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## 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

OMB No 1545-0052

2010

F	ог са	lendar year 2010, oı	r tax year beg	inning			, 2010	, and end	ling				, 20
G	Che	ck all that apply	Initial retu	rn	1	nıtıal return	of a former p	oublic cha	rity			Final r	eturn
			Amended	return		Addre	ss change	Γ	□ Na	ame cha	ange		
N	ame c	of foundation				<del>'- '</del>				A Emplo	yer identi	fication num	nber
J	AME	S AND TARA MC	CAHILL FAN	MILY									
F	OUN	DATION, INC.									80	-03126	28
Ni	umbe	r and street (or P O box	number if mail is n	ot delivere	d to street ad	dress)		Room/su	uite	B Teleph	one numbe	er (see page 10	of the instructions)
6	131	LOUISE COVE I	DRIVE								(	)	-
Cı	ty or	town, state, and ZIP coo	de							C If exem		cation is	▶
											_	ations, check h	iere ►
W	IND	ERMERE, FL 34	786-8939									zations meeting	
H	<u>C</u> he	ck type of organization	on X Secti	on 501(	(c <u>)(3)</u> exer	npt private f	foundation					chere and attac	
$\perp$	s	ection 4947(a)(1) none	exempt charitable				ivate founda		,	F If nova	te foundat	ion status was t	eminated
t	Fair	market value of all a	ssets at end			thod X C		crual		-		(b)(1)(A), check	- 1 1
		ear (from Part II, col		0	ther (spec	ify)				F If the fo	oundation	ıs ın a 60-mont	h termination
		<u> </u>	5,875.		column (a	) must be or	cash basis )			under	section 507	(b)(1)(B), check	here . 🕨
Ŀ	art i	Analysis of Reven	ue and Expens	ses (The	(a) Rev	enue and	(b) Net inve	estment	(c	) Adjuste	ed net	, , ,	bursements charitable
		may not necessarily e	equal the amount	s in í	exper	nses per	incon		``	incom			rposes
_		column (a) (see page	11 of the instruc	tions) )		ooks			ļ			(cash	basis only)
	1	Contributions, gifts, grants, etc	c, received (attach soundation is <b>not</b> req			400,000.			<u> </u>				
	2	Check ▶ attach So	ch B	• • • •					ļ <u>.</u>				
	3	Interest on savings and te											
	4	Dividends and interest										<del>-</del>	
	1	Gross rents											
		Net rental income or (loss											
Rexenue	6a	Net gain or (loss) from sa Gross sales price for all	ale of assets not on	line 10									
Xer		assets on line 6a —										-	<del></del>
Ŗ	J.7	Capital gain net incom	•	•						· <u>·</u>		+	<del></del>
	₹8 •••	Net short-term capital Income modifications	•								····	-	
₽-	-∹9 10 a	Gross sales less returns										<del>-</del>	
	ָר ב	and allowances · · · · Less Cost of goods sold	1			<del> </del>						<del> </del>	
_		Gross profit or (loss) (a	-									<del>                                     </del>	
	12.	Other income (attach											
NINDE	12	Total. Add lines 1 thro				400,000.							
		Compensation of officers,				1,000.							
Ž	14	Other employee salarie											
968	15	Pension plans, employ	-			-		RECE	111		$\overline{\Delta}$		
ens	16a	Legal fees (attach sche						RFU	10		<del> 8</del>  -		
ξ		Accounting fees (attac						100		line	160		
Ve	С	Other professional fee					1-1	JUL	0 2	60,	18/		
rati	17	Interest					12			- service from			7.00
ist	18	Taxes (attach schedule) (s	see page 14 of the ins	tructions)			训	1	SER	الطبعاد	م متينيا		
ä	19	Depreciation (attach s	schedule) and de	pletion .				ORE					
Administrative	20	Occupancy					N.						·
and /	21	Travel, conferences, a	nd meetings										
	22	Printing and publication	ons										
ting	23	Other expenses (attack	h schedule)						ļ				<del></del>
era!	24	Total operating and a		-		1 000							
Operating		Add lines 13 through 2			ļ	1,000.		···	ļ				122 575
_	25	Contributions, gifts, gr	•			133,575						+	133,575
4	26	Total expenses and disburse		4 and 25		134,575						<del> </del>	133,575
	27	Subtract line 26 from				265 125							
		Excess of revenue over expe			<del></del>	265,425.	<u></u>	0.	-			+	· · · · · ·
		Net investment incom			<u> </u>			0.				+	
	C	Adjusted net income (	(ii negative, ente	<u>  -</u> U-)• <u>•</u>	L		1		1			1	

