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

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.

Ford	alen	dar year 2018 or tax year beginning		, and ending		
Nan	ne of	foundation	.		A Employer identification	number
S	EAJ	MAN FAMILY FOUNDATION T	RUST		34-1770650	
		nd street (or P O box number if mail is not delivered to street		Room/suite	B Telephone number	
_1	00	0 VENTURE BOULEVARD			330-262-11	11
		own, state or province, country, and ZIP or foreign p	oostal code		C If exemption application is po	ending, check here
		STER, OH 44691	1. 4. 1 4			
G C	heck	all that apply: Initial return Final return	Amended return	ormer public charity	D 1. Foreign organizations	s, check here
		Address change	Name change		Foreign organizations me check here and attach co	eting the 65% test,
H C	heck	type of organization X Section 501(c)(3) e		all.	E If private foundation sta	· -
	_	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation	under section 507(b)(1)	
I Fa	ır ma	arket value of all assets at end of year J Account	ing method X Cash	Accrual	F If the foundation is in a	60-month termination
			ther (specify)		under section 507(b)(1)	- [
▶		3,397,190. (Part I, colu	mn (d) must be on cash basi:	s)		1 (0-
Pa	<u>rt l</u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	225,144.		N/A	
	2	Check I if the foundation is not required to attach Sch. B Interest on savings and temporary				
	3	cash investments	76.054	76 054		ama movemum 1
	4	Dividends and interest from securities	76,954.	76,954.		STATEMENT 1
.		Gross rents Net rental income or (loss)				
	-	Net gain or (loss) from sale of assets not on line 10	52,264.		RE	000
ä	Ь	Gross sales price for all 2.67 CA2			10	25-17'ED
Revenue	7	Capital gain net income (from Part IV, line 2)		52,264.	136	70
æ	8	Net short-term capital gain			MAY	1 5 2019
	9	Income modifications Gross sales less returns				الأما
	10a	and allowances			LOGO	EN IT
		Less Cost of goods sold Gross profit or (loss)				F-1X; ()
	11	Other income			1	
	12	Total. Add lines 1 through 11	354,362.	129,218.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
ses	16a	Legal fees				
Dec	D	Accounting fees Other professional fees	171			
ũ	17	Interest				\r
Administrative Expenses	18 (Daxes STMT 2	2,650.	395.		0.
Istr	19	Depreciation and depletion			Ì	54
Ē	202	Occupancy				
P	2.1	Travel, conferences, and meetings		-		 -
Operating and	25	Printing and publications	10 450	10 050		304
Ē	23	Other expenses STMT 3	18,450.	18,056.		394.
erat	₹4	Total operating and administrative expenses. Add lines 13 through 23	21,100.	18,451.		394.
Ö	€25	Contributions, gifts, grants paid	227,086.	20,131.		394. 227,086.
O	26	Total expenses and disbursements				
20		Add lines 24 and 25	248,186.	18,451.		227,480.
19	27	Subtract line 26 from line 12				,
		Excess of revenue over expenses and disbursements	106,176.	110 707		
		Net investment income (if negative, enter -0-)		110,767.	N/A	<u> </u>
	C	Adjusted net income (if negative enter -0-)	<u> </u>		47/A	

