Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Open to Public Inspection

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information Department of the Treasury Internal Revenue Service For calendar year 2017 or tax year beginning , 2017, and ending

				Employer Identification num	ber		
JOYCE AND RANDY SECKMAN CHARITABLE				58-6429965			
	DATION		<u> </u>	B Telephone number (see instructions)			
1454 WATERFORD GREEN COURT MARIETTA, GA 30068				850-916-1548			
				If exemption application is	pending, check here		
C Cho	ck all that apply Initial return						
G Cile				 1 Foreign organizations, chec 	k here		
	Final return	S F					
	Address change	2 Foreign organizations meet here and attach computation					
H Che	H Check type of organization X Section 501(c)(3) exempt private foundation						
Γ	Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E			E If private foundation status	was terminated		
1 Fair		ccounting method X C		under section 507(b)(1)(A)			
	m Part II, column (c), line 16)		ا ا				
► s	' ' ' '	Other (specify)		F If the foundation is in a 60			
		I, column (d) must be on	cash basis)	under section 507(b)(1)(B)	, cneck nere		
Part I	Analysis of Revenue and	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements		
	Expenses (The total of amounts in	expenses per books	income	income	for charitable		
	columns (b), (c), and (d) may not neces	• ' '			purposes		
	sarily equal the amounts in column (a)				(cash basis only)		
	(see instructions))	_	1 1 20 1 20 1 20 A	2 (Do 1 1 189	(20) (2)		
	Contributions, gifts, grants, etc., received (attach schedule)	X3 % 3 T * * 86 N 9 8	[4] [4] [4] [4] [4] [4] [4] [4] [4] [4]				
20	2 Check ► X if the foundation is not required to attach Sch B		(\$ 1		
2018	3 leterat on anyone and to-	-					
20.	3 Interest on savings and temporary cash investments	1.		1.	<u> </u>		
୧୯୭	4 Dividends and interest from securities	4,688.	4,688	3. 4,688.			
 	5 a Gross rents.				1 3 ch 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
See.	b Net rental income or (loss)						
<u></u> R	6 a Net gain or (loss) from sale of assets not on line 10	50,762.	. Mystratics		20.0		
₽E	b Gross sales price for all 253, 275		WAR TO BE		1 34 1 2		
, A	assets on line 6a 253, 273 7 Capital gain net income (from Part IV, line 2).	188 - 30 - 7 8-7 W	50,76		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
	8 Net short term capital gain	7 4 - 22 - 3 6 3	<u> </u>				
발 Ü	9 Income modifications			12,669.			
≨ ĕ	10 a Gross sales less			3 (A)			
7	returns and						
OC.ANNFD BCZB	allowances b Less Cost of	1. 38. 7. 6. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1.300 ft 1.150 1.100 1.100 1.100 1.100 1.100 1.100 1.100 1.100 1.100 1.100 1.100 1.100 1.100 1.100 1.100 1.100				
ñ	goods sold				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	C Gross profit or (loss) (attach schedule)		《唐孙·遗传》,孙蒙宏	193			
	11 Other income (attach schedule)		1		4 Q. 1 J. L. 1 A. 2		
	SEE STATEMENT	1 -590.		l			
	12 Total Add lines 1 through 11	54,861.	55,450	17,358.			
	13 Compensation of officers, directors, trustees, et		33,430	17,336.	***************************************		
		500.					
	14 Other employee salaries and wages	RICENSED	-				
	15 Pension plans, employee benefits	- SOUTH LD					
A D	10a Legar rees (attach schedule)		l				
D M	b Accounting fees (attach sch) SEE GST	MAY DR 2010 6869	686	5.			
1	c Other professional fees (attach sch)	30 EBIB 10	1				
0 N	17 Interest		 	· · - · · · · · · · · · · · · · · · ·			
P Ś E Ţ	18 Taxes (attach schedule)(see instrs) SEE STM	3.	762	,			
R R	19 Depreciation (attach	- MATTIN KANOZ.	104		1, 3		
A A	schedule) and depletion	Market Comment of Street or Street	7				
1 1	20 Occupancy						
N V G E	21 Travel, conferences, and meetings		 		1		
		<u> </u>					
A E N X D P	22 Printing and publications	ļ			 		
Dβ	23 Other expenses (attach schedule)				1		
E N	SEE STATEMENT	4 4,669.	4,468	5.	201.		
A N D E N S E S	24 Total operating and administrative			_			
Š	expenses Add lines 13 through 23	7,017.	5,91		201.		
	25 Contributions, gifts, grants paid STMT 5	34,008.	一元的 "基础"的人,在特别的	Control of the Control	34,008		
	26 Total expenses and disbursements.						
	Add lines 24 and 25	41,025.	5,910	5. 0.	34,209.		
	27 Subtract line 26 from line 12:	The first of the control of the cont	13 15 15 15 15 15 15 15 15 15 15 15 15 15	J 799 5 8 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .	137, 13		
	a Excess of revenue over expenses		Transplantation				
	and disbursements	13,836.	中國的 激励的		1		
	b Net investment income (if negative, enter 0)	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	49,53	1. Mit # 19 19 19 19 19 19 19 19 19 19 19 19 19	4, 5, 4, 5, 5		
	C Adjusted net income (if negative, enter 0)		できるなどのない		5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
DAA	or Panerwork Reduction Act Notice see in		TEEADSONI DO		Form 990-PF (2017)		