В	art II	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End (	of year
_	artii	Dalance Offices	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beari	ing	320,450.	585,875.	585,875.
	2		cash investments			
	3					
		Less allowance for dou	btful accounts ▶			
	4					
	-	Less allowance for dou	btful accounts ▶			
	5					
	6		officers, directors, trustees, and other			
	0		· · · · · · · · · · · · · · · · · · ·			
	_	•	ach schedule) (see page 15 of the instructions)			
	7		receivable (attach schedule)			
			btful accounts ▶	l l		<del>                                     </del>
ţ	8		e			
Assets	9	Prepaid expenses and d	eferred charges			<del></del>
As	i e		e government obligations (attach schedule)			
	Ь	Investments - corporate	stock (attach schedule)			
			bonds (attach schedule)			
	11	Investments - land, buildings and equipment basis				
		Less accumulated deprecia	ation			
	12	Investments - mortgage	loans			
	13		ach schedule)			
	14	Land, buildings, and				
		equipment basis Less accumulated deprecia	ation			
	15	(attach schedule)				
			D)			···-
	16	•	completed by all filers - see the age 1, item I)	320,450.	585,875.	585,875.
_				320, 130.		30370.3
	17					1
	18					-
Liabilities	19					4
Ħ	20		ors, trustees, and other disqualified persons			4
jab	21	Mortgages and other no	otes payable (attach schedule)			1
_	22	Other liabilities (describe	∍ ▶)			]
_	23	Total liabilities (add line	es 17 through 22)		0.	
		Foundations that fol	low SFAS 117, check here ▶ 🔙			
		and complete lines	24 through 26 and lines 30 and 31.			
es	24	Unrestricted				
Suc.	25					1
39,6	26					1
P E	20		not follow SFAS 117,			1
ڌِ			plete lines 27 through 31. $\blacktriangleright$			
ř	27		cipal, or current funds			
S	20					1
set	24 25 26 27 28 29 30		r land, bldg , and equipment fund	320,450.	585,875.	1
As	29	• .	ulated income, endowment, or other funds	320/130.	303,013.	1
et	30		fund balances (see page 17 of the	320,450.	E0E 07E	
Z		instructions)	<u> </u>	320,430.	585,875.	-
	31		t assets/fund balances (see page 17	200 450	505 075	
_			· · · · · · · · · · · · · · · · · · ·	320,450.	585,875.	<u> </u>
			anges in Net Assets or Fund E			<del></del>
1			alances at beginning of year - Part			
			d on prior year's return)			320,450.
2	Ente	r amount from Part I,	line 27a		2	265,425.
3	Othe	r increases not includ	ed in line 2 (itemize) ▶		3	
					_	585,875.
		eases not included in			_	
6	Tota	I net assets or fund ba	alances at end of year (line 4 minus li	ine 5) - Part II, column (b).		585,875.
Ť			The state of the s	<u> </u>		Form 990-PE (2010)

Part IV Capital G	ains and Losses for Tax on Inv	estment Income			
	st and describe the kind(s) of property sold ( tory brick warehouse, or common stock, 200	. •	(b) How acquired P-Purchase D-Donation	(с) Date acquired (то., day, уг)	(d) Date sold (mo , day, yr )
1a					
C					
<u>d</u>					
<u>e</u>		<del></del>		l	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
a					
<u>b</u>					
C					
<u>d</u>					
<u>e</u>					
Complete only for a	ssets showing gain in column (h) and owne	d by the foundation on 12/31/69	(1)	Gains (Col (h) g	jain minus
(i) F M V as of 12/31/6	9 (j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less Losses (from co	
a					
b					
С					
d					
e					
2 Capital gain net incon	na or (nat canital loss)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		
3 Net short-term capita	،، I gain or (loss) as defined in sections 12				
-	Part I, line 8, column (c) (see pages 13				
-	art I, line 8		2		
Part V Qualificat	ion Under Section 4940(e) for Re	duced Tay on Net Investment I	ncome		
	olies, leave this part blank e for the section 4942 tax on the distrib	outable amount of any year in the b	ase perio	d?	Yes X No
	does not qualify under section 4940(e)				
	e amount in each column for each year	, see page 18 of the instructions be	fore mak		
(a) Base penod years Calendar year (or tax year beginnir	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution r (col (b) divided by	atio y col (c))
2009	278,800.	305,202.			0.913493
2008	0.	0.			0.000000
2007					
2006					
2005					
2 Total of line 1, colum	ın (d)		2		0.913493
3 Average distribution	ratio for the 5-year base period - divide	the total on line 2 by 5, or by the			
number of years the	foundation has been in existence if less	s than 5 years	3		0.456747
•		,			
4 Enter the net value o	f noncharitable-use assets for 2010 fro	om Part X, line 5	4		306,105.
5 Multiply line 4 by line	3		5		139,813.
6 Enter 1% of net inves	stment income (1% of Part I, line 27b)		6	<del></del>	0.
7 Add lines 5 and 6			7		139,813.
8 Enter qualifying distri	butions from Part XII, line 4		.8		133,575.
If line 8 is equal to or Part VI instructions or		in Part VI, line 1b, and complete t	hat part	using a 1% ta	x rate See the

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	e ins	tructio	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 ruling letter if necessary - see instructions)			
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.
	here And enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			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-)	<del></del>		$\frac{0.0}{0.0}$
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			<del></del>
6	Credits/Payments			
	2010 estimated tax payments and 2009 overpayment credited to 2010 6a			
	Exempt foreign organizations-tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868) 6c 6d 6d			
	Total credits and payments Add lines 6a through 6d			0.
7 8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1 b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1 c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation  \$\( \bigs\) \( \bigs\) \( \bigs\) \( \bigs\)			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers   \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			v
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		
_	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 language in t			
	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		х
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
7				
8 a	, , , FI.			
h	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 ATTACHMENT 1	8ь		Х
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
-	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page	ŀ		
	27)? If "Yes," complete Part XIV	9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses ATTACHMENT 2	10	Х	