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form 99	0-PF (2018) SEAMAN FAMILY FOUNDATION			1770650 Page
Part	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
- Cart	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
- 1	Cash - non-interest-bearing	000 531	160 016	160 016
	Savings and temporary cash investments	209,731.	168,016.	168,016
3	Accounts receivable -			
ļ	Less, allowance for doubtful accounts	-		
4	Pledges receivable			
	Less allowance for doubtful accounts		·····	
	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons			
7	Other notes and loans receivable			
	Less allowance for doubtful accounts			
8 22	Inventories for sale or use			
Assets	Prepaid expenses and deferred charges			
∛ 10a	Investments - U.S. and state government obligations			
ь	Investments - corporate stock STMT 4	1,794,736.	1,942,627.	3,229,174
C	Investments - corporate bonds			
11	Investments - land, buildings, and equipment basis			
	Less accumulated depreciation			
12	Investments - mortgage loans			
13	Investments - other			
14	Land, buildings, and equipment basis			
	Less accumulated depreciation			
15	Other assets (describe			
	Total assets (to be completed by all filers - see the			
	instructions Also, see page 1, item I)	2,004,467.	2,110,643.	3,397,190
17	Accounts payable and accrued expenses			
18	Grants payable			
₁₉	Deferred revenue			
≝ 20	Loans from officers, directors, trustees, and other disqualified persons			
=	Mortgages and other notes payable			
ے ا⊏	Other liabilities (describe			
23	Total habilities (add lines 17 through 22)	0.]	0.	
1	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26, and lines 30 and 31.			
8 24	Unrestricted			
2 2	Temporarily restricted		• •	
26 26	Permanently restricted	_		
	Foundations that do not follow SFAS 117, check here			
声	and complete lines 27 through 31.			
5 ₂₇	Capital stock, trust principal, or current funds	0.	0.	
Assets or Fund Bala	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
ASS 29	Retained earnings, accumulated income, endowment, or other funds	2,004,467.	2,110,643.	
Net 30	Total net assets or fund balances	2,004,467.	2,110,643.	
Ž۵	10(4) 1161 433613 01 14114 941411963		_,,	
4	Total liabilities and net assets/fund balances	2,004,467.	2,110,643.	
			_,0,0101	
Part	Analysis of Changes in Net Assets or Fund Ba	alances		
1 Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
	st agree with end-of-year figure reported on prior year's return)		1	2,004,467
	r amount from Part I, line 27a		2	106,176
	r increases not included in line 2 (itemize)		3	0.
-	lines 1, 2, and 3			2,110,643.
	reases not included in line 2 (itemize)		5	0.
	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		2,110,643
0.0	. Hot account or just a series of your time i mind of i are in a			Form 990-PF (2016

Part V Capital Gains	and Losses for Tax on In						<u>4-1//</u>	0030	Page 3
(a) List and describe	the kind(s) of property sold (for example the common stock, 200 shs	nple, real esta		(b) Hov P - P	v acquired urchase lonation		acquired lay, yr.)	(d) Dat (mo , da	e sold ay, yr.)
1a SCHWAB SHORT T	ERM TRANSACTIONS				onua on	VARI	ous	VARIO	วบร
b SCHWAB LONG TE						VARI		VARIO	วบร
C									
_d	· · · · · · · · · · · · · · · · · · ·								
e									
(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus e	st or other basis expense of sale			((e) plus	ain or (loss s (f) minus	(g))	
<u>a</u> 144,883.			145,248			~ ~ ~ ~	-		-365-
b 122,759.			70,130). <u> </u>				52	,629.
<u>C</u>									
<u>d</u>				_					
e	(1)	h	10/01/00	+					·
Complete only for assets snowin	g gain in column (h) and owned by t) ()	I) Gains (C I. (k). but r	col. (h) gain not less tha	minus n -0-) or	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col. (j), if any		•	Losses	(from col (h))	
	2001 1201100			-					-365.
a b				-					,629.
C				\dashv				<u> </u>	, 023 •
d									
e									
	∫ If gain, also enter	ın Part I line	7	٦					
2 Capital gain net income or (net ca		· in Part I, line	, 7					52	264.
3 Net short-term capital gain or (los	• • • • • • • • • • • • • • • • • • • •								
If gain, also enter in Part I, line 8,		u (0)		}	1				
If (loss), enter -0- in Part I, line 8				يال			N/A		1=
Part V Qualification U					ment inco	ome			
(For optional use by domestic private	foundations subject to the section 4	940(a) tax on	net investment inco	ome)					
If section 4940(d)(2) applies, leave the	nis part blank.								
. ,	·		Ab b						X No
Was the foundation liable for the sec If "Yes," the foundation doesn't qualif				00/				Yes	IVO
	each column for each year; see the in			ries.					
(a) Base period years	(b)		oro memigeny om	(c)				(d) oution ratio	
Base periód years Calendar year (or tax year beginni	Admoted analytical dist	tributions	Net value of non		ole-use assets		Distrit col. (b) div)	oution ratio vided by col	(c))
2017		3,450.		2,9	72,124		1		8359
2016		1,400.			90,861				0929
2015	27	1,600.		2,3	85,324			.11	L3863
2014	26	0,100.		2,1	99,083		•	.11	L8277
2013	25	5,050.		1,9	16,121			.13	33107
2 Total of line 1, column (d)						2		.52	<u> 24535</u>
3 Average distribution ratio for the	5-year base period - divide the total o	on line 2 by 5.0), or by the number	of year	S				
the foundation has been in existe	nce if less than 5 years					3		.10	<u> 14907</u>
									045
4 Enter the net value of noncharitat	lle-use assets for 2018 from Part X, I	ine 5				4		3,504	217.
								265	C17
5 Multiply line 4 by line 3						5		367	617.
	(40) (D) 1 07h)							1	100
6 Enter 1% of net investment incom	ie (1% of Part I, line 2/b)					6		<u></u>	108.
7 Add Inno F and C						,		360	725.
7 Add lines 5 and 6						7		300	143.
8 Enter qualifying distributions from	n Part XII, line 4					8		227	480.
	line 7, check the box in Part VI, line	1b, and comp	lete that part using	a 1% ta	ıx rate.				
See the Part VI instructions.									