Page 2

Part	II.	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)	Beginning of year	Chi Darah Maka	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing	76 272	42.074	12 074
	2	Savings and temporary cash investments	76,370.	43,274.	43,274.
	3	Accounts receivable		1	المستشست
		Less allowance for doubtful accounts	Section Committee and Committee Comm	MARKAGE FACE AND TO A ST	
	4	Pledges receivable		Market A. C.	management of the first of the
	_	Less allowance for doubtful accounts			
i	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)	SAMPLE STATE	April 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, , , , , , , , , , , , , , , , , , ,
Α	-	Less allowance for doubtful accounts		######################################	anatha de hizz
S	8	Inventories for sale or use			
Ĕ	9	Prepaid expenses and deferred charges			
A S S E T S	_	a Investments – U.S. and state government			
·		obligations (attach schedule)			
		b Investments — corporate stock (attach schedule)	399,834.	454,969.	550,126.
		c Investments — corporate bonds (attach schedule)	77.5000	923	
	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments - other (attach schedule)	· · · · · · · · · · · · · · · · · · ·		
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe)		
	16	Total assets (to be completed by all filers – see the instructions Also, see page 1, item I)	476,204.	498,243.	593,400.
L	17	Accounts payable and accrued expenses			1308 M: 134 : :
Ā	18	Grants payable			
B	19	Deferred revenue			
- }	20	Loans from officers, directors, trustees, & other disqualified persons.			
ĩ	21	Mortgages and other notes payable (attach schedule)			
Ţ	22	Other liabilities (describe ►)		
Ė S					
<u>s</u>	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.			
NF	24	Unrestricted	476,204.	498,243.	
E U	25	Temporarily restricted			
D	26	Permanently restricted			
A S B S A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
EL	27	Capital stock, trust principal, or current funds			
SN	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
OE	29	Retained earnings, accumulated income, endowment, or other funds			
R S	30	Total net assets or fund balances (see instructions)	476,204.	498,243.	
	31	Total liabilities and net assets/fund balances (see instructions)	476 204	400 242	
Dox	4 111 I	`	476,204.	498,243.	" And the second of the second
L		Analysis of Changes in Net Assets or Fund Balan			<u> </u>
1		il net assets or fund balances at beginning of year — Part II, colu of-year figure reported on prior year's return)	ımn (a), line 30 (must aç	gree with	476,204.
2	Ente	er amount from Part I, line 27a		2	13,836.
3	Other	increases not included in line 2 (itemize) SEE STATEMENT	6	3	8,203.
4	Add	lines 1, 2, and 3		4	498,243.
5	Decre	eases not included in line 2 (itemize)		5	
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)	 Part II, column (b), II 	ne 30 6	498,243.

rai	tiv Capital Gaills and L	losses for rax on investme	nt income				
	(a) List and describe 2-story brick wareho	the kind(s) of property sold (for exa	mple, real estate, MLC Company)	(b) How acque P — Purcha D — Donat	se	(c) Date acquired (mo , day yr)	(d) Date sold (mo day yr)
1 a	CAP GAINS DIST SCHW	AB 9732		P		VARIOUS	VARIOUS
	SCHWAB 9732			<u> P</u>		VARIOUS	VARIOUS
	SCHWAB 9732			P		VARIOUS	VARIOUS
	SCHWAB 9732			P		11/06/14	12/05/17
e	(e) Gross sales price	(f) Depreciation allowed	(q) Cost or other ba	ISIS		(h) Gain or	(loss)
		(or allowable)	plus expense of sa	ile		((e) plus (f) n	
a							3,444.
b				7,258.			12,669.
c				5,244.		· -	34,642.
e				12.			6.
		ng gain in column (h) and owned by	the foundation on 12/31/6	59		(I) Comp. (Col.	/h)
	(i) FMV as of 12/31/69	(i) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any			(I) Gains (Col ain minus col (k), t in -0) or Losses (fr	ut not less
a		as 01 12/31/03	over cor (), ii ariy			111-0 / 01 203303 (11	3,444.
b						7	12,669.
C							34,642.
d			·				6.
e			·				
2	Capital gain net income or (net		enter in Part I, line 7 ter -0- in Part I, line 7	_	2		EO 761
3	Net short-term capital gain or (l	loss) as defined in sections 1222(5)	ليہ	-			50,761.
	If gain, also enter in Part I, line in Part I, line 8	8, column (c) See instructions If	(loss), enter -0-		3		12 ((0
Dai		r Section 4940(e) for Reduc	ed Tay on Not Invest	mont Inc		<u> </u>	12,669.
		foundations subject to the section				N/A	
•	•	·	is retay tax on not invostin	ione into the	,	N/A	
If se	ction 4940(d)(2) applies, leave th	nis part blank					
Was	the foundation liable for the sec	tion 4942 tax on the distributable ar	nount of any year in the ba	ase period?		Yes	☐ No
		y under section 4940(e). Do not cor	<u> </u>				
1		n each column for each year; see the	ne instructions before mak	ing any enti	ries		
	(a) Base period years Calendar year (or tax year beginning in) .	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as	ssets		(d) Distribution (col (b) divided	
	2016						
	2015						
	2014						
	2013						
	2012						
2	Total of line 1, column (d)				2		
3	Average distribution ratio for th	e 5-year base period — divide the to has been in existence if less than	otal on line 2 by 5 0, or by	the			
	number of years the foundation	i has been in existence it less than	5 years	Ì	3		
4	Enter the net value of nonchari	table-use assets for 2017 from Part	X, line 5	ļ	4		
5	Multiply line 4 by line 3			,	5		
6	Enter 1% of net investment inc	ome (1% of Part I, line 27b).			6		
. 7	Add lines 5 and 6				7	_	
. 8	Enter qualifying distributions fro	om Part XII. line 4			8		
J	. , ,	nan line 7, check the box in Part VI	. line 1b. and complete tha	l nart using		% tax rate. See	the
	Part VI instructions	7, chock the box in rait vi	, 15, and complete the	part asing			