Par	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		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► ED_FALZARANO Telephone no ►866-304	1-77	79 	
	The books are in care of Located at 6675 WESTWOOD BLVD, WESTWOOD CNTR 3 ORLANDO, FL ZIP+4 32821			<del></del>
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	1	Yes	1
	over a bank, securities, or other financial account in a foreign country?	16	L	<u>X</u>
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter			
Dar	the name of the foreign country ► VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		
Гаі		T	V	NI-
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	NO
1 a	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			
	(1) Engage in the sale of exchange, of reasing of property with a disqualities person.			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		:	
	disqualified person?			
	(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)?			
	(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)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here		ł	
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?	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
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?			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see page 22 of the instructions)	2 b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
•	Daths (southern hold one three 20% day) or a local date of the control of the con			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
h	at any time during the year?			
U				
	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, Form 4720, to determine if the			
	foundation had excess business holdings in 2010)	3 b		L.
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		Х
	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?	4 b		<u> </u>

Pai	rt VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)				
5 a	During the year did the foundation pay or incur any amou	nt to	-					
	(1), Carry on propaganda, or otherwise attempt to influer		1 4945(e))?	Yes X N	。			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,							
	directly or indirectly, any voter registration drive?							
	(3) Provide a grant to an individual for travel, study, or other similar purposes?							
	(4) Provide a grant to an organization other than a charitable, etc., organization described in							
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions)  Yes  X No							
	(5) Provide for any purpose other than religious, charital		,					
	purposes, or for the prevention of cruelty to children of	•		Yes X N				
L								
D	If any answer is "Yes" to 5a(1)-(5), did any of the trans Regulations section 53 4945 or in a current notice regard		•		-			
	<del>-</del>	•	`	, L	5b			
	Organizations relying on a current notice regarding disast			🗀				
С	If the answer is "Yes" to question 5a(4), does the foundation	•		П. П.				
	because it maintained expenditure responsibility for the gi			Yes No	°			
	If "Yes," attach the statement required by Regulations section.	tion 53 4945-5(d)						
6 a	Did the foundation, during the year, receive any funds, of	•						
	on a personal benefit contract?			. Yes X N	o			
b	Did the foundation, during the year, pay premiums, direct	ctly or indirectly, on a	personal benefit contrac	:t?	6ь	X		
	If "Yes" to 6b, file Form 8870							
7 a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	. Yes X N	o			
b	If "Yes," did the foundation receive any proceeds or have	e any net income attri	butable to the transaction	n?	7ь	X		
Pai	t VIII Information About Officers, Directors	, Trustees, Foun	dation Managers,	<b>Highly Paid Empl</b>	oyees,			
1	and Contractors List all officers, directors, trustees, foundation m	anagers and their	companeation (eac	nage 22 of the instr	ructione)			
	List all officers, directors, trustees, foundation in	(b) Title, and average	(c) Compensation	(d) Contributions to				
	(a) Name and address	(D) Tille, allu average	(c) Compensation	(d) Contributions to	i (e) Expense	e account.		
	(a) Name and address	hours per week devoted to position	(If not paid, enter	employee benefit plans and deferred compensation	(e) Expense other allo			
		hours per week	(If not paid, enter	employee benefit plans				
AT	(a) Name and address TACHMENT 3	hours per week	(If not paid, enter	employee benefit plans and deferred compensation				
AT	TACHMENT 3	hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation		wances		
 AT		hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation		wances		
AT	TACHMENT 3	hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation		wances		
AT	TACHMENT 3	hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation		wances		
AT	TACHMENT 3	hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation		wances		
AT	TACHMENT 3	hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation		wances		
	TACHMENT 3	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation 0.	other allo	wances		
2	TACHMENT 3	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation 0.	other allo	wances		
2	TACHMENT 3  Compensation of five highest-paid employees (other mone, enter "NONE."	hours per week devoted to position  her than those inc	(If not paid, enter -0-)  1,000.  luded on line 1 - se	employee benefit plans and deferred compensation  0.  e page 23 of the ins	other allo	0		
2	TACHMENT 3  Compensation of five highest-paid employees (other	hours per week devoted to position  her than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	other allo	0		
2	TACHMENT 3  Compensation of five highest-paid employees (other mone, enter "NONE."	hours per week devoted to position  her than those inc	(If not paid, enter -0-)  1,000.  luded on line 1 - se	e page 23 of the ins  (d) Contributions to employee benefit	tructions).	0		
2	TACHMENT 3  Compensation of five highest-paid employees (other mone, enter "NONE."	hours per week devoted to position  her than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  1,000.  luded on line 1 - se	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	tructions).	0		
2	TACHMENT 3  Compensation of five highest-paid employees (other mone, enter "NONE."	hours per week devoted to position  her than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  1,000.  luded on line 1 - se	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	tructions).	0		
2	TACHMENT 3  Compensation of five highest-paid employees (other mone, enter "NONE."	hours per week devoted to position  her than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  1,000.  luded on line 1 - se	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	tructions).	0		
2	TACHMENT 3  Compensation of five highest-paid employees (other mone, enter "NONE."	hours per week devoted to position  her than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  1,000.  luded on line 1 - se	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	tructions).	0		
2	TACHMENT 3  Compensation of five highest-paid employees (other mone, enter "NONE."	hours per week devoted to position  her than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  1,000.  luded on line 1 - se	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	tructions).	0		
2	TACHMENT 3  Compensation of five highest-paid employees (other mone, enter "NONE."	hours per week devoted to position  her than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  1,000.  luded on line 1 - se	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	tructions).	0		
2	TACHMENT 3  Compensation of five highest-paid employees (other mone, enter "NONE."	hours per week devoted to position  her than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  1,000.  luded on line 1 - se	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	tructions).	0		
2	TACHMENT 3  Compensation of five highest-paid employees (other mone, enter "NONE."	hours per week devoted to position  her than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  1,000.  luded on line 1 - se	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	tructions).	0		
2	TACHMENT 3  Compensation of five highest-paid employees (other mone, enter "NONE."	hours per week devoted to position  her than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  1,000.  luded on line 1 - se	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	tructions).	0		
2 (a	TACHMENT 3  Compensation of five highest-paid employees (other mone, enter "NONE."	hours per week devoted to position  her than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  1,000.  luded on line 1 - se	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	tructions).	0		

