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Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

2009

For calendar year 2009, or tax year beginning		, and ending		
G Check all that apply: Initial return	—	of a former public charity	Final return	1
Amended return	Address	change	Name change	· · · · · · · · · · · · · · · · · · ·
Use the IRS Name of foundation			A Employer identification	number
label			05 (630500	
Otherwise, SHERMAN FAMILY FO		Room/suite	25-6632582	<u> </u>
F		Room/suite	B Telephone number	0.0
Can Canadia	KEET		610-997-87	
Instructions Gity Of IOWII, State, and ZIF Code	015		C If exemption application is p D 1 Foreign organizations	
	1(c)(3) exempt private foundation	<u></u>	2 Foreign organizations me check here and attach co	seting the 85% test,
Section 4947(a)(1) nonexempt charitable trus	· · · · · · · · · · · · · · · · · · ·			•
		nsh X Accrual	E If private foundation sta under section 507(b)(1)	tus was terminated
(from Part II, col (c), line 16)	Other (specify)	/ / / / / / / / / / / / / / / / / / /	F If the foundation is in a	
	rt I, column (d) must be on c	ash basis)	under section 507(b)(1)	
Part I Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
(The total of amounts in columns (b), (c), and (d) necessarily equal the amounts in column (a))	expenses per boo		income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received				
2 Check X if the foundation is not required to attact	n Sch B			
3 Interest on savings and temporary cash investments	1	5. 15	•	STATEMENT 1
2 4 Dividends and interest from securities	1,52	1. 1,521	•	STATEMENT 2
20 5a Gross rents				
Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 1	0			
Gross sales price for all assets on line factorial				
7 Capital gain net income (from Patt) Tine 2) =×=, .	0	•	
8 Net short-term capital gain				
9 Income modifications Gross sales less courns NUV 1 7 7 9 1	a lo			
b Less Cost of goods sold c Gross profit or (loss) C.P.F.N. H	<u></u> -			
11 Other income		1		
12 Total Add lines 1 through 11	1,53	6. 1,536	. 0.	
13 Compensation of officers, directors, trustees, etc	1/55	0. 0	. 0.	0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees b Accounting fees STMT				
b Accounting fees STMT	3 1,34	0. 670	. 0.	0.
C Other professional fees				
<u>9</u> 17 Interest				
17 Interest 18 