Form 990-PF (2017) JOYCE AND RANDY SECKMAN CHARITABLE	
Rart VI & Excise Tax Based on Investment Income (Section	
1 a Exempt operating foundations described in section 4940(d)(2), check here	and enter 'N/A' on line i
	f necessary see instructions)
b Domestic foundations that meet the section 4940(e) requirements in Pa	
check here 🕒 Land enter 1% of Part I, line 27b	
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4	% of Part I, line 12, col (b)
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable	
foundations only, others, enter -0-)	2 0.
3 Add lines 1 and 2	3 991.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable	
5 Tax based on investment income. Subtract line 4 from line 3 If zero or	· · · · · · · · · · · · · · · · · · ·
6 Credits/Payments	My Jan Strategy
a 2017 estimated tax pmts and 2016 overpayment credited to 2017	6a 450.
b Exempt foreign organizations — tax withheld at source	6b
c Tax paid with application for extension of time to file (Form 8868)	6c (2)
d Backup withholding erroneously withheld	6d
7 Total credits and payments Add lines 6a through 6d	7 450.
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.	▶ 9 543.
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 2018 estimated tax	Refunded 11
Part VII-A Statements Regarding Activities	- b.
1 a During the tax year, did the foundation attempt to influence any nation participate or intervene in any political campaign?	al, state, or local legislation or did it Yes No 1 a X
b Did it spend more than \$100 during the year (either directly or indirect See the instructions for the definition	y) for political purposes?
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the a or distributed by the foundation in connection with the activities	ictivities and copies of any materials published
c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955 (1) On the foundation	dation managers ►\$ 0.
3 Has the foundation made any changes, not previously reported to the of incorporation, or bylaws, or other similar instruments? If 'Yes,' attac	IRS, in its governing instrument, articles the a conformed copy of the changes
4 a Did the foundation have unrelated business gross income of \$1,000 or	more during the year? 4a X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	4b N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year if 'Yes,' attach the statement required by General Instruction T.	ar?
 6 Are the requirements of section 508(e) (relating to sections 4941 through By language in the governing instrument, or 	gh 4945) satisfied either
• By state legislation that effectively amends the governing instrument with the state law remain in the governing instrument?	so that no mandatory directions that conflict
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' cor	nplete Part II, col (c), and Part XV 7 X
8 a Enter the states to which the foundation reports or with which it is region GA	stered See instructions
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the (or designate) of each state as required by <i>General Instruction G</i> ² If 'No,' attach explanation	on 8 b X
9 Is the foundation claiming status as a private operating foundation with for calendar year 2017 or the tax year beginning in 2017? See the inst	nin the meaning of section 4942(j)(3) or 4942(j)(5) ructions for Part XIV If 'Yes,' complete Part XIV
10 Did any persons become substantial contributors during the tax year? and addresses	10 X
BAA	Form 990-PF (2017)

Kai	T VII-A Statements Regarding Activities (Continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule See instructions	11	Yes	No X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address • N/A			
14	The books are in care of ► JOHN SECKMAN Telephone no ► 404-5	<u>60-2</u>	<u>460</u>	
	Located at ► 1454 WATERFORD GREEN COURT MARIETTA GA ZIP + 4 ► 30068	- "AT / 7		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here	N/A	. •	
	and enter the amount of tax-exempt interest received or accrued during the year		Van	N/A
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country. ►		.* 35 <u>.</u> "S	*
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		·	
	File Form 4720 If any item is checked in the 'Yes' column, unless an exception applies.	****	Yes	No
1 8	a During the year, did the foundation (either directly or indirectly)	\$	33	ζ,
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No		· v ,	25
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	1. 1		1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	200] : ");	ļ, [^] , [,] ;
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No	100		*, *
	(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			*
i	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 instructions	1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance, check here	J. 146.5	1. 1.53	9,3
1	c 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 2017?	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))			
	a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? Yes X No	ر از		
	If 'Yes,' list the years ▶ 20 , 20 , 20 , 20	₹~		1. 33
	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 instructions)	2 b	N	/A
	c if the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	¥",	17.8	1
	► 20 , 20 , 20 , 20			3, 10
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			
	b If 'Yes,' did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017)	3 t	N	/A
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4 t		X
BA	Δ	orm 9	90-PF	

	Form 990-PF (2017) JOYCE AND RANDY SECKMAN CHARITABLE 58-6429965 Page 6 Ranty VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)						
		n 4/20 May Be Rec	uired (continued)				
5 a During the year, did the foundation pay or incu (1) Carry on propaganda, or otherwise attemp	•	(section 4945(e))?	☐ Yes [X	No Yes No			
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registra	c election (see section	• • • • • • • • • • • • • • • • • • • •		No			
(3) Provide a grant to an individual for travel,		ourposes?		No %			
(4) Provide a grant to an organization other th in section 4945(d)(4)(A)? See instructions	an a charitable, etc , or	ganization described	Yes X	No R			
(5) Provide for any purpose other than religious educational purposes, or for the prevention	is, charitable, scientific, n of cruelty to children c	, literary, or or animals?	Yes	No			
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53 4945 or in See instructions	the transactions fail to d a current notice regard	qualify under the except ing disaster assistance?	ions	5 b N/A			
Organizations relying on a current notice regar	ding disaster assistance	e, check here	▶ [
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure respons	ibility for the grant?	,	N/A Yes] No			
If 'Yes,' attach the statement required by Regu		• •					
6 a Did the foundation, during the year, receive an on a personal benefit contract?b Did the foundation, during the year, pay premii				No 6b X			
If 'Yes' to 6b, file Form 8870.	arris, uncerty of mancet	ly, on a personal better	t contract.	6b X			
7 a At any time during the tax year, was the found	ation a party to a prohit	oited tax shelter transac	tion? Yes 2	(No)			
b If 'Yes,' did the foundation receive any proceed			ansaction?	N/A 7b			
Part VIII Information About Officers, Dire	ectors, Trustees, Fo	oundation Managers	, Highly Paid Emp	loyees,			
and Contractors							
1 List all officers, directors, trustees, and found							
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances			
JOYCE SECKMAN	PRESIDENT	0.	0.	0.			
1454 WATERFORD GREEN COURT MARIETTA, GA 30068	1.00						
JOHN R. SECKMAN 1454 WATERFORD GREEN COURT	CEO 1.00	900.	0.	0.			
MARIETTA, GA 30068							
2 Compensation of five highest-paid employees	(other than those inclu	ided on line 1 – see ins	tructions). If none, ent	er 'NONE.'			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances			
NONE							
Total number of other employees paid over \$50,000		4-7		0			
RAA	TEE 4030CL 05	0/04/17		Form 990 PF (2017)			

Form 990-PF (2017) JOYCE AND RANDY SECKMAN CHARITABLE	58-642	.9965 Page 7
Rant VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. See inst	tructions. If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
Total number of others receiving over \$50,000 for professional services		0
		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica organizations and other beneficiaries served, conferences convened, research papers produced, etc.	I information such as the number of	Expenses
1 N/A		
2	- 	
3		
,		

	
Rart IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.
BAA	Form 990-PF (2017)

BAA

Page 8

Rart X Minimum Investment Return (All domestic foundations must complete this part F see instructions.)	oreign f	oundations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes	150	
a Average monthly fair market value of securities	1 a	459,148.
b Average of monthly cash balances	1 b	59,822.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	518,970.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation) 1 e 0.		
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	518,970.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	7,785.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	511,185.
6 Minimum investment return. Enter 5% of line 5 .	6	25,559.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper and certain foreign organizations, check here ► and do not complete this part.)	ating fo	oundations
1 Minimum investment return from Part X, line 6.	1	25,559.
2 a Tax on investment income for 2017 from Part VI, line 5		
b Income tax for 2017 (This does not include the tax from Part VI)	Jake	
c Add lines 2a and 2b	2 c	991.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	24,568.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	24,568.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	24,568.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	· · ·	
a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	34,209.
b Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 	3 a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	34,209.
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 instructions	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	34,209.
		· · · · · · · · · · · · · · · · · · ·