	nt Contractors (continued)	/ees, 
3 Five high	est-paid independent contractors for professional services (see page 23 of the instructions). If no	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
Total number of	of others receiving over \$50,000 for professional services	NONE
Part IX-A	Summary of Direct Charitable Activities	
	on's four largest direct charitable activities during the tax year include relevant statistical information such as the number of diother beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 N/A		
2		
3		
4		
Part IX-B	Summary of Program-Related Investments (see page 24 of the instructions)	
	o largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
2		
<b>-</b>		
	m-related investments See page 24 of the instructions	
3 NONE		
Total Add line	s 1 through 3	

Pa	art X Minimum Investment Return (All domestic foundations must complete this part see page 24 of the instructions)	Foreign foundati	eign foundations,		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, e	tc,			
	purposes				
а	Average monthly fair market value of securities	1a	0.		
b	Average of monthly cash balances	1b	310,767.		
С	Fair market value of all other assets (see page 25 of the instructions)	1c	0.		
d	Total (add lines 1a, b, and c)	1d	310,767.		
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	0.		
3	Subtract line 2 from line 1d	3	310,767.		
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25	of ·			
			4,662.		
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	306,105.		
6	Minimum investment return. Enter 5% of line 5		15,305.		
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5)	) private operating			
	foundations and certain foreign organizations check here > and do not complete	this part )			
1	Minimum investment return from Part X, line 6	<del></del>	15,305.		
2 a	Tax on investment income for 2010 from Part VI, line 5	0.			
b					
С		2c	0.		
3	Add lines 2a and 2b  Distributable amount before adjustments Subtract line 2c from line 1	3	15,305.		
4	Recoveries of amounts treated as qualifying distributions	4			
5	Add lines 3 and 4	-	15,305.		
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,	· · · <del>     </del>			
	line 1 · · · · · · · · · · · · · · · · · ·		15,305.		
		· · · · · · · · · · · · · · · · · · ·			
Pa	art XII Qualifying Distributions (see page 25 of the instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes				
а		1a	133,575.		
b	Program-related investments total from Part IV R	4 6	0.		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, e		<del></del>		
	purposes	2	0.		
3	Amounts set aside for specific charitable projects that satisfy the	• • • • • • • • • • • • • • • • • • • •			
а		3a	0.		
b			0.		
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		133,575.		
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income				
	Enter 1% of Part I, line 27b (see page 26 of the instructions)		N/A		
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	133,575.		
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years whe		· · · · · · · · · · · · · · · · · · ·		
	qualifies for the section 4940(e) reduction of tax in those years	Jaioalating Wil	stati the roundation		

Pá	art XIII Undistributed Income (see page	e 26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
	line 7				15,305.
2	Undistributed income, if any, as of the end of 2010				
а	Enter amount for 2009 only				
b	Total for prior years 20 08 ,20 07 ,20 06				
3	Excess distributions carryover, if any, to 2010				
	From 2005				
b	From 2006				
С	From 2007				
d	From 2007  From 2008 0.  From 2009 263, 540.				
		263,540.			
	Total of lines 3a through e	203,340.			
4	Qualifying distributions for 2010 from Part XII, line 4 > \$ 133,575.				
а	Applied to 2009, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2010 distributable amount				15,305.
е	Remaining amount distributed out of corpus	118,270.			
5	Excess distributions carryover applied to 2010				
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	381,810.			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	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.				
d	Subtract line 6c from line 6b Taxable				
	amount - see page 27 of the instructions				
е	Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount - see page				
	27 of the instructions				
f	Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011.				
7	distributed in 2011				
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	instructions)				
9	Excess distributions carryover to 2011.				
	Subtract lines 7 and 8 from line 6a	381,810.	-12.20		
	Analysis of line 9				
	Excess from 2006				
	Excess from 2007				
	Excess from 2008		İ		
	Excess from 2009 263,540.				
е	Excess from 2010 118, 270.				

