	oundation If the fou	ndation receiv	ed less than fair market valu	ie in any transaction	or sharing arrangement	, show in		
) the value of the goods,								
(a) ∟	ıne no	(b) Amount involved	(c) Name of		e exempt organization	(d) Description	of transfers, transactions, ar	nd sharing ar	rangeme	ents
				N/A						
										
	<u> </u>						<u> </u>		 	
					-		-			
										
			· · · · · · · · · · · · · · · · · · ·							
						-				
					······································					
					_					
			 -							
	ın section	501(c) of the Code (othe amplete the following sch	r than section 501(c edule			· · · · · · · · · · · · · · · · · · ·		Yes	X	□ No
		(a) Name of org	ganization		(b) Type of organization		(c) Description of relatio	nship		
		N/A								
									-	
				$\overline{}$						
				 		 				
Si	Unde and	er penalties of penury, I declar complete Declaration of prepa	e that I have examined to are to the than taxyayer	this return, included	ding accompanying schedules an passed on all information of which	d statements, and to the preparer has any knowledge.	e best of my knowledge and edge	belief, it is tr	ue, com	ect,
	ere 📗		70		1/9/		<u>/ </u>			
_		Signature of officer or tri	ustee V	-	Date		itle	•		
		Print/Type preparer's na	ame	Preparer's s	signature	Date	Check if PTI	N		
		-			MZC.	14814	self- employed			
Pa	aid	BRETT HEND	DEE			10/8/0)				
	eparer	Firm's name ► BRE	TT HENDER	E, P.A.	ATTORNEY AT	LAW	Firm's EIN			
Us	se Only									
					LL AVE., SUIT	E 200		a = =		. ~
		TA	MPA, FL 3	33629-5	218			<u> -258-</u>		
								Form 990	1-PF	(2010)

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

2010

Employer identification number Name of the organization THE SEAMAN FAMILY FOUNDATION, INC. 59-3631102 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ___ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Page 1 of 1 of Part I

Name of organization

Employer identification number

THE SEAMAN FAMILY FOUNDATION, INC.

59-3631102

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JEFFREY SEAMAN 11540 HIGHWAY 92 EAST SEFFNER, FL 33584	\$ <u>3,175,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there Is a noncash contribution)
(a) No.	(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) No.	(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) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(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.)

Form 8868 (Rev 1-2011)					Page 2	
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box					X	
Note. Only complete Part II if you have already been grante	d an automatic	3-month extension on a previously filed	Form	B868.		
 If you are filing for an Automatic 3-Month Extension, co 						
Part II Additional (Not Automatic) 3-Mon	th Extensio	n of Time. Only file the original (no c	oples r	reeded)		
Type or Name of exempt organization	t organization E			Employer identification number		
it		ro 2621100				
File by the	E SEAMAN FAMILY FOUNDATION, INC. 59-363					
extended Number, street, and room or suite no. If a P.O. I	box, see instruc	ctions.				
due date for filling your						
return See City, town or post office, state, and ZIP code. Finstructions SEFFNER, FL 33584	or a toreign add	oress, see instructions.				
Enter the Return code for the return that this application is	for (file a senara	ate application for each return)			0 4	
Enter the Neturn code for the return that this application is	ior (nie a separa	te application for each return			<u> </u>	
Application	Return	Application			Return	
ls For	Code	Is For ,			Code	
Form 990	01					
Form 990-BL	02	Form 1041-A			08	
Form 990-EZ	03	Form 4720			09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)] 06	06 Form 8870				
STOP! Do not complete Part II if you were not already gr	anted an autor	matic 3-month extension on a previou	ısly file	d Form 8868.		
LEWIS STEIN	אנם כם ענא	cm commun or 225	0.4			
• The books are in the care of ► 11540 HIGHW	AY 92 EA	•	084			
Telephone No. ► 813-623-5400		FAX No. ▶			ĺ	
If the organization does not have an office or place of but						
If this is for a Group Return, enter the organization's four						
box . If it is for part of the group, check this box request an additional 3-month extension of time until			memb	ers the extension	s for.	
2010						
 For calendar year <u>ZUIU</u>, or other tax year beginning If the tax year entered in line 5 is for less than 12 more 			Final			
Change in accounting period	itiis, check reas	initial return	i i illali	etum		
7 State in detail why you need the extension						
THE TAXPAYER REQUIRES ADDIT	TIONAL T	IME TO GATHER THE IN	VFOR	MATION		
NECESSARY TO FILE A COMPLET					<u> </u>	
					 	