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2017)

Part XIII Undistributed Income (see instructions)

			(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1	Distributable amount for line 7	2017 from Part XI,				
2	Undistributed income, if any, a	as of the end of 2017	·	, , , , , , , , , , , , , , , , , , , ,		24,568.
	Enter amount for 2016 of			,		
	Total for prior years 20	•		0.	0.	
3	Excess distributions carryover,			<u> </u>		
í	From 2012	1,840.	,			, '
ŀ	From 2013			and the second		ı
(From 2014	2,452.		· 多种的 ·	· ·	
(1 From 2015	30,736.				
•	From 2016	4,518.				,
f	Total of lines 3a through		39,546.			
4	Qualifying distributions f	or 2017 from Part	Salin Care Cons.	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	78 F 13 1	, , , , ,
	XII, line 4 ► \$	34,209.				, ", ", ", ", ",
ä	Applied to 2016, but not				0.	
ŀ	Applied to undistributed	income of prior years				780 1 774
	(Election required - see	instructions)		0.		, , , , , , , , , , , , , , , , , , , ,
(Treated as distributions (Election required – see		0.			
•	Applied to 2017 distribut	lable amount	13 4 12 6 12 6 12 6 12 6 12 6 12 6 12 6 12			24,568.
•	Remaining amount distr	buted out of corpus	9,641.			11/300:
5	Excess distributions carryover	applied to 2017	0.	Was Allendary		0.
	(If an amount appears is same amount must be s	n column (d), the shown in column (a))				
6	Enter the net total of ea	ch column as				
	indicated below:					
á	Corpus Add lines 3f, 4c, and 4	le Subtract line 5	49,187.			M. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
ŀ	Prior years' undistribute line 4b from line 2b	d income Subtract		0.		
•	Enter the amount of pric income for which a notic been issued, or on whic tax has been previously	te of deficiency has have the section 4942(a)		0.		
ď	Subtract line 6c from lin amount – see instructio			0.		
e	Undistributed income for 2016					* , , , , , , , , , , , , , , , , , , ,
	line 2a Taxable amount — see	instructions			0.	
f	Undistributed income for 4d and 5 from line 1. The	r 2017 Subtract lines is amount must be				
7	distributed in 2018	udende and the	WARL TA & STATE	3 3 A. 2 3 8 2 2 3 3 2 3 3 3 4 3 3 3 4 3 3 4 3 3 4 3 3 4 3 4		0.
,	Amounts treated as dist corpus to satisfy require section 170(b)(1)(F) or 4	ments imposed by				
	may be required - see	instructions)	0.			
8	Excess distributions carriapplied on line 5 or line	ryover from 2012 not 7 (see instructions)	1,840.			Clarent Control of the Control of th
9	Excess distributions car Subtract lines 7 and 8 fr	rryover to 2018. om line 6a	47,347.			
10	Analysis of line 9			1412 8 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
а	Excess from 2013					4037
Ł	Excess from 2014	2,452.				
c	Excess from 2015	30,736.				
	Excess from 2016	4,518.				
	Excess from 2017	9,641.	TO ARROWS TO			
BAA						Form 990-PF (2017)

Form 990-PF (2017) JOYCE AND RANDY				58-6429965	Page 10	
Rant XIV Private Operating Founda	ations (see instri	uctions and Pai	rt VII-A, questio	n 9)	N/A	
1 a If the foundation has received a ruling or is effective for 2017, enter the date of the	ruling					
• b Check box to indicate whether the founda	tion is a private oper	ating foundation de	escribed in section	4942(j)(3) or	4942(j)(5)	
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total∕	
investment return from Part X for each year listed	(a) 2017	(b) 2016	(c) 2015	(d) 2014		
b 85% of line 2a					/	
c Qualifying distributions from Part XII, line 4 for each year listed						
d Amounts included in line 2c not used directly for active conduct of exempt activities						
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c						
3 Complete 3a, b, or c for the alternative test relied upon						
a 'Assets' alternative test — enter						
(1) Value of all assets					····	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)						
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed		f.				
c '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)		<i>x</i>				
(3) Largest amount of support from an exempt organization						
(4) Gross investment income .			-			
Rart XV Supplementary Informatio	n-(Complete this	part only if th	e foundation ha	d \$5,000 or more	e in	
assets at any time during t		istructions.)				
1 Information Regarding Foundation Mana a List any managers of the foundation who close of any tax year (but only if they hav NONE	have contributed mo	re than 2% of the t han \$5,000) (See	total contributions re section 507(d)(2))	ceived by the foundat	tion before the	
b List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more of foundation has a 10	the stock of a corp % or greater intere	ooration (or an equa est	lly large portion of the	ownership of	
2 Information Regarding Contribution, Gra Check here ☐ if the foundation only requests for funds If the foundation make 2a, b, c, and d See instructions	makes contributions es gifts, grants, etc	to preselected cha to individuals or or	ritable organizations ganizations under ot	her conditions, compl		
a The name, address, and telephone numb	er or email address	of the person to wh	nom applications sho	ould be addressed		
SEE STATEMENT 7 b The form in which applications should be submitted and information and materials they should include						
·		nation and materia	is they should includ	le		
SEE STATEMENT FOR LINE 2A c Any submission deadlines		·				
SEE STATEMENT FOR LINE 2A		avaal avaaa aha iita	ble fields limits of	-11		
d Any restrictions or limitations on awards,	such as by geograph	iicai areas, charita	DIE TIEIOS, KINOS OF IR	istitutions, or other fa	ciors.	
SEE STATEMENT FOR LINE 2A	·			· · · · · · · · · · · · · · · · · · ·		

3 Grants and Contributions Paid During the Yea	ar or Approved for Futu	re Payment		
. Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
			; !	
Total		<u> </u>	► 3a	
b Approved for future payment			1	
	1			
			1	
		1		
		j		
Total			► 3 b)