Form	1 990-PF (2018) SEAMAN FAMILY FOUNDATION TRUST	<u>r</u>	34-17	70650	Page 4	_
$\overline{}$	rt VI Excise Tax Based on Investment Income (Section 494	 -	or 4948 - se	e instruct	ions)	,
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and	enter "N/A" on line 1				
	Date of ruling or determination letter: {attach copy of letter if ne	cessary-see instructions)				i
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1	2	<u>,215.</u>	5
	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). 丿				1
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, o	thers, enter -0-)	2		0.	-
3	Add lines 1 and 2		3	2	,215.	_
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only;	others, enter -0-)	4		0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	2	,215.	_
6	Credits/Payments				1	1
а	2018 estimated tax payments and 2017 overpayment credited to 2018	6a 2,2	40.			
b	Exempt foreign organizations - tax withheld at source	6b	0.			
C	Tax paid with application for extension of time to file (Form 8868)	6c	0.			
d	l Backup withholding erroneously withheld	6d	0	<u> </u>		l
	Total credits and payments Add lines 6a through 6d		7	2	,240.	_
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is att	tached	8		0.	_
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		▶ 9			_
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10		25.	_
	Enter the amount of line 10 to be: Credited to 2019 estimated tax	25. Refunde	d ▶ 11		0.	•
	art VII-A Statements Regarding Activities					_
1a	During the tax year, did the foundation attempt to influence any national, state, or local legi	slation or did it participate or inti	ervene in	Y	'es No	_
	any political campaign?			1a	X	_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	oses? See the instructions for the	e definition	1b	X	•
_	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies					İ
	distributed by the foundation in connection with the activities.	, ,				
c	Did the foundation file Form 1120-POL for this year?			10	<u> </u>	•
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during th	e vear.				ĺ
	(1) On the foundation. \$ O . (2) On foundation manager		0.			
	Enter the reimbursement (if any) paid by the foundation during the year for political expense					
_	managers ▶ \$0 .	,				
2	Has the foundation engaged in any activities that have not previously been reported to the	IRS?		2	Х	
_	If "Yes," attach a detailed description of the activities.					İ
3	Has the foundation made any changes, not previously reported to the IRS, in its governing	instrument, articles of incorpora	tion, or			
-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	, , , , , , , , , , , , , , , , , , , ,	•	3	X	•
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year	ar?		4a	X	•
	of "Yes," has it filed a tax return on Form 990-T for this year?	-	N/A			
	Was there a liquidation, termination, dissolution, or substantial contraction during the year	?	•	5	х	•
•	If "Yes," attach the statement required by General Instruction T					ĺ
		either				
6						i
6		2000		1 1		1
6	By language in the governing instrument, or		e state law			ļ
6	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandato 		e state law	-		ļ
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandato remain in the governing instrument? 	ry directions that conflict with th			X X	
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandato 	ry directions that conflict with th			X X	
7	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandato remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," com 	ry directions that conflict with th				- - -
7	By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandato remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," com Enter the states to which the foundation reports or with which it is registered. See instructions are the states to which the foundation reports or with which it is registered.	ry directions that conflict with th				
7 8a	By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandato remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," com Enter the states to which the foundation reports or with which it is registered. See instructions.	plete Part II, col. (c), and Part XV				
7 8a	By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandato remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," com Enter the states to which the foundation reports or with which it is registered. See instruction OH If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the answer.	plete Part II, col. (c), and Part XV		7	Х	
7 8a b	By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandato remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," com Enter the states to which the foundation reports or with which it is registered. See instruction OH If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the of each state as required by General Instruction G? If "No," attach explanation.	plete Part II, col. (c), and Part XV ons.	l	7		
7 8a b	By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandato remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," come the states to which the foundation reports or with which it is registered. See instruction OH If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the of each state as required by General Instruction G? If "No," attach explanation. Is the foundation claiming status as a private operating foundation within the meaning of s	plete Part II, col. (c), and Part XV ons. Attorney General (or designate) ection 4942(j)(3) or 4942(j)(5) for	l	7 ————————————————————————————————————	X	 ว
7 8a b	By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandato remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," com Enter the states to which the foundation reports or with which it is registered. See instruction OH If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the of each state as required by General Instruction G? If "No," attach explanation.	plete Part II, col. (c), and Part XV ons. Attorney General (or designate) ection 4942(j)(3) or 4942(j)(5) for plete Part XIV	l	7	Х	1 2