8a If this application is for Form 990-BL, 990-PF, 990-T,	4720, or 6069.	enter the tentative tax, less any	1		+	
nonrefundable credits See instructions.	,,	,	8a	\$	0.	
b If this application is for Form 990-PF, 990-T, 4720, or	6069, enter any	refundable credits and estimated				
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid						
previously with Form 8868.		,,,,,	8b	s	2,162.	
c Balance due. Subtract line 8b from line 8a. Include y	our payment w	th this form, if required, by using			'	
EFTPS (Electronic Federal Tax Payment System). See			8c	\$	0.	
		nd Verification				
Under penalties of perjury, I declare that I have examined this form it is true, correct, and complete, and that I am authorized to prepare	, including accom this form	panying schedules and statements, and to the	ie best d			
Signature > Titl	le 🕨	ATTORNEY	Date	8-9-	4	
	·		Dull		Rev 1:2011)	

Form **8868**

(Rev. January 2011)

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

lf vou a	re filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box		•	\mathbf{x}
	re filing for an Additional (Not Automatic) 3-Month Ex			form)	•	
	emplete Part II unless you have already been granted a				m 8868	
	c filing (e-file). You can electronically file Form 8868 if y					oration
	o file Form 990-T), or an additional (not automatic) 3-mo.					
	file any of the forms listed in Part I or Part II with the exi					
	Benefit Contracts, which must be sent to the IRS in pap					
			(See instructions) For more details on the	ie eiec	tronic ming or this r	OIIII,
Part I	irs gov/efile and click on e-file for Chanties & Nonprofits Automatic 3-Month Extension of Time		hmit original (no copies needed)			
	tion required to file Form 990-T and requesting an autor			nolete		
Part I only		natio o me	With extension of each time box and con	pioto		
,	orporations (including 1120-C filers), partnerships, REM	UCs and t	niets must use Form 7004 to request an	ovten	sion of time	
	orporations (including 1120-0 liters), partiterships, NEM ome tax returns	iios, and ti	data mast dae rom roo4 to request an	CALCIII	3,011 01 1,1110	
Type or	Name of exempt organization	-		Empl	oyer identification	number
orint	Traine of exempt organization				.,	
JI 1111	THE SEAMAN FAMILY FOUNDATION	ON. TI	NC.	5	9-3631102	
ile by the	Number, street, and room or suite no. If a P O box, s			·		
due date for iling your	11540 HIGHWAY 92 EAST					
eturn See	City, town or post office, state, and ZIP code For a fe	oreign add	ress, see instructions.			
	SEFFNER, FL 33584	J				
-						
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Applicati	on	Return	Application			Return
s For		Code	e Is For			Code
orm 990		01	Form 990-T (corporation)			07
orm 990	·BL	02	Form 1041-A			08
orm 990	·EZ	03	Form 4720			09
Form 990	·PF	04	Form 5227			10
Form 990	T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			
	LEWIS STEIN					
• The bo	ooks are in the care of 11540 HIGHWAY	92 EA	<u>ST - SEFFNER, FL 335</u>	84	····	
Teleph	one No ▶ 813-623-5400		FAX No 🕨			
	organization does not have an office or place of busines	s in the Ur	nited States, check this box		•	
If this i	s for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If th	is is fo	the whole group, o	check this
box ▶ [If it is for part of the group, check this box	and atta	ach a list with the names and EINs of all	memb	ers the extension is	for
1 I re	quest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time uni	tıl		
	AUGUST 15, 2011 , to file the exemp	t organiza	tion return for the organization named a	above	The extension	
ıs fo	or the organization's return for					
▶[X calendar year 2010 or					
▶[tax year beginning	, an	nd ending		_	
2 If th	ne tax year entered in line 1 is for less than 12 months, o	check reas	on Initial return Fina	al retur	n	
L	☐ Change in accounting period					
				1		
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			0.
	refundable credits. See instructions.		3a \$			
	ns application is for Form 990 PF, 990-T, 4720, or 6069,					1 1 6 0
	mated tax payments made Include any prior year over	-		3b	\$	2,162.
	ance due. Subtract line 3b from line 3a Include your pa					^
	using EFTPS (Electronic Federal Tax Payment System)			3c	50 (50 50 50 50 50 50 50 50 50 50 50 50 50 5	0.
	If you are going to make an electronic fund withdrawal		orm 8858, see Form 8453-EO and Form	1 88/9·		
LHA F	or Paperwork Reduction Act Notice, see Instruction	s.			Form 8868 (F	ev 12011