Rart XVI-A Analysis of Income-Producing Enter gross amounts unless otherwise indicated.		ed business income	Excluded	by section 512, 513, or 514	
	(a)	(b)	(c)	(d)	(e) Related or exempt
1 Program service revenue	Business code	Amount	Exclu- sion code	Amount	function income (See instructions)
a					
b		<u>-</u>			· · · · · · · · · · · · · · · · · · ·
С					
d	_				· · · · · · · · · · · · · · · · · · ·
e	_				
Foot and contracts from covernment agencies					
g Fees and contracts from government agencies2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			1.4		
4 Dividends and interest from securities			14	1.	
5 Net rental income or (loss) from real estate	15 - 17 P. P 13 P			4,688.	
a Debt-financed property		ACM M. S. L. LOT. 100 ACM	C33 79 6 3		
b Not debt-financed property					· · · · · · · · · · · · · · · · · · ·
6 Net rental income or (loss) from personal property					······
7 Other investment income			14	-590.	
8 Gain or (loss) from sales of assets other than inventory			14	1.	50,761
9 Net income or (loss) from special events			14	<u>.</u>	30,701
10 Gross profit or (loss) from sales of inventory			 	·	
11 Other revenue	\$ 4\\$\\$\\$\\$		74. HE	State of the state	
a	36.3.72		113	* * * * * * * * * * * * * * * * * * * *	<u>``</u>
b					
			·		
C	Į		1 1		
····					
c					
c d				4,100.	50,761.
c d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)			(3. 1%)	4,100.	50,761 54,861
c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate	ions)			13	
c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate) Part XVI-B. Relationship of Activities to t	ions) he Accomp		t Purpo	13 ses	54,861
c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate. Part XVI-B. Relationship of Activities to t	ions) he Accomp		t Purpo	13 ses	54,861
c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate. Part XVI-B. Relationship of Activities to t Line No. Explain below how each activity for which accomplishment of the foundation's exemption.	ions) he Accomp		t Purpo	13 ses	54,861
c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate. Part XVI-B. Relationship of Activities to t	ions) he Accomp		t Purpo	13 ses	54,861
c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate. Part XVI-B. Relationship of Activities to t Line No. Explain below how each activity for which accomplishment of the foundation's exemption.	ions) he Accomp		t Purpo	13 ses	54,861
c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate. Part XVI-B. Relationship of Activities to t Line No. Explain below how each activity for which accomplishment of the foundation's exemption.	ions) he Accomp		t Purpo	13 ses	54,861
c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate. Part XVI-B. Relationship of Activities to t Line No. Explain below how each activity for which accomplishment of the foundation's exemption.	ions) he Accomp		t Purpo	13 ses	54,861
c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate. Part XVI-B. Relationship of Activities to t Line No. Explain below how each activity for which accomplishment of the foundation's exemption.	ions) he Accomp		t Purpo	13 ses	54,861
c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate. Part XVI-B. Relationship of Activities to t Line No. Explain below how each activity for which accomplishment of the foundation's exemption.	ions) he Accomp		t Purpo	13 ses	54,861
c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate. Part XVI-B. Relationship of Activities to t Line No. Explain below how each activity for which accomplishment of the foundation's exemption.	ions) he Accomp		t Purpo	ses	54,861
c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate. Part XVI-B. Relationship of Activities to t Line No. Explain below how each activity for which accomplishment of the foundation's exemption.	ions) he Accomp		t Purpo	ses	54,861
c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate. Part XVI-B. Relationship of Activities to t Line No. Explain below how each activity for which accomplishment of the foundation's exemption.	ions) he Accomp		t Purpo	ses	54,861
c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate. Part XVI-B. Relationship of Activities to t Line No. Explain below how each activity for which accomplishment of the foundation's exemption.	ions) he Accomp		t Purpo	ses	54,861
c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate. Part XVI-B. Relationship of Activities to t Line No. Explain below how each activity for which accomplishment of the foundation's exemption.	ions) he Accomp		t Purpo	ses	54,861
c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate. Part XVI-B. Relationship of Activities to t Line No. Explain below how each activity for which accomplishment of the foundation's exemption.	ions) he Accomp		t Purpo	ses	54,861
c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate. Part XVI-B. Relationship of Activities to t Line No. Explain below how each activity for which accomplishment of the foundation's exemption.	ions) he Accomp		t Purpo	ses	54,861
c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated Part XVI-B. Relationship of Activities to t Line No. Explain below how each activity for which accomplishment of the foundation's exemption.	ions) he Accomp		t Purpo	ses	54,861
c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate. Part XVI-B. Relationship of Activities to t Line No. Explain below how each activity for which accomplishment of the foundation's exemption.	ions) he Accomp		t Purpo	ses	54,861
c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate. Part XVI-B. Relationship of Activities to t Line No. Explain below how each activity for which accomplishment of the foundation's exemption.	ions) he Accomp		t Purpo	ses	54,861
c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate. Part XVI-B. Relationship of Activities to t Line No. Explain below how each activity for which accomplishment of the foundation's exemption.	ions) he Accomp		t Purpo	ses	54,861
c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate. Part XVI-B. Relationship of Activities to t Line No. Explain below how each activity for which accomplishment of the foundation's exemption.	ions) he Accomp		t Purpo	ses	54,861
c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated Part XVI-B. Relationship of Activities to t Line No. Explain below how each activity for which accomplishment of the foundation's exemption.	ions) he Accomp		t Purpo	ses	54,861
c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate Part XVI-B. Relationship of Activities to t Line No. Explain below how each activity for which accomplishment of the foundation's exemption.	ions) he Accomp		t Purpo	ses	54,861
c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate Part XVI-B. Relationship of Activities to t Line No. Explain below how each activity for which accomplishment of the foundation's exemption.	ions) he Accomp		t Purpo	ses	54,861
c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate Part XVI-B. Relationship of Activities to t Line No. Explain below how each activity for which accomplishment of the foundation's exemption.	ions) he Accomp		t Purpo	ses	54,861.

