See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319038102

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SEAFARERS HEALTH AND BENEFITS PLAN

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
5201 AUTH WAY

City or town, state or country, and ZIP + 4
CAMP SRINGS, MD 20746

D Employer identification number
13-5557534

E Telephone number
(301)899-0675

G Gross receipts $ 130,162,944

F Name and address of principal officer
DAVID HEINDEL
5201 AUTH WAY
CAMP SRINGS,MD 20746

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (9) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization ☐ Corporation ☑ Trust ☐ Association ☐ Other ▶

L Year of formation 1950

M State of legal domicile MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE HEALTH AND WELFARE BENEFITS TO ELIGIBLES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	32,390,385	58,710,805
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,441,805	3,102,666
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	665,044	842,310
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,497,234	62,655,781
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	104,500	107,000
14	Benefits paid to or for members (Part IX, column (A), line 4)	44,476,681	42,533,904
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	10,531,650	11,049,991
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	55,112,831	53,690,895
19	Revenue less expenses Subtract line 18 from line 12	-19,615,597	8,964,886
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	72,781,565	81,180,126
21	Total liabilities (Part X, line 26)	3,704,212	2,466,084
22	Net assets or fund balances Subtract line 21 from line 20	69,077,353	78,714,042

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** 2012-11-14
Signature of officer Date

DAVID HEINDEL TRUSTEE
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ JOHN ZIMMERMAN | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions) P01049106

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BUCHBINDER TUNICK & COMPANY LLP
6116 EXECUTIVE BLVD SUITE 201
ROCKVILLE, MD 208524920

EIN ▶ 13-1578842

Phone no ▶ (301) 770-9110

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

TO PROVIDE HEALTH AND WELFARE BENEFITS TO ELIGIBLES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ including grants of $) (Revenue $)

THE FUND PROVIDES HEALTH AND WELFARE BENEFITS TO APPROXIMATELY 6,1000 UNION MEMBERS AND THEIR DEPENDENTS, AS WELL AS PROVIDING SIMILAR BENEFITS TO APPROXIMATELY 1,700 RETIRED UNION MEMBERS AND THEIR DEPENDENTS

4b (Code) (Expenses $ including grants of $) (Revenue $)

UNDER THE FUND'S MEDICAL EXAMINATION PROGRAM THE FUND PROVIDES FOR PHYSICAL EXAMINATIONS AND DRUG SCREENING TESTS NECESSARY TO ENABLE THE APPROXIMATELY 6,100 UNION MEMBERS TO WORK IN COVERED EMPLOYMENT

4c (Code) (Expenses $ including grants of $) (Revenue $)

THE FUND PROVIDES OTHER ANCILLARY BENEFITS INCLUDING RECREATIONAL BENEFITS AT APPROXIMATELY 20 LOCATIONS THROUGHOUT THE UNITED STATES AND US TERRITORIES AND SCHOLARSHIP BENEFITS TO DEPENDENTS OF THE UNION MEMBERS

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	145		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	**13a**			
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		No
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MD

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

MARGARET BOWEN ADMINISTRATOR
5201 AUTH WAY
CAMP SPRINGS, MD 207464211
(301) 899-0675

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII . . . . . .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☑ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL DIPRISCO TRUSTEE	1 00	X						0	0	0
(2) WILLIAM PAGENDARM TRUSTEE	1 00	X						0	0	0
(3) ROBERT ROGERS TRUSTEE	1 00	X						0	0	0
(4) ANTHONY NACCARATO TRUSTEE	1 00	X						0	0	0
(5) DEAN CORGEY TRUSTEE	1 00	X						0	0	0
(6) TODD JOHNSON TRUSTEE	1 00	X						0	0	0
(7) THOMAS ORZECHOWSKI TRUSTEE	1 00	X						0	0	0
(8) DAVID HEINDEL TRUSTEE	1 00	X						0	0	0
(9) NICHOLAS MARONE TRUSTEE	1 00	X						0	0	0
(10) THOMAS MURPHY TRUSTEE	1 00	X						0	0	0
(11) M BLANKENSHIP ALTERNATE TRUSTEE	1 00	X						0	0	0
(12) PHILIP FISHER ALTERNATE TRUSTEE	1 00	X						0	0	0
(13) EDWARD MORGAN ALTERNATE TRUSTEE	1 00	X						0	0	0
(14) JOHN SULLIVAN ALTERNATE TRUSTEE	1 00	X						0	0	0
(15) AMBROSE CUCINOTTA TRUSTEE	1 00	X						0	0	0
(16) JOSEPH SORESI TRUSTEE	1 00	X						0	0	0
(17) N GAUSLOW ALTERNATE TRUSTEE	1 00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TODD BRDAK ALTERNATE TRUSTEE	1 00	X						0	0	0
(19) NICK CELONA ALTERNATE TRUSTEE	1 00	X						0	0	0
(20) NEIL DIETZ ALTERNATE TRUSTEE	1 00	X						0	0	0
(21) GEORG KENNY ALTERNATE TRUSTEE	1 00	X						0	0	0
(22) GERALD CARBIENER TRUSTEE	1 00	X						0	0	0
(23) H GALBISO ALTERNATE TRUSTEE	1 00	X						0	0	0
(24) ED HANLEY ALTERNATE TRUSTEE	1 00	X						0	0	0
(25) J MCGREGOR ALTERNATE TRUSTEE	1 00	X						0	0	0
(26) T MAYHEW ALTERNATE TRUSTEE	1 00	X						0	0	0
(27) B POWELL ALTERNATE TRUSTEE	1 00	X						0	0	0
(28) C WHEELER TRUSTEE	1 00	X						0	0	0
(29) MARGARET BOWEN ADMINISTRATOR	8 00			X				0	0	0
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CGLIC-BLOOMFIELD EASC PO BOX 644546 PITTSBURGH, PA 15264	CLAIMS PROCESSING	1,616,130
OUT OF NETWORK SAVINGS PROGRAM N MERIDIAN STREET SUITE 600 CARMEL, IN 46032	CLAIMS PROCESSING	294,024
METHODIST HOSPITAL 6445 MAIN STREET OPC-102 HOUSTON, TX 77030	MEDICAL EXAMS AND TESTS	292,219
BAY PARK MEDICAL OCCUPATIONAL HEALTH SVC 348 13TH STREET SUITE 201 BROOKLYN, NY 11215	MEDICAL EXAMS AND TESTS	238,418
KENNETH MILLER 125 SUNSET DRIVE ITHACA, NY 14850	MEDICAL CONSULTANT	231,639

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 12

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶				
Program Service Revenue		Business Code				
	2a	EMPLOYER CONTRIBUTIONS	900099	58,141,205	58,141,205	
	b	PENSIONER CONTRIBUTION	900099	569,600	569,600	
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶		58,710,805		
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		2,206,679		2,206,679
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 68,403,150				
	b	Less cost or other basis and sales expenses: 67,507,163				
	c	Gain or (loss): 895,987				
	d	Net gain or (loss) . . . . . ▶	895,987	895,987		
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	MEDICARE PART D REBATE 900099	716,278	716,278		
	b	OTHER INCOME 900099	126,032			126,032
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	842,310			
	12	**Total revenue.** See Instructions . . . ▶	62,655,781	60,323,070	0	2,332,711

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	107,000			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members	42,533,904			
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal	916			
c	Accounting	147,440			
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	177,829			
g	Other	2,105,012			
12	Advertising and promotion				
13	Office expenses	5,800,348			
14	Information technology				
15	Royalties . .				
16	Occupancy	147,438			
17	Travel	1,026			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	75,089			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	126,441			
23	Insurance	117,862			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SHARED SERVICES	1,987,743			
b	PROVISION FOR DOUBTFUL	119,163			
c	LICENSE AND PERMITS	89,370			
d	MISCELLANEOUS	78,811			
e					
f	All other expenses	75,503			
25	**Total functional expenses.** Add lines 1 through 24f	53,690,895			
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		865,535	1	537,644
	2	Savings and temporary cash investments		2,635,500	2	2,730,029
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		3,198,250	4	4,661,542
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		179,514	9	264,398
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 3,452,891			
	b	Less accumulated depreciation	10b 1,864,393	1,767,836	10c	1,588,498
	11	Investments—publicly traded securities		64,134,930	11	71,398,015
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		72,781,565	16	81,180,126
Liabilities	17	Accounts payable and accrued expenses		3,704,212	17	2,466,084
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		3,704,212	26	2,466,084
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds		69,077,353	32	78,714,042
	33	Total net assets or fund balances		69,077,353	33	78,714,042
	34	Total liabilities and net assets/fund balances		72,781,565	34	81,180,126

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	62,655,781
2	Total expenses (must equal Part IX, column (A), line 25)	2	53,690,895
3	Revenue less expenses Subtract line 2 from line 1	3	8,964,886
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	69,077,353
5	Other changes in net assets or fund balances (explain in Schedule O)	5	671,803
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	78,714,042

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319038102

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SEAFARERS HEALTH AND BENEFITS PLAN

Employer identification number
13-5557534

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		303,953		303,953
b Buildings				
c Leasehold improvements		1,112,075	565,807	546,268
d Equipment		2,034,051	1,298,586	735,465
e Other		2,812		2,812
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,588,498

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	62,655,781
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	53,690,895
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,964,886
4	Net unrealized gains (losses) on investments	4	671,803
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	671,803
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	9,636,689

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	62,433,477
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	671,803		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	671,803
3	Subtract line **2e** from line **1**			3	61,761,674
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	177,829		
b	Other (Describe in Part XIV)	4b	716,278		
c	Add lines **4a** and **4b**			4c	894,107
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	62,655,781

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	52,796,788
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	52,796,788
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	177,829		
b	Other (Describe in Part XIV)	4b	716,278		
c	Add lines **4a** and **4b**			4c	894,107
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	53,690,895

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS		MEDICARE PART D REBATES NET AGAINST BENEFITS FOR FINANCIAL STATEMENT PURPOSE 716,278
PART XIII, LINE 4B - OTHER ADJUSTMENTS		MEDICARE PART D REBATES NET AGAINST BENEFITS FOR FINANCIAL STATEMENT PURPOSE 716,278

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319038102

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SEAFARERS HEALTH AND BENEFITS PLAN

Employer identification number
13-5557534

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS		107,000			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493319038102

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SEAFARERS HEALTH AND BENEFITS PLAN

Employer identification number
13-5557534

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE BOARD OF TRUSTEES REVIEWS THE 990 PRIOR TO FILING
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST FROM THE PLAN OFFICE
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 671,803
		THE BOARD OF TRUSTEES ASSUMES RESPONSIBIITY FOR OVERSIGHT OF THE AUDIT THIS IS CONSISTENT WITH PRIOR YEARS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319038102

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SEAFARERS HEALTH AND BENEFITS PLAN

Employer identification number
13-5557534

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	No
b	Gift, grant, or capital contribution to related organization(s)	1b	No
c	Gift, grant, or capital contribution from related organization(s)	1c	No
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Sale of assets to related organization(s)	1f	No
g	Purchase of assets from related organization(s)	1g	No
h	Exchange of assets with related organization(s)	1h	No
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	No
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	No
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	No
n	Sharing of paid employees with related organization(s)	1n	No
o	Reimbursement paid to related organization(s) for expenses	1o	No
p	Reimbursement paid by related organization(s) for expenses	1p	No
q	Other transfer of cash or property to related organization(s)	1q	No
r	Other transfer of cash or property from related organization(s)	1r	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 13-5557534
Name: SEAFARERS HEALTH AND BENEFITS PLAN

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
3PSC LLC 7099 N ATLANTIC AVE CAPE CANAVERAL, FL 32920	SHIPPING	FL					
ALASKA TANKER COMPANY 15400 NORTHWEST GREENBRIER PKWY SUI BEAVERTON, OR 97006	SHIPPING	OR					
ALLIED TOWING PO BOX 717 NORFOLK, VA 23501	SHIPPING	VA					
AMERICAN OVERSEAS MARINE 100 NEWPORT AVENUE EXTENSION NORTH QUINCY, MA 02171	SHIPPING	MA					
AMERICAN SERVICE TECH (SIU) PO BOX 2151 WASHINGTON STREE, MD 20650	SHIPPING	MD					
AMERICAN STEAMSHIP 500 ESSJAY ROAD WILLIAMSVILLE, NY 142218226	SHIPPING	NY					
AMERISTAR CASINO EAST CHICAGO 777 AMERISTAR BLVD EAST CHICAGO, IL 463121806	SHIPPING	IL					
APL MARINE SERVICES 6901 ROCKLEDGE DRIVE SUITE 200 BETHESDA, MD 20817	SHIPPING	MD					
ARGENT MARINE OPERATIONS INC 889 ALDER AVE SUITE 300 INCLINE VILLAGE, NV 89451	SHIPPING	NV					
ARMSTRONG STEAMSHIP 500 ESSJAY ROAD WILLIAMSVILLE, NY 142218226	SHIPPING	NY					
ARNOLD TRANSIT PO BOX L PETOSKEY, MI 49770	SHIPPING	MI					
ASSOCIAITON OF MD PILOTS 3720 DILLON STREET BALTIMORE, MD 21224	SHIPPING	MD					
BELL STEAMSHIP 500 ESSJAY ROAD WILLIAMSVILLE, NY 142218226	SHIPPING	NY					
BRUSCO TUG & BARGE POST OFFICE BOX 1576 LONGVIEW, WA 98632	SHIPPING	WA					
CARGOTEC 415 EAST DUNDEE OTTAWA, KS 66067	SHIPPING	KS					
CENTRAL GULF PO BOX 2008 MOBILE, AL 36652	SHIPPING	AL					
CRESCENT TOWING PO BOX 1566 MOBILE, AL 36633	SHIPPING	AL					
CROWLEY LINER SERVICE (TMT) 9487 REGENCY SQUARE BLVD N JACKSONVILLE, FL 32225	SHIPPING	FL					
CROWLEY LINER SERVICES (TMT) 9487 REGENCY SQUARE BLVD N JACKSONVILLE, FL 32226 59-0835484	SHIPPING	FL					
CROWLEY TOWING - JAX 9487 REGENCY SQUARE BLVD N JACKSONVILLE, FL 32227	SHIPPING	FL					

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
CROWLEY TOWING - LONG BEACH 9487 REGENCY SQUARE BLVD N JACKSONVILLE, FL 32228	SHIPPING	FL					
CROWLEY TOWING - SAN JUAN 9487 REGENCY SQUARE BLVD N JACKSONVILLE, FL 32229	SHIPPING	FL					
EN BISSO & SON 3939 N CAUSEWAY BLVD SUITE 401 METAIRIE, LA 700021777	SHIPPING	LA					
EXPRESS MARINE PO BOX 329 PENNSAUKEN, NJ 08110	SHIPPING	NJ					
G & H TOWING PO BOX 2270 GALVESTON, TX 77553	SHIPPING	TX					
GFC CRANE CONSULTANTS 43 VIA TREVISO AMERICAN CANYON, CA 94503	SHIPPING	CA					
GREAT LAKES TOWING 4500 DIVISION AVE CLEVELAND, OH 44102	SHIPPING	OH					
GULF CARIBE MARITIME (FOSS) 118 N ROYAL ST SUITE 806 MOBILE, AL 36602	SHIPPING	AL					
HORIZON LINES LLC 4064 COLONY ROAD SUITE 200 CHARLOTTE, NC 28211 55-2279637	SHIPPING	NC					
HORIZON LINES OF PUERTO RICO 4065 COLONY ROAD SUITE 200 CHARLOTTE, NC 28212	SHIPPING	NC					
HORNBLOWER MARINE SERVICE 115 E MARKET STREET NEW ALBANY, IN 47150	SHIPPING	IN					
INLAND LAKES MGT PO BOX 1547 MUSKEGON, MI 494431547	SHIPPING	MI					
INTEROCEAN AMERICAN SHIPPING 302 HARPER DRIVE SUITE 200 MOORESTOWN, NJ 08057 13-2835366	SHIPPING	NJ					
INTREPID PERSONNEL & PROVISIONING 9487 REGENCY SQUARE BLVD N JACKSONVILLE, FL 32225 22-3701168	SHIPPING	FL					
KEY LAKES INC ONE BALA PLAZA EAST SUITE 600 BALA CYNWYD, PA 19004	SHIPPING	PA					
KEYSTONE SHIPPING SERVICES ONE BALA PLAZA EAST SUITE 600 BALA CYNWYD, PA 19004	SHIPPING	PA					
LIBERTY MARITIME CORP 1979 MARCUS AVENUE SUITE 200 LAKE SUCCESS, NY 11042	SHIPPING	NY					
LUEDTKE ENGINEERING PO BOX 111 10 FOURTH STREET FRANKFORT, MI 49635	SHIPPING	MI					
MAERSK LINE LTD ONE COMMERCIAL PLACE 20TH FLOOR NORFOLK, VA 23510 13-6122611	SHIPPING	VA					
MARINE PERSONNEL & PROVISIONING 9487 REGENCY SQUARE BLVD N JACKSONVILLE, FL 32225	SHIPPING	FL					

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
MATSON NAVIGATION 555 12TH STREET OAKLAND, CA 94607	SHIPPING	CA					
MORAN TOWING OF TEXAS 50 LOCUST AVE NEW CANAAN, CT 06840	SHIPPING	CT					
NCL AMERICA INC 7665 CORPORATE CENTER DRIVE MIAMI, FL 33126	SHIPPING	FL					
NORTH AMERICAN TRAILING CO 2122 YORK ROAD OAK BROOK, IL 60523	SHIPPING	IL					
OCEAN DUCHESS INC 16211 PARK TEN PLACE HOUSTON, TX 77084	SHIPPING	TX					
OCEAN SHIPS INC 16211 PARK TEN PLACE HOUSTON, TX 77084 76-0144274	SHIPPING	TX					
OSG SHIP MANAGEMENT 302 KNIGHTS RUN AVE SUITE 200 TAMPA, FL 33602	SHIPPING	FL					
OSG SHIP MGT 302 KNIGHTS RUN AVE SUITE 200 TAMPA, FL 33602 13-3589004	SHIPPING	FL					
OSPREY SHIP MGT 6901 ROCKLEDGE DRIVE 200 BETHESDA, MD 20817	SHIPPING	MD					
PACIFIC GULF MARINE 401 WHITNEY AVE SUITE 211 GRETNA, LA 70056	SHIPPING	LA					
PATRIOT CONTRACT SERVICES LLC 1320 WILLOW PASS RD SUITE 485 CONCORD, CA 94520	SHIPPING	CA					
PENN MARITIME ONE STAMFORD PLAZA 263 TRESSER BLVD STAMFORD, CT 06901	SHIPPING	CT					
PORT CITY MARINE SERVICES 560 MART STREET MUSKEGON, MI 49440	SHIPPING	MI					
PORT CITY STEAMSHIP SERVICES 560 MART STREET MUSKEGON, MI 49440	SHIPPING	MI					
SEABULK TANKER INC 2200 ELLER DRIVE FT LAUDERDALE, FL 33316	SHIPPING	FL					
SEABULK TOWING SERVICES 2200 ELLER DRIVE FT LAUDERDALE, FL 33316	SHIPPING	FL					
SEALIFT HOLDING INC 68 WEST MAIN STREET OYSTER BAY, NY 11771	SHIPPING	NY					
SULPHER CARRIERS INC PO BOX 2008 MOBILE, AL 36652	SHIPPING	AL					
TYCO ELECTRONICS SUBSEA COMMUNICATIONS LLC 1001 MCCOMAS STREET BALTIMORE, MD 21230	SHIPPING	MD					
UNIVERSAL MARINE 9300 ARROW POINT BLVD SO BLDG 1ST F CHARLOTTE, NC 28273	SHIPPING	NC					

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
USS TRANSPORT LLC PO BOX 2945 EDISON, NJ 08818	SHIPPING	NJ					
WATERMAN STEAMSHIP PO BOX 2008 MOBILE, AL 36652	SHIPPING	AL					
WATERMAN STEAMSHIP PO BOX 2008 MOBILE, AL 36652	SHIPPING	AL					

Additional Data

Software ID:
Software Version:
EIN: 13-5557534
Name: SEAFARERS HEALTH AND BENEFITS PLAN

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL DIPRISCO TRUSTEE	1 00	X						0	0	0
WILLIAM PAGENDARM TRUSTEE	1 00	X						0	0	0
ROBERT ROGERS TRUSTEE	1 00	X						0	0	0
ANTHONY NACCARATO TRUSTEE	1 00	X						0	0	0
DEAN CORGEY TRUSTEE	1 00	X						0	0	0
TODD JOHNSON TRUSTEE	1 00	X						0	0	0
THOMAS ORZECHOWSKI TRUSTEE	1 00	X						0	0	0
DAVID HEINDEL TRUSTEE	1 00	X						0	0	0
NICHOLAS MARONE TRUSTEE	1 00	X						0	0	0
THOMAS MURPHY TRUSTEE	1 00	X						0	0	0
M BLANKENSHIP ALTERNATE TRUSTEE	1 00	X						0	0	0
PHILIP FISHER ALTERNATE TRUSTEE	1 00	X						0	0	0
EDWARD MORGAN ALTERNATE TRUSTEE	1 00	X						0	0	0
JOHN SULLIVAN ALTERNATE TRUSTEE	1 00	X						0	0	0
AMBROSE CUCINOTTA TRUSTEE	1 00	X						0	0	0
JOSEPH SORESI TRUSTEE	1 00	X						0	0	0
N GAUSLOW ALTERNATE TRUSTEE	1 00	X						0	0	0
TODD BRDAK ALTERNATE TRUSTEE	1 00	X						0	0	0
NICK CELONA ALTERNATE TRUSTEE	1 00	X						0	0	0
NEIL DIETZ ALTERNATE TRUSTEE	1 00	X						0	0	0
GEORG KENNY ALTERNATE TRUSTEE	1 00	X						0	0	0
GERALD CARBIENER TRUSTEE	1 00	X						0	0	0
H GALBISO ALTERNATE TRUSTEE	1 00	X						0	0	0
ED HANLEY ALTERNATE TRUSTEE	1 00	X						0	0	0
J MCGREGOR ALTERNATE TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
T MAYHEW ALTERNATE TRUSTEE	1 00	X						0	0	0
B POWELL ALTERNATE TRUSTEE	1 00	X						0	0	0
C WHEELER TRUSTEE	1 00	X						0	0	0
MARGARET BOWEN ADMINISTRATOR	8 00			X				0	0	0