3Ь

4a

b if "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

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

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

Form 4720, to determine if the foundation had excess business holdings in 2018.)

had not been removed from jeopardy before the first day of the tax year beginning in 2018?

Yes X No

N/A

during the year?

orm 990-PF (2018) SEAMAN FAMILY FOUNDATION			<u>34-17706</u>	<u>50</u>	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be R	equirea (contin	ued)	IV.	-1 N-
5a During the year, did the foundation pay or incur any amount to				Ye	s No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	* **		es X No		- 1 - 1
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				1 1
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es X No		}
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				1
4945(d)(4)(A)? See instructions		Y	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fe		[- 1	[[
the prevention of cruelty to children or animals?		Y	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un-	der the exceptions described i	n Regulations	<u> </u>	_	_
section 53.4945 or in a current notice regarding disaster assistance? See instri	uctions		N/A	50	
Organizations relying on a current notice regarding disaster assistance, check h	nere			1	1 1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	om the tax because it maintai	ned			1
expenditure responsibility for the grant?	N	Γ/A 🔲 Υ	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				1
a personal benefit contract?			s X No	_} .	_1_1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					1
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Y ₀	es X No		1 1
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$					
excess parachute payment(s) during the year?			es X No		
Part VIII Information About Officers, Directors, Truste	es. Foundation Mar				
Paid Employees, and Contractors	,				
List all officers, directors, trustees, and foundation managers and the	neir compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E	xpense int, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	accou	int, other wances
RICHARD N SEAMAN	TRUSTEE				
WOOSTER, OH	1				
	1.00	0.	0.		0.
KIMBERLY A SEAMAN	TRUSTEE				
WOOSTER, OH					
<u> </u>	1.00	0.	0.		0.
JUDITH G SEAMAN	TRUSTEE				
WOOSTER, OH		l			
	1.00	0.	0.		0.
 	1	1			
	1				
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none, e	enter "NONE."			
A Name and address of the latest and the same of the s	(b) Title, and average		(d) Contributions to employee benefit plans	(e) E	xpense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deterred compensation		int, other wances
NONE					
]			
 	**	<u> </u>			
					
					
]		
		,	-		
		1			
Total number of other employees paid over \$50,000	·	<u> </u>			0
Star number of other employees paid over \$00,000			Form	990-P	F (2018)
			7 07 111		(20.0)