Form 990-PF (2017) JOYCE AND RANDY SECKMAN CHARITABLE 58-6429965 | Part XVII | Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

described in serelating to po a Transfers from (1) Cash (2) Other asset bother transact (1) Sales of (2) Purchase (3) Rental of (4) Reimburs (5) Loans or (6) Performa c Sharing of fact d If the answer the goods, other street in the street of the street o	section 501(c) of oblitical organization the reporting for the rep	haritable exempt a noncharitable ment, or other assents or membership of int, mailing lists, conversives given by t	exempt organization sets r fundraising solicity other assets, or paid plete the following the reporting found:	ot organization ations d employee schedule (ation if the	ations) o on of s Column (r in section 52 b) should alwa on received le	lys show the fair m	1 a (1) 1 a (2) 1 b (1) 1 b (2) 1 b (3) 1 b (4) 1 b (5) 1 b (6) 1 c tarket value in	Yes	X X X X X X X
			in column (d) the v		goods, d	other assets, o	r services received	<u></u>		
· · · · · · · · · · · · · · · · · · ·	Amount involved	(c) Name of no	ncharitable exempt organ	nization	(d) [Description of tran	sfers, transactions, and	sharing arrar	gements	<u> </u>
N/A					····					
								· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·							

										-
							·			
			,		-					
		·	····							
described in s b If 'Yes,' comp	ation directly or in section 501(c) of plete the followin me of organizatio	the Code (other g schedule	with, or related to, than section 501(c) (b) Type of or)(3)) or in se	re tax-ex ection 52	777) Description of re	Yes	s X	No
Sign correct, and or	omplete Deelecation	nat I have examined this of preparer (other than	return, including accompaniation taxpayer) is based on a	nying schedules Il information of	f which pre	parer has any knov	of my knowledge and bel wledge	May the this retuing preparer See insti	IRS disc in with the shown be fuctions	uss ne elow?
	officer or trustee		Date		Title			X	Yes	No
Print	t/Type preparer's nam	ie	Preparer's signatur	2 n'n		Date	Check X if	PTIN	_	_
aid / MI	CHAEL O'BR	IEN	morrace	1/42	wi	4/27/18	self employed	P0009	<u> 1775</u>	
•	n's name ► M	IKE O'BRIEN	I, PC				Firm's EIN ► 58-2	2061613		
		520 E BAY E	····			,				
		JLF BREEZE,	FL 32563-97	737			Phone no (85))) 916 -	1548	
IAA			<u> </u>				,,,,,,	Form 9 9		(2017)

2017	FEDERAL STATEMENTS	PAGE 1
CLIENT SECKMAN	OYCE AND RANDY SECKMAN CHARITABLE FOUNDATION	58-6429965
4/27/18		03 06PM
STATEMENT 1 FORM 990-PF, PART I, LINE 11 OTHER INCOME		
	(A) (B) NET REVENUE INVESTMENT PER BOOKS INCOME	(C) ADJUSTED NET INCOME
OTHER INVESTMENT INCOME	TOTAL $\frac{\$}{\$} - 590.$ $\frac{\$}{\$} = 0$. \$ 0.
STATEMENT 2 FORM 990-PF, PART I, LINE 16 ACCOUNTING FEES	В	
TAX RETURN PREP	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTE: PER BOOKS INCOME NET INCO \$ 686. \$ 686. TOTAL \$ 686. \$ 686. \$ \$ 686.	
STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES		
ES TAXES FOREIGN TAX WITHHELD PRIOR YEAR FED INCOME TA	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTE PER BOOKS INCOME NET INCO \$ 450. \$ 450. 173. 173. 173. 173. KES 139. 139. TOTAL \$ 762. \$ 762. \$	
STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
ADR FEES INVESTMENT MGT FEES MISC	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTE PER BOOKS INCOME NET INCO \$ -14. \$ -14. 4,482. 4,482. 201. TOTAL \$ 4,669. \$ 4,468. \$	

2017	FEDF	RAL STATEMENTS	 PAGE 2
CLIENT SECKMAN		RANDY SECKMAN CHARITABLE	
4/27/18		FOUNDATION	 58-6429965 03 06PM
STATEMENT 5 FORM 990-PF, PART I, LINE CONTRIBUTIONS, GIFTS, AN			33 33 m
CASH GRANTS AND ALLOCAT		_	
DONEE'S NAME: DONEE'S ADDRESS:		CHILDREN'S HEALTHCARE 1200 JOHNSON FERRY RD STE. 250 MARIETTA GA 30068	
RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS C AMOUNT GIVEN:	F DONEE:	501C3	\$ 1,000.
DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS O		GEORGIA TECH FOUNDATION 177 NORTH AVENUE ATLANTA, GA 30332	
RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS C AMOUNT GIVEN:	OF DONEE:	NONE 501C3	2,500.
		AMERICAN CANCER SOCIETY BOX 102454 ATLANTA, GA 30368-2454	:
RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS C AMOUNT GIVEN:		NONE	100.
DONEE'S NAME: DONEE'S ADDRESS:		REDEEMER PRESBYTERIAN CHURCH 1046 MILLER ST WINSTON-SALEM, NC 27103	
RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS C AMOUNT GIVEN:	F DONEE:	NONE	6,000.
DONEE'S NAME: DONEE'S ADDRESS:		WALTON CHEER BOOSTER CLUB 1590 BILL MURDOCK ROAD MARIETTA GA 30062	
RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS C AMOUNT GIVEN:	F DONEE:	NONE	250.
DONEE'S NAME: DONEE'S ADDRESS:		CHATTAHOOCHEE NATURE CENTER 9135 WILLEO ROAD ROSWELL GA 30075	
RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS C AMOUNT GIVEN:	F DONEE:	NONE	1,000.
DONEE'S NAME: DONEE'S ADDRESS:		CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVENUE CINCINATTI OH 45229	
RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS C AMOUNT GIVEN:	F DONEE:	NONE	2,258.
DONEE'S NAME: DONEE'S ADDRESS:		WALTON HIGH SCHOOL FOUNDATION 1590 BILL MURDOCK RD MARIETTA GA 30062	
RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS C AMOUNT GIVEN:	F DONEE:	NONE	4,000.