80-0312628

Pa	art XIV Private Oper	rating Foundations	(see page 27 of the	instructions and Pa	rt VII-A, question 9)	NOT APPLICABLE		
	If the foundation has	received a ruling or o	determination letter tha	it it is a private opera		<u>-</u>		
		oundation, and the ruling is effective for 2010, enter the date of the ruling						
b	Check box to indicate wh	ether the foundation is	a private operating found	dation described in section	4942(j	)(3) or 4942(J)(5)		
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	<del>-</del> -	(e) Total		
	justed net income from Part	(a) 2010	<b>(b)</b> 2009	(c) 2008	(d) 2007	(0) 1041		
	I or the minimum investment return from Part X for each			İ				
	year listed							
þ	85% of line 2a							
С	Qualifying distributions from Part							
d	XII, line 4 for each year listed .  Amounts included in line 2c not			<u> </u>				
_	used directly for active conduct							
е	of exempt activities			·				
•	directly for active conduct of							
	exempt activities Subtract line 2d from line 2c							
3	Complete 3a, b, or c for the			· · · ·	-			
а	alternative test relied upon "Assets" alternative test - enter							
	(1) Value of all assets							
	(2) Value of assets qualifying							
	under section 4942(j)(3)(B)(i)							
Ь	"Endowment" alternative test- enter 2/3 of minimum invest-			:				
	ment return shown in Part X,							
	line 6 for each year listed							
С	"Support" alternative test - enter							
	(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 organizations as provided in section 4942							
	(j)(3)(B)(III)		-					
	port from an exempt organization							
	(4) Gross investment income			·				
Pa	rt XV Supplementa	ary Information (C	omplete this part	only if the founda	ation had \$5,000	or more in assets		
	at any time o	during the year - se	e page 28 of the in	structions.)				
1	Information Regarding	•						
а	List any managers of before the close of any	the foundation who h	nave contributed more	e than 2% of the tota	contributions received	ed by the foundation		
		tax year (but only if the	ley have continuited i	nore man \$5,000) (Se	e section 507 (d)(2) )			
	N/A							
b	List any managers of					large portion of the		
	ownership of a partner	ship of other entity) o	i which the foundation	i nas a 10% or greater	interest			
	N/A							
2	Information Regarding	Contribution, Grant	. Gift, Loan, Scholarsh	nip. etc Programs:	· · · · · · · · · · · · · · · · · · ·			
	Check here ► X if ti			• •	able organizations a	nd does not accept		
	unsolicited requests for	or funds If the foun	dation makes gifts, g	rants, etc (see page	28 of the instruction	ns) to individuals or		
	organizations under otl	ner conditions, comple	ete items 2a, b, c, and	d		,		
a	The name, address, ar	nd telephone number	of the person to whom	n applications should be	e addressed			
		·						
b	The form in which appl	ications should be su	bmitted and information	on and materials they	should include			
		<del></del>						
С	Any submission deadling	nes						
	Amu materials		1					
đ	Any restrictions or lir factors	nitations on awards,	, such as by geogra	iphical areas, charital	ble fields, kinds of i	institutions, or other		

Recipient   Fundation   Fundat	Part XV Supplementary Information (continued)								
a Paul during the year ATTACHMENT 4  Total	3 Grants and Contributions Paid During the Year or Approved for Future Payment								
a Paul during the year ATTACHMENT 4  Total		If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount				
Total		or substantial contributor	recipient	contribution					
Total	a Paid during the year								
Total									
b Approved for future payment	ATTACHMENT 4								
b Approved for future payment									
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b Approved for future payment				<u> </u>	122 575				
			<del></del>	<u>▶ 3a</u>	133,373.				
Total	b Approved for future payment								
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	Total								

Part XV	-A Analysis of Income-Produ	cing Activ	vities			
Enter gross	s amounts unless otherwise indicated		ated business income	Excluded b	y section 512, 513, or 514	(e) Related or exempt function income
1 Progran	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See page 28 of the instructions)
a						
b						
c						
d						
e				ļ		
f						
-	and contracts from government agencies			_		
	rship dues and assessments			•		
	on savings and temporary cash investments					
	ds and interest from securities					<del></del> .
	tal income or (loss) from real estate					
	t-financed property					
	debt-financed property					
	al income or (loss) from personal property .					
	(loss) from sales of assets other than inventory ome or (loss) from special events					· · · · · · · · · · · · · · · · · · ·
	profit or (loss) from sales of inventory					
-	evenue a					
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e						
	al Add columns (b), (d), and (e)					
	add line 12, columns (b), (d), and (e)					
	heet in line 13 instructions on page 29 t					
Part XVI	-B Relationship of Activities	to the Ac	complishment of Ex	empt Purp	oses	
Line No. ▼	Explain below how each activity accomplishment of the foundation					
	instructions )					
						<del></del>
		<del>.</del>				
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Par	t XVII	Information Exempt Orga		ransfers To a	and Transa	ctions a	nd Relatio	nships With	Nonc	harit	able
1		e organization directly ion 501(c) of the Cations?	•				_			Yes	No
а	•	rs from the reporting f	oundation to a no	ncharitable exempt	organization of						
	(1) Cas	h							. 1a(1)		X
		er assets							. 1a(2)		X
b		ansactions									X
		es of assets to a nonch							- 1		$\frac{\lambda}{X}$
		chases of assets from Ital of facilities, equipm							1.	1	X
		mbursement arrangeme									Х
		ns or loan guarantees									Х
		formance of services of									Х
С		of facilities, equipmer							1	1	X
d	If the	answer to any of	the above is "\	es," complete th	e following s	chedule Co	olumn (b) st	nould always sho	w the	fair r	marke
		of the goods, other									
		n any transaction or									
(a) L	ine no	(b) Amount involved N/A	(c) Name of n	oncharitable exempt	organization	N/A	otion of transfer	s, transactions, and sh	anng am	angeme	nts
		N/A				N/A					
					-						
		•		_							
									<del></del>		
	-						<del></del>	<del> </del>			
<del></del>	<del></del>	····									
	describe	foundation directly ed in section 501(c) of complete the following	the Code (other th				tax-exempt	organizations	Y	es 🖸	No
		(a) Name of organization	1	(b) Type	of organization		(c)	Description of relation	nship		
	·							<del></del>	·····		
Sigi		r penalties of perjury, I d , it is true, correct, and cor	eclare that I have e nplete Declaration of	xamined this return, of preparer (other than	including accomp taxpayer or fiduc	eanying sched	ules and statem on all informatio	ents, and to the best n of which preparer ha	of my las any kn	nowledg	lge and
Her	W I	YMC1	`		(	24/11	<b>▶</b> €	esident			
		gnature of officer or truste	е		Date		Title				
		Print/Type preparer's	name	Preparer's sign	nature		Date	,	PTIN		
Paid	t	1.000	ANSONS	UNI.	Am		6/27/1	Check If			
	- parer	William		JINO.			/ / /	self-employed			36
	Only		THUMSMITH+		mm 105			Firm's EIN ▶ 22-	20270	92	
USE	Cilly	Firm's address ▶ 33	1 NEWMAN S RED BA		STE 125	0770	01-6765	Phone no 732-	842-3	3113	