Total. Add lines 1 through 3

ĮP.	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	3,411,994.
b	Average of monthly cash balances	1b	145,587.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	3,557,581.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		_
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,557,581.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	53,364.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,504,217.
6	Minimum investment return. Enter 5% of line 5	6	175,211.
IP.	artiXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar foreign organizations, check here ☐ and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	175,211.
2a	Tax on investment income for 2018 from Part VI, line 5 2, 215.		
ь	Income tax for 2018. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	2,215.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	172,996.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	172,996.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	172,996.
IP.	artiXIII 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	1a	227,480.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	227,480.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	227,480.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	qualifies for t	the section

Form 990-PF (2018) SEAMAN FAMILY FOUNDATION TRUST

Part XIII Undistributed income (s	ee instructions)			
	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				172,996.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			0.	
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2018	-	~	-	-
a From 2013 160,038.				
b From 2014 152,768.				
c From 2015 154,360.				
d From 2016 129,043.				
e From 2017 27,059.				
f Total of lines 3a through e	623,268.			
4 Qualifying distributions for 2018 from				
Part XII, line 4 ► \$ 227,480.			•	
a Applied to 2017, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			172 006
d Applied to 2018 distributable amount	FA 404			172,996.
e Remaining amount distributed out of corpus	54,484.	·····		0.
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below.				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	677,752.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2017 Subtract line	-			
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2019				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				•
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2013				
not applied on line 5 or line 7	160,038.			
9 Excess distributions carryover to 2019.				
Subtract lines 7 and 8 from line 6a	517,714.			
10 Analysis of line 9				
a Excess from 2014 152,768.				
b Excess from 2015 154,360.				
c Excess from 2016 129,043.				
d Excess from 2017 27,059.				
e Excess from 2018 54,484.			<u> </u>	<u> </u>

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Form 990-PF (2018) SEAMAN F Part XIV Private Operating Fo		DATION TRUS			77065,0 Page 10
	<u> </u>		-A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for			n anotion		042(1)(5)
b Check box to indicate whether the founda		ing toundation described i	Prior 3 years	4942(j)(3) or 4	942(j)(5) T
2 a Enter the lesser of the adjusted net	Tax year (a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
income from Part I or the minimum	(a) 2010	(0) 2017	(6) 2010	(0) 2910	(6) 10141
investment return from Part X for					
each year listed			 		
b 85% of line 2a		-	+		
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not			/		
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly				1	
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter: (1) Value of all assets		/			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) 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)(8)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					<u> </u>
Part XV Supplementary Informat any time during the			f the foundation	n had \$5,000 or mo	re in assets
Information Regarding Foundation List any managers of the foundation who year (but only if they have contributed more).	have contributed more		ributions received by th	ne foundation before the clo	se of any tax
RICHARD N SEAMAN					
b List any managers of the foundation who other entity) of which the foundation has			or an equally large por	tion of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribution Check here ► X if the foundation on	ly makes contributions	to preselected charitable	organizations and does		ests for funds. If
the foundation makes gifts, grants, etc., to a The name, address, and telephone number	_				
b The form in which applications should be	submitted and informa	ation and materials they sl	nould include		
c Any submission deadlines.				· · · · · · · · · · · · · · · · · · ·	
d Any restrictions or limitations on awards,	such as by geographic	cal areas, charitable fields,	kınds of institutions, o	r other factors:	1

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Y		Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
AKRON CHILDRENS HOSPITAL FOUNDATION	NONE	PC	PEDIATRIC PALLIATIVE	
AKRON, OH			CARE RESAERCH	50,000.
	+	<u> </u>		
	Lown		OUAD TWADI E	
BEAVER CREEK RELIGIOUS FOUNDATION	NONE	PC	CHARITABLE	
BEAVER CREEK, CO				500.
BOWLING GREEN STATE UNIVERSITY	NONE	PC	CHARITABLE	
BOWLING GREEN, OH			<u> </u>	1,000.
ANIMAL CARE CENTER OF ST JOHN	NONE	PC	CHARITABLE	
ST JOHN, VI				2,000.
CAMPING AND EDUCATION FOUNDATION	NONE	PC	CHARITABLE; CAMPING	
CINCINNATI, OH			AND EDUCATION FUND	15,000.
	NTINUATION SHEE	T(S)	▶ 3a	227,086.
b Approved for future payment				
NONE				
	-			
		_		
	1	1		
Total			▶ 3b	0. m 990-PF (2018)

A . 1	-: 4 l.a D.a al.	

Enter gross amounts unless otherwise indicated.	Unrelated t	usiness income		y section 512, 513, or 514	(e)
	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue	code	Amount	sion code	Amount	function income
a					
b					
C					
d					
e	-				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	76,954.	
5 Net rental income or (loss) from real estate					-
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	52,264.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b	_				
C	_				
d	_				
e	_		\bot		
12 Subtotal. Add columns (b), (d), and (e)		().	129,218.	
13 Total. Add line 12, columns (b), (d), and (e)				13	129,218
(See worksheet in line 13 instructions to verify calculations)					
Part XVI-B Relationship of Activities	to the Accom	plishment of E	Exempt Pu	rposes	
Line No. Explain below how each activity for which in	'		-	•	

▼	the foundation's exempt purposes (other than by providing funds for such purposes).	
-+		
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- 		
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-	LIEUT-MINISTER W.	
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21 12-11-1	Form	990-PF (

Form 990-PF (2018) SEAMAN FAMILY FOUNDATION TRUST 34-1770650 [Part XVIII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

							504(-)		es	No
1					g with any other organizatio	n described in secti	on 501(c)		-	☱
					to political organizations?					
а	Transfers	from the reporting founda	ition to a noncharitat	le exempt org	anization of					
	(1) Cash							1a(1)		<u> </u>
	(2) Other	assets						1a(2)		X
ь	Other tran									
_		of assets to a noncharital	ble exempt organizat	ion				1b(1)		$\overline{\mathbf{x}}$
	` '	nases of assets from a nor						1b(2)		x
		al of facilities, equipment,		gamzadon				1b(3)		x
	• •		ui uliiti asstis					1b(4)		X
	٠,	bursement arrangements							-	X
		s or loan guarantees						1b(5)		X
(6) Performance of services or membership or fundraising solicitations							1b(6)		$\frac{\Lambda}{X}$	
 c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, 								10	1	
ď									s,	
		-			d less than fair market valu	e in any transaction	or sharing arrangement, sh	ow in		
		i) the value of the goods,	,							
(a)∟	ne no	(b) Amount involved	(c) Name of		exempt organization	(d) Description	of transfers, transactions, and sh	naring arran	gemen	ts
				N/A						
	İ									
	<u> </u>									
			_		* **					
								*		
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					, -					
			<u> </u>		_	ᆚ				
2a	Is the four	ndation directly or indirec	tly affiliated with, or i	elated to, one	or more tax-exempt organiz	zations described	_	_		,
	ın section	501(c) (other than sectio	n 501(c)(3)) or ın se	ction 527?			L	Yes	X	No
<u>b</u>	If "Yes," co	omplete the following sch								
		(a) Name of org	janization		(b) Type of organization		(c) Description of relationsh	np		
		N/A								
_										
				***			_ **.*			
-					accompanying schedules and sta			the IRS dis	cuss th	nis I
Sig	gn and be	elief, it is true correct, and corr	iplete Declaration of pre	parer (other than	taxpayer) is based on all informat	ion of which preparer h	as any knowledge retui	rn with the p wn below? S	repare	ar .
He	re	Hichel XI	//war		13/20/15	Iruste		Yes		No
	Siar	nature of officer or trustee			Date	Title				
	1 - 9	Print/Type preparer's na		Preparer's	anature .	Date	Check If PTIN			
			-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	" Com Cont	· · · -	self- employed			
Pa	id	KADENI B C	OONEV	KAREN :	B. COONEY	03/18/19		2859	83	
	TURNELLY DE COONELL PRINCIPAL DE COONELL POSTE DE LA COONELL PRINCIPAL DE COONELL POSTE DE LA COONELL POST						Firm's EIN ► 34-18			
	e Only	Firm's name PILA	TIOO METO	KE, DII	٠.		Lumsem > 24-10	, 1 0 2 3	5	
Ja	Firm's address ► 1375 EAST NINTH STREET, SUITE 1800									
						1900	216 24	11 22	7 2	
		Сп	EVELAND,	OH 441.	14-1/90		Phone no. 216-24	rm 990-		·
							Fo	rm 990-		(2018)

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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Name of the organization Employer identification number SEAMAN FAMILY FOUNDATION TRUST 34-1770650 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributors Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (1) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization	Employer Identification number
SEAMAN FAMILY FOUNDATION TRUST	3 4 -1770650
Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed	

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
1	SEAMAN CORPORATION		Person X Payroll					
	1000 VENTURE BOULEVARD	\$ 219,202.	Noncash (Complete Part II for					
	WOOSTER, OH 44691		noncash contributions)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
2	RICHARD N. SEAMAN		Person X					
	1000 VENTURE BOULEVARD	\$ 102,085.	Payroll Noncash X					
	WOOSTER, OH 44691		(Complete Part II for noncash contributions)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Oncash Complete Part II for noncash contributions)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions)					

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Name of organization

Employer identification number

SEAMAN FAMILY FOUNDATION TRUST

34-1770650

art II	Noncash Property (see instructions) Use duplicate copies of Part II	Tradutional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	265 SHARES OF MASTERCARD COMMON STK; 475 SHARES OF		
_2	MICROSOFT COMMON STK	_	
			12/14/18
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions)	Date received
		_ _	
		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions)	Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No.	/61	(c)	(d)
from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	Date received
		_	
		_	

Name of or	rganization	Employer identification number						
SEAMAI	N FAMILY FOUNDATION TRU	STP		34-1770650				
Part III	Exclusively religious, charitable, etc., contributor any one contributor. Complete columns (tions to organizations described in	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000	or less for the year (Ent	er this into once) > \$				
(a) No. from		T.						
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
			_					
	-							
		(e) Transfer of	gift					
	Transferee's name, address, a	and ZIP + 4	Relationsl	nip of transferor to transferee				
ľ	Transfered a flame, address, a		71010110110					
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Part I	(b) Furpose of guit	(c) ose or girt		(u) Description of now girt is need				
			_					
}	****	4-1 Turneday of						
ŀ	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
			-					
(a) No.	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Part I								
l								
Ì		(e) Transfer of	gift					
ŀ	Transferee's name, address, a	and ZIP + 4	Relations	nip of transferor to transferee				
•								
(a) No.		<u> </u>						
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
— i		·		· · ·				
ļ	(e) Transfer of gift							
	Transferee's name, address, a	ind ZIP + 4	Relations	nip of transferor to transferee				
İ								
•								
								

3 Grants and Contributions Paid During the				ļ
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
CENTRAL AMERICA MEDICAL OUTREACH	NONE	₽C	CHARITABLÉ	
DRRVILLE, OH			-	3,00
				-
COLLEGE OF WOOSTER	NONE .	PC	CHARITABLE	
OOSTER, OH				10,00
DANA-FARBER CANCER INSTITUTE	NONE	₽C	CHARITABLE	
				2 00
BROOKLINE, MA			····	2,00
30B WOODRUFF FOUNDATION	NONE	₽C	CHARITABLE	
NEW YORK, NY				2,00
DN TORK, NI			-	2,00
FREDERICKSBURG LIBRARY	NONE	PC	CHARITABLE	1
FREDERICKSBURG, OH				75
HABITAT FOR HUMANITY	NONE	PC	CHARITABLE	
WOOSTER, OH				1,50
HEALTHNETWORK FOUNDATION	NONE	₽C	CHARITABLE	
CHAGRIN FALLS, OH				32,50
HOLMES COUNTY EDUCATION FOUNDATION	NONE	₽C	CHARITABLE	
MILLERSBURG, OH				1,00
DONG AND GIRLS CAUD	NOVE	ng.	CUARTMARY	
SOYS AND GIRLS CLUB	NONE	PC	CHARITABLE	
WOOSTER, OH				25
MOCA HOUSE RECOVERY CENTER	NONE	₽C	CHARITABLE	
			CHANT LUDBE	
NOOSTER, OH Total from continuation sheets	1,	1		158,58

Part XV Supplementary Information 3 Grants and Contributions Paid During the Y		•		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	
MONTESSORI SCHOOL OF WOOSTER	NONE	₽C	CHARITABLE; FLOORING	
WOOŚTÉR OH				8,10
FAMILY BUSINESS NETWORK	NONE	₽C	CHARITABLE; STRATEGIC PLANNING SUPPORT	
CHICAGO, IL	,			5,000
NOBLE NETWORK OF CHARTER SCHOOLS	NONE	PC	CHARITABLE; SUMMER OF	
CHICAGO, IL			A LIFETIME	3,20
	YOUT	7.0	OUAD TWAD I F	
ONE EIGHTY (ADDICTION TREATMENT CENTER)	NONE	₽C	CHARITABLE	
VOORTED OU				15 00
WOOSTER, OH				15,00
PEOPLE TO PEOPLE MINISTRIES	NONE	₽C	CHARITABLE	
PROPULE TO PROPULE MINISTRIES	NONE		CHARTIADD	
WOOSTER, OH			1	1,000
SALVATION ARMY OF WOOSTER	NONE	PC	CHARITABLE	
WOOSTER, OH				1,00
ST CLARE OF ASSISI	NONE	PC	CHARITABLE	
EDWARDS, CO				506
минор	NONE	PC	CHARITABLE; COZY CABIN	
			CAMPAIGN	1 50
PERRYSVILLE, OH	 			1,50
JNITARIAN UNIVERSALIST FELLOWSHIP OF	NONE	₽C	CHARITABLE	
VAYNE COUNTY				
WOOSTER, OH			1	2,60
UNITED WAY OF WAYNE AND HOLMES COUNTY	NONE	₽C	CHARITABLE	
WOOSTER, OH	<u> </u>			20,00
Total from continuation sheets				

SEAMAN FAMILY FOUNDATION TRUST

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
VIOLA STARTZMAN FREE CLINIC	NONE	₽C	CHARITABLE	
WOOSTER, OH				1,50
WAYNE CENTER FOR THE ARTS	NONE	₽C	CHARITABLE	
WOOSTER, OH				3,00
WAYNE COUNTY COMMUNITY FDN	NONE	₽C	CHARITABLE; JR FAIR EXPANSION	
WOOSTER, OH		ļ		10,00
GREAT DECISIONS OF WAYNE COUNTY	NONE	PC	CHARITABLE	
WOOSTER, OH				25
WOMEN'S ADVISORY BOARD - COLLEGE OF WOOSTER	NONE	₽C	CHARITABLE	
WOOSTER, OH				75
WOOSTER FIRST PRESBYTERIAN CHURCH	NONE	PC	CHARITABLE	
WOOSTER, OH				10,00
WOOSTER CITY SCHOOLS	NONE ,	PC	CHARITABLE; NATATORIUM	
WOOSTER, OH		-		15,88
wksu	NONE	₽C	CHARITABLE	
	,			5.0
KENT, OH				50
ST LUKES POINT OF GRACE	NONE	₽C	CHARITABLE	
MANSFIELD, OH				5,00
				···-

FORM 990-PF 1	DIVIDENDS	AND INTER	EST	FROM SECUR	ITIES ST	PATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
SCHWAB ACCOUNTS	76,954.		0.	76,954.	76,954.	
TO PART I, LINE 4	76,954.	•	0.	76,954.	76,954.	
FORM 990-PF		TAX	ES		Si	PATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- IT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAX PAID NET INVESTMENT INCOME	TAX	395. 2,255.		395. 0.		0.
TO FORM 990-PF, PG 1,	LN 18 =	2,650.		395.		0.
FORM 990-PF		OTHER E	XPEN	ISES	Si	PATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- IT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	_			17 000		0.
INVESTMENT FEES OHIO FILING FEE OTHER STOCK FEES OFFICE SUPPLIES		17,989. 200. 67. 194.		17,989. 0. 67. 0.		200. 0. 194.

FORM 990-PF CORPORATE STOCK		STATEMENT 4
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
EQUITIES HELD IN BROKERAGE ACCOUNTS	1,942,627.	3,229,174.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,942,627.	3,229,174.