CLIENT SECKMAN 4/27/18 STATEMENT 5 (CONTINUED) FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND GRANTS DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: DONEE'S NAME: DONEE'S NAME: BONEE'S NAME: DONEE'S NAME: CREATIONSHIP OF DONEE: STATUS OF DONEE: CREATIONSHIP OF DONEE: CR	2017		ERAL STATEMENTS	PAGE 3		
STATEMENT 5 (CONTINUED) FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND GRANTS DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN: DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN: DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN: DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN: DONEE'S NAME: DONEE'S NAM	CLIENT SECKMAN	JOYCE AND	JOYCE AND RANDY SECKMAN CHARITABLE FOUNDATION			
FORM 990-PF, PARTI, LINE 25 CONTRIBUTIONS, GIFTS, AND GRANTS DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: AMOUNT GIVEN: DONEE'S NAME: DONEE'S NA	4/27/18			03 06PM		
DONEE'S ADDRESS: RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN: DONEE'S NAME: DONEE'S NAME: ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN: DONEE'S NAME: DONEE'S NAME: ORGANIZATIONAL STATUS OF DONEE: DONEE'S NAME: DONEE'S NAM	FORM 990-PF, PART I, LII	NE 25				
RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN: DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN: DONEE'S NAME: DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: ONEE'S ADDRESS: RELATIONSHIP OF DONEE: ONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: ORGANIZATIONAL STATUS OF DONEE: ORGANIZATIONAL STATUS OF DONEE: ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN: DONEE'S NAME: DONEE'S NAME: DONEE'S ADDRESS: ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN: DONEE'S NAME: CAMPUS OUTREACH SASHINGTON DC 20002			332 N BROADWAY			
DONEE'S ADDRESS: RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: DONEE'S NAME: DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: DONEE'S NAME: DONEE'S NAME: DONEE'S NAME: DONEE'S ADDRESS: UNINSHIP CANCER INSTITUTE 1762 CLIFTON ROAD ATLANTA GA 30322 ORGANIZATIONAL STATUS OF DONEE: DONEE'S NAME: DONEE'S NAME: DONEE'S NAME: DONEE'S NAME: DONEE'S NAME: DONEE'S ADDRESS: GIVING AT SERGE 101 WEST AVE JENKINTOWN PA 19046 501(C) (3) CAMPUS OUTREACH 525 A ST. NE WASHINGTON DC 20002	ORGANIZATIONAL STATU		NONE 501 (C) (3)	1,000.		
RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN: DONE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN: DONEE'S NAME: DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN: CHILDRENS MIRACLE NETWORK HOSPITALS 205 W 700S SALTLAKE CUTY UT 84101 NONE ORGANIZATIONAL STATUS OF DONEE: ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN: DONEE'S NAME: DONEE'S ADDRESS: WINSHIP CANCER INSTITUTE 1762 CLIFTON ROAD ATLANTA GA 30322 ORGANIZATIONAL STATUS OF DONEE: DONEE'S ADDRESS: GIVING AT SERGE 101 WEST AVE DONEE'S ADDRESS: ORGANIZATIONAL STATUS OF DONEE: DONEE'S ADDRESS: CAMPUS OUTREACH 501 (C) (3) CAMPUS OUTREACH 502 (3) CAMPUS OUTREACH 503 (C) (3)			3113 ROSWELL RD #203			
DONEE'S ADDRESS: RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: DONEE'S NAME: DONEE'S ADDRESS: CHILDRENS MIRACLE NETWORK HOSPITALS 205 W 700S SALTLAKE CUTY UT 84101 NONE ORGANIZATIONAL STATUS OF DONEE: ORGANIZATIONAL STATUS OF DONEE: DONEE'S NAME: DONEE'S NAME: DONEE'S ADDRESS: WINSHIP CANCER INSTITUTE 1762 CLIFTON ROAD ATLANTA GA 30322 ORGANIZATIONAL STATUS OF DONEE: DONEE'S ADDRESS: DONEE'S NAME: DONEE'S NAME: DONEE'S NAME: DONEE'S ADDRESS: GIVING AT SERGE 101 WEST AVE JENKINTOWN PA 19046 ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN: DONEE'S NAME: DONEE'S NAME: CAMPUS OUTREACH 501 (C) (3) CAMPUS OUTREACH 502 A ST. NE WASHINGTON DC 20002	ORGANIZATIONAL STATU		NONE	1,000.		
RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: ORGANIZATIONAL STATUS OF DONEE: ORGANIZATIONAL STATUS OF DONEE: DONEE'S NAME: DONEE'S NAME: DONEE'S NAME: DONEE'S ADDRESS: DONEE'S ADDRESS: DONEE'S NAME: DONEE'S NAME: DONEE'S ADDRESS: DONEE'S NAME: DONEE'S NAME: DONEE'S ADDRESS: CRIVING AT SERGE 101 WEST AVE JENKINTOWN PA 19046 501 (C) (3) CAMPUS OUTREACH DONEE'S NAME: DONEE'S NAME: CAMPUS OUTREACH DONEE'S NAME: DONEE'S NAME: DONEE'S ADDRESS: CAMPUS OUTREACH WASHINGTON DC 20002			11503 ST. CHARLES ROCK RD			
DONEE'S ADDRESS: RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: DONEE'S NAME: DONEE'S ADDRESS: CREATIONAL STATUS OF DONEE: DONEE'S ADDRESS: DONEE'S ADDRESS: DONEE'S ADDRESS: DONEE'S ADDRESS: DONEE'S NAME: DONEE'S NAME: DONEE'S ADDRESS: DONEE'S NAME: DONEE'S ADDRESS: DONEE'S NAME: DONEE'S ADDRESS: DONEE'S NAME: DONEE'S ADDRESS: DONEE'S NAME: DONEE	ORGANIZATIONAL STATU		NONE	250.		
RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: DONEE'S NAME: DONEE'S ADDRESS: ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN: DONEE'S NAME: DONEE'S NAME: DONEE'S ADDRESS: ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN: DONEE'S NAME: DONEE'S ADDRESS: ORGANIZATIONAL STATUS OF DONEE: DONEE'S ADDRESS: ORGANIZATIONAL STATUS OF DONEE: DONEE'S NAME: DONEE'S NAME: DONEE'S NAME: DONEE'S NAME: DONEE'S NAME: DONEE'S ADDRESS: CAMPUS OUTREACH DONEE'S ADDRESS: WASHINGTON DC 20002			205 W 700S			
DONEE'S ADDRESS: ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN: DONEE'S NAME: DONEE'S ADDRESS: ORGANIZATIONAL STATUS OF DONEE: DONEE'S ADDRESS: ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN: DONEE'S NAME: DONEE'S NAME: DONEE'S ADDRESS: CAMPUS OUTREACH DONEE'S ADDRESS: WASHINGTON DC 20002	ORGANIZATIONAL STATU		NONE	250.		
ORGANIZATIONAL STATUS OF DONEE: 501 (C) (3) AMOUNT GIVEN: DONEE'S NAME: GIVING AT SERGE DONEE'S ADDRESS: 101 WEST AVE JENKINTOWN PA 19046 ORGANIZATIONAL STATUS OF DONEE: 501 (C) (3) AMOUNT GIVEN: DONEE'S NAME: CAMPUS OUTREACH DONEE'S ADDRESS: WASHINGTON DC 20002			1762 CLIFTON ROAD			
DONEE'S ADDRESS: DONEE'S ADDRESS: ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN: DONEE'S NAME: DONEE'S ADDRESS: CAMPUS OUTREACH 525 A ST. NE WASHINGTON DC 20002		S OF DONEE:		500.		
ORGANIZATIONAL STATUS OF DONEE: 501(C)(3) AMOUNT GIVEN: DONEE'S NAME: CAMPUS OUTREACH DONEE'S ADDRESS: 525 A ST. NE WASHINGTON DC 20002			101 WEST AVE			
DONEE'S ADDRESS: 525 A ST. NE WASHINGTON DC 20002		S OF DONEE:		6,000.		
			525 A ST. NE			
AMOUNT GIVEN:		IS OF DONEE:		1,000.		