### 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

Name of the organization	···	Employer identification number
JAMES AND TARA MCCAH	ILL FAMILY	
FOUNDATION, INC.		80-0312628
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private f	oundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private found	dation
	501(c)(3) taxable private foundation	
	vered by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and	a Special Rule See
X For an organization fil	ing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,00 e contributor. Complete Parts I and II	0 or more (in money or
Special Rules		
sections 509(a)(1) and	B) organization filing Form 990 or 990-EZ that met the 331/3% support of 170(b)(1)(A)(vi), and received from any one contributor, during the year or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 9	ear, a contribution of the
the year, aggregate c	7), (8), or (10) organization filing Form 990 or 990-EZ that received from ontributions of more than \$1,000 for use exclusively for religious, charitation or the prevention of cruelty to children or animals. Complete Parts I, II,	able, scientific, literary, or
the year, contributions aggregate to more that year for an exclusively applies to this organiz	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from 5 for use exclusively for religious, charitable, etc., purposes, but these can \$1,000. If this box is checked, enter here the total contributions that religious, charitable, etc., purpose. Do not complete any of the parts un ation because it received nonexclusively religious, charitable, etc., con	ontributions did not were received during the less the <b>General Rule</b> tributions of \$5,000 or more
Caution. An organization that is 990-EZ, or 990-PF), but it must	not covered by the General Rule and/or the Special Rules does not file answer "No" on Part IV, line 2 of its Form 990, or check the box on line tify that it does not meet the filing requirements of Schedule B (Form 99).	Schedule B (Form 990, H of its Form 990-EZ, or on
For Paperwork Reduction Act Notice, s	see the Instructions for Form 990, 990-EZ, or 990-PF. Schedu	le B (Form 990, 990-EZ, or 990-PF) (2010)

Page Name of organization JAMES AND TARA MCCAHILL FAMILY Employer identification number FOUNDATION, INC. 80-0312628

Part I	Contributors	(see	instructions)	)
--------	--------------	------	---------------	---

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JAMES AND TARA MCCAHILL 6131 LOUISE COVE DRIVE WINDERMERE, FL 34786-8939	\$400,000.	Person X 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 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)
(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)

ATTA	CHMENT	-

FORM 990PF, PART VII-A, LINE 8B - EXPLANATION OF NON-FILING

THE ORGANIZATION WILL NOT SOLICIT CONTRIBUTIONS FROM THE PUBLIC IN FLORIDA; THEREFORE, THE 990-PF DOES NOT NEED TO BE FILED.

LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS PART VII-A, FORM 990PE,

JAMES AND TARA MCCAHILL FAMILY

ATTACHMENT

NAME AND ADDRESS

DIRECT PUBLIC SUPPORT

DATE

400,000.

12/17/2010

TOTAL CONTRIBUTION AMOUNTS

34786-8939

JAMES AND TARA MCCAHILL 6131 LOUISE COVE DRIVE WINDERMERE, FL 34786-89

400,000.

ATTACHMENT

FAMILY	
MCCAHILL	
TARA	
AND	
JAMES	

ATTACHMENT 4

# FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AMERICA NEEDS FATIMA PO BOX 341	NONE 501(C)(3)	GENERAL OPERATIONS	100.
BIRTHRIGHT OF PECONIC 99 W. MONTAUK HIGHWAY HAMPTON BAYS, NY 11946	NONE 501(C)(3)	GENERAL OPERATIONS	5,000.
AMERICAN RED CROSS FIVE NORTH BUMBY AVE ORLANDO, FL 32853	NONE 501(C)(3)	GENERAL OPERATIONS	500.
ARNOLD PALMER MEDICAL CENTER FOUNDATION 3160 SOUTHGATE COMMERCE BOULEVARD, SUITE 50 ORLANDO, FL 32806	NONE 501(C)(3)	GENERAL OPERATIONS	25,000.
ARTHRITIS FOUNDATION 1330 WEST PEACHTREE STREET, SUITE 100 ATLANTA, GA 30309	NONE 501(C)(3)	GENERAL OPERATIONS	1,000.
BOYS TOWN BOYS TOWN, NE 68010	NONE 501(C)(3)	GENERAL OPERATIONS	100.

AITACHMENI 4 (CONI'D)

13083W M997

# FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RECTPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF BECTEINT	NOTHIBITET OF CRAME OF CAMPATHETON	, tutioma
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CATHOLIC FOUNDATION OF CENTRAL FLORIDA PO BOX 4905 ORLANDO, FL 32802-4905	NONE 501(C)(3)	GENERAL OPERATIONS	100.
CATHOLIC ADVOCATE 2100 M ST. NW, SUITE 170-358 WASHINGTON, DC 20037	NONE 501(C)(3)	GENERAL OPERATIONS	2,000.
CATHOLIC LEAGUE FOR RELIGIOUS AND CIVIL RIGHTS 450 SEVENTH AVENUE NEW YORK, NY 10123	NONE 501(C)(3)	GENERAL OPERATIONS	2,500.
CATHOLIC RELIEF SERVICES 228 W LEXINGTON STREET BALTIMORE, MD 21201-3443	NONE \$01(C)(3)	GENERAL OPERATIONS	6,250.
CHILDREN'S CANCER RESEARCH PO BOX 7006 ALBERT LEA, MN 56007-8006	NONE 501(C)(3)	GENERAL OPERATIONS	100.
CITIZENS UNITED FOUNDATION	NONE 501(C)(3)	GENERAL OPERATIONS	100.

ATTACHMENT 4 (CONT'D)

## JAMES AND TARA MCCAHILL FAMILY

# FORM 990DE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		,
	AND		•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
DOMINICAN SISTERS FAMILY HEALTH	NONE	GENERAL OPERATIONS	100.
PO BOX 1028	501(C)(3)		
HAMPTON BAYS, NY 11946			
COVENANT HOUSE FLORIDA	NONE	GENERAL OPERATIONS	100.
5931 E COLONIAL DRIVE	501(C)(3)		
ORLANDO, FL 32807-3452			
CYSTIC FIBROSIS FOUNDATION	NONE	GENERAL OPERATIONS	75.
6931 ARLINGTON ROAD	501(C)(3)		
BETHESDA, MD 20814			
EAST HAMPTON NEIGHBORHOOD HOUSING ASSOC.	NONE	GENERAL OPERATIONS	2,000.
92 THREE MILE ROAD	501(C)(3)		
EAST HAMPTON, NY 11937			
FEED THE CHILDREN	NONE	GENERAL OPERATIONS	25.
PO BOX 36	501(C)(3)		
OKLAHOMA CITY, OK 73101			
FLAGHER COLLEGE	NONE	MEALS ON WHEELS	1,000.
PO BOX 1027	501(C)(3)		
ST. AUGUSTINE, FL 32085-1027			

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ATTACHMENT 4 (CONT'D)

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FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
FRANCISCAN FRIARS	NONE	GENERAL OPERATIONS	25.
PO BOX 301	501(C)(3)		
GARRISON, NY 10524-0301			
HOLY FAMILY CHURCH	NONE	GENERAL OPERATIONS	.000,09
5125 SOUTH APOPKA VINELAND ROAD	501(C)(3)		
ORLANDO, FL 32819-3801			
INTERNATIONAL CATHOLIC MIGRATION COMMISSION	NONE	GENERAL OPERATIONS	100.
PO BOX 96030	501(C)(3)		
WASHINGTON, DC 20077-7621			
NATIONAL SHRINE OF THE IMMACULATE CONCEPTION	NONE	GENERAL OPERATIONS	50.
400 MICHIGAN AVE N.E.	501(C)(3)		
WASHINGTON, DC 20017-1566			
PONTIFICAL NORTH AMERICAN COLLEGE	NONE	GENERAL OPERATIONS	50.
3211 4TH STREET, NE	501(C)(3)		
WASHINGTON, DC 20017			
POOR CLARES OF PERPETUAL ADORATION	NONE	GENERAL OPERATIONS	100.
PO BOX 639	501(C)(3)		
TONOPAH, AZ 85354			

ATTACHMENT 4 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		•
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
NATIONAL SHRINE OF MARY QUEEN OF THE UNIVERSE 8300 VINELAND AVE ORLANDO, FL 32821	NONE 501 (C) (3)	GENERAL OPERATIONS	1,000.
OPERATION HOMEFRONT 8930 FORWINDS DRIVE, SUITE 340 SAN ANTONIO, TX 78239	NONE 501(C)(3)	GENERAL OPERATIONS	250.
PRIESTLY FRATERNITY OF ST PETER PO BOX 196 ELMHURST, PA 18416	NONE 501(C)(3)	GENERAL OPERATIONS	500.
SALVATION ARMY 416 W COLONIAL DRIVE ORLDANDO, FL 32804-6818	NONE 501(C)(3)	GENERAL OPERATIONS	1,500.
WORLD WAR II VETERANS COMMITTEE 1100 N. GLEBE ROAD, SUITE 100 ARLINGTON, VA 22201	NONE 501(C)(3)	GENERAL OPERATIONS	350,
SEVERAL SOURCES SHELTERS PO BOX 157 RAMSEY, NJ 07446	NONE 501(C)(3)	GENERAL OPERATIONS	15,000.

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FORM 990RE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	DURING THE YEAR		ATTACHMENT 4 (CONT.D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SOCIETY FOR PROPAGATION OF THE FAITH 366 FIFTH AVENUE NEW YORK, NY 10001	NONE 501(C)(3)	GENERAL OPERATIONS	. 500.
ST. PATRICK'S HOSPITAL CENTER 500 WEST BROADWAY MISSOULA, MT 59802	NONE 501(C)(3)	GENERAL OPERATIONS	1,000.
SOUTHHAMPTON HOSPITAL 240 MEETING HOUSE LAND SOUTHHAMPTON, NY 11968	NONE 501(C)(3)	GENERAL OPERATIONS	6,000.
USO PO BOX 96860 WASHINGTON, DC 20077-7677	NONE 501(C)(3)	GENERAL OPERATIONS	.000
VETERANS OF FOREIGN WARS OF THE UNITED STATES 406 W 34TH STREET KANSAS CITY, MO 64111	NONE 501(C)(3)	GENERAL OPERATIONS	100.
WOUNDED WARIOR PROJECT 7020 AC SKINNER PARKWAY, SUITE 100 JACKSONVILLE, FL 32256	NONE 501(C)(3)	GENERAL OPERATIONS	.000

TOTAL CONTRIBUTIONS PAID

133,575.

PAGE 25 ATTACHMENT 4

### Form **8868**

(Rev. January 2011)

Department of the Treasury

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

OMB No 1545-1709

Internal Revenue	e Service	► File a	separate a	oplication for each return.				
<ul> <li>If you are</li> </ul>	filing for ar	Automatic 3-Month Extension, c	omplete o	nly Part I and check this box		▶ X		
				sion, complete only Part II (on page				
	_	-		tomatic 3-month extension on a pre		8868		
a corporation 8868 to requestructions)	n required juest an ex Transfers <i>A</i> For more	to file Form 990-T), or an addition tension of time to file any of the Associated With Certain Persona details on the electronic filing of th	al (not aut forms liste I Benefit ( iis form, vis	u need a 3-month automatic extensionatic) 3-month extension of time of the part I or Part II with the excent contracts, which must be sent to set www irs gov/efile and click on e-fi	You can electror ption of Form 887 the IRS in pap	nically file Form 70, Information per format (see		
Part   Au	tomatic 3	-Month Extension of Time. On	ly submit	original (no copies needed)				
Part I only	porations (	including 1120-C filers), partnersh		atic 6-month extension - check this because of the state		▶ ☐		
Type or		xempt organization JAMES AND T	ARA MCC	CAHILL FAMILY Employer identification number				
		TION, INC.			80-0312628			
print		00 0012						
File by the								
filing your	ng your 6131 LOUISE COVE DRIVE							
return See	ee ee City, town or post office, state, and 217 code For a foreign address, see instituctions							
instructions								
Enter the Re	eturn code	for the return that this application i	s for (file a	a separate application for each return	)	0 4		
<b>Application</b>			Return	Application		Return		
Is For			Code	Is For		Code		
Form 990			01	Form 990-T (corporation)		07		
Form 990-BI	1		02	Form 1041-A		08		
				Form 4720		09		
Form 990-E2			03					
Form 990-PF			04	Form 5227		10		
Form 990-T (sec 401(a) or 408(a) trust)			05 06	Form 6069		11		
Form 990-T (trust other than above)				Form 8870		12		
		care of ► <u>ED FALZARANO</u> 866 304-7779		FAX No ▶				
				the United States, check this box				
				oup Exemption Number (GEN) art of the group, check this box		If this is d attach		
				art of the group, check this box	P an	u attacii		
		nd EINs of all members the extensi		14 (I E 000 T)				
· •	est an autor		-	equired to file Form 990-T) extension				
untıl		<del></del>	exempt or	ganization return for the organizatio	n named above T	he extension is		
	U	on's return for						
► X		ear 20 <u>10</u> or						
▶ tax year beginning			, 20	, and ending, 20		_		
	-	ered in line 1 is for less than 12 m ccounting period	onths, che	ck reason Initial return	Final return			
3a If the	annlication	is for Form 990-RI 990-PE 90	10_T 4720	or 6069 enter the tentative to	less any			
	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any structions  3a \$ 0.							
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								
		ments made Include any prior yea			3 b \$	0.		
c Balanc	e Due. Sub	tract line 3b from line 3a Include	your paym	nent with this form, if required, by us	sing EFTPS			
(Electronic Federal Tax Payment System) See instructions 3c \$								
(Electronic Federal Tax Payment System) See instructions 3c \$  Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO								
payment ins	-	13 mans an oronomo runu i				55.5 25 707		
		n Act Notice see Instructions	_		C 0	1969 (Doy 1 2011)		