FORM 990-PF INTEREST ON SAV	INGS A	ND TEM	PORARY C	ASH IN	VESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
SUNTRUST #8891						6	21.
TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMN A			6	21.
FORM 990-PF DIVIDENT	DS AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		TAL GAINS	COLUMN (A AMOUNT	۲)
SUNTRUST #2665	-		57.		0.		57.
TOTAL TO FM 990-PF, PART I,	LN 4		57.		0.		57.
FORM 990-PF		LEGAL	FEES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN	EST- COME	(C) ADJUSTED NET INCOM		
LEGAL	 	3,036.	1	,518.		1,5	18.
TO FM 990-PF, PG 1, LN 16A		3,036.	1	,518.		1,5	18.
FORM 990-PF	O'	THER E	XPENSES			STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN	EST-			
FILING FEES BANK FEES INVESTMENT FEE		61. 210. 600.		30. 105. 600.		1	31. 05.
TO FORM 990-PF, PG 1, LN 23		871.	•	735.			36.

FORM 990-PF

STATEMENT

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	TNUOMA
ANTI-DEFAMATION LEAGUE P.O. BOX 96226 WASHINGTON, DC 20090	N/A IMPROVING JUSTICE AND FAIR TREATMENT TO ALL CITIZENS	PUBLIC CHARITY	50,000.
AMERICAN JEWISH COMMITTEE 165 EAST 56 STREET NEW YORK, NY 10022	N/A TO HELP SAFEGUARD AND STRENGTHEN JEWS AND THE JEWISH LIFE WORLDWIDE	PUBLIC CHARITY	1,800.
CHILDREN'S HEALTHCARE OF ATLANTA 1687 TULLIE CIRCLE NE ATLANTA, GA 30329	N/A SUPPORT FOR THE HEALTH, HOPE AND HAPPINESS OF CHILDREN	PUBLIC CHARITY	10,000.
EMORY UNIVERSITY 1762 CLIFTON ROAD ATLANTA, GA 30322	N/A SUPPORT EDUCATION	PUBLIC CHARITY	50,000.
GEORGIA INNOCENCE PROJECT 752 1/2 NORTH HIGHLAND AVENUE ATLANTA, GA 30306	N/A PROVIDE ASSISTANCE TO INNOCENT INDIVIDUALS CONVICTED	PUBLIC CHARITY	30,000.
JEWISH FEDERATION OF GREATER ATLANTA 1440 SPRING STREET, NW ATLANTA, GA 30309	N/A IMPROVING AND ENRICHING JEWISH LIFE AROUND THE WORLD	PUBLIC CHARITY	850,000.
PIEDMONT HOSPITAL FOUNDATION 2001 PEACHTREE ROAD, NE ATLANTA, GA 30309	N/A PHILANTHROPIC SUPPORT THAT BENEFITS PIEDMONT HEALTHC	PUBLIC CHARITY	600,000.
TAMPA JEWISH FEDERATION, INC. 13009 COMMUNITY CAMPUS DRIVE TAMPA, FL 33625	N/A IMPROVING AND ENRICHING JEWISH LIFE AROUND THE WORLD	PUBLIC CHARITY	150,000.

GRANTS AND CONTRIBUTIONS

PAID DURING THE YEAR

THE SEAMAN FAMILY FOUNDATION,	INC.		59-3631102
THE UNIVERSITY OF PENNSYLVANIA 433 FRANKLIN BUILDING PHILADELPHIA, PA 19104	N/A SUPPORT EDUCATION	PUBLIC CHARITY	1000000.
YOUTH RENEWAL FUND 250 W 57TH STREET SUITE 632 NEW YORK, NY 10107	N/A SUPPORT COMMUNITY OF YOUTH	PUBLIC CHARITY	10,000.
TOTAL TO FORM 990-PF. PART XV. I	TINE 3A	 -	2.751.800.