DONEE'S NAME: DONEE'S ADDRESS:

ALZHEIMERS ASOC 41 PERIMETER CENTER EAST ATLANTA GA 30346

ORGANIZATIONAL STATUS OF DONEE:

501 (C) (3)

AMOUNT GIVEN:

100.

DONEE'S NAME: DONEE'S ADDRESS:

NETWORK FOR GOOD 1140 CONNECTICUT AVE WASHINGTON DC 20036

ORGANIZATIONAL STATUS OF DONEE:

501 (C) (3)

<u> </u>	PT :		
2017	FEDER	PAGE 4	
CLIENT SECKMAN	JOYCE AND RANDY SECKMAN CHARITABLE FOUNDATION		58-6429965
4/27/18			03 06PM
STATEMENT 5 (CONTINUED) FORM 990-PF, PART I, LINE 2 CONTRIBUTIONS, GIFTS, AN	25		
AMOUNT GIVEN:		\$	1,000.
DONEE'S NAME: DONEE'S ADDRESS:		LIAM'S LIGHTHOUSE 5818 CHARLOIS CT COLORADO SPRINGS CO 80922	
ORGANIZATIONAL STATUS O AMOUNT GIVEN:	F DONEE:	501 (C) (3)	1,000.
DONEE'S NAME: DONEE'S ADDRESS:		GA TECH PARENTS FUND 760 SPRING ST ATLANTA GA 30308	
ORGANIZATIONAL STATUS O AMOUNT GIVEN:	F DONEE:	501 (C) (3)	1,000.
DONEE'S NAME: DONEE'S ADDRESS:		WALTON CINDER CLUB 1590 BILL MURDOCK ROAD MARIETA GA 30062	
AMOUNT GIVEN:		MARIETA GA 30002	100.
DONEE'S NAME: DONEE'S ADDRESS:		MT. HOLYOKE COLLEGE 50 COLLEGE ST SOUTH HADLEY MA 01075	
ORGANIZATIONAL STATUS O AMOUNT GIVEN:	F DONEE:	501 (C) (3)	100.
DONEE'S NAME: DONEE'S ADDRESS:		COBB COUNTY BAR CHILDRENS EMERG FUND 70 HAYES ST	
ORGANIZATIONAL STATUS O AMOUNT GIVEN:)F DONEE:	MARIETA GA 30090 501(C)(3)	100.
DONEE'S NAME: DONEE'S ADDRESS:		WALTON LACROSSE BOOSTER CLUB 1590 BILL MURDOCK RD	
ORGANIZATIONAL STATUS C	F DONEE:	MARIETTA GA 30062 501(C)(3)	400.
DONEE'S NAME: DONEE'S ADDRESS:		NAVIGATE RECOVERY GWINNETT 6335 HOSPITAL PARKWAY	
ORGANIZATIONAL STATUS C AMOUNT GIVEN:)F DONEE:	JOHNS CREEK GA 30097 501(C)(3)	100.
DONEE'S NAME: DONEE'S ADDRESS:		CROSSNORE SCHOOL 1001 REYNOLDS ROAD	
ORGANIZATIONAL STATUS C AMOUNT GIVEN:	OF DONEE:	WINSTON-SALEM NC 27107 501(C)(3)	3,000.
		TOTAL §	34,008.

2017

FEDERAL STATEMENTS

PAGE 5

JOYCE AND RANDY SECKMAN CHARITABLE

CLIENT SECKMAN

FOUNDATION

58-6429965

4/27/18

03 06PM

STATEMENT 6 FORM 990-PF, PART III, LINE 3 OTHER INCREASES

UNREC. CHANGE IN ASSET VALUES

8,203. 8,203. TOTAL \$

STATEMENT 7 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

CARE OF: STREET ADDRESS: CITY, STATE, ZIP CODE:

TELEPHONE:

E-MAIL ADDRESS:

FORM AND CONTENT: SUBMISSION DEADLINES:

RESTRICTIONS ON AWARDS:

J. RANDOLPH SECKMAN

1454 WATERFORD GREEN COURT MARIETTA, GA 30068

404-564-2460

WRITTEN

NONE

MUST BE IN KEEPING WITH THE FOUNDATION'S CHARTER. I.E.

RELIGIOUS OR HUMANITARIAN.

2017	FEDERAL SUPPORTING DETAIL JOYCE AND RANDY SECKMAN CHARITABLE			PAGE 1
CLIENT SECKMAN	FOUNDATION			58-6429965
OTHER INCOME PRODUCING INTEREST ON SAVINGS & C	G ACTIVITIES ASH INVESTMENTS			03 06PM.
CEDAR FAIR K-1		TOTAL	\$	1:
OTHER INCOME PRODUCING DIVIDENDS/INTEREST FROM	G ACTIVITIES I SECURITIES.			
SCHWAB 9732		TOTAL	\$	4,688. 4,688.
OTHER INCOME PRODUCIN OTHER INVESTMENT INCOM	G ACTIVITIES ME [O]			
CEDAR FAIR K-1		TOTAL	\$ \$	-590. -590.
OTHER INCOME PRODUCIN GAIN (LOSS) FROM ASSET	G ACTIVITIES SALES-NON INVENTORY [O]			
CEDAR FAIR K-1		TOTAL	\$ \$	<u>1.</u> 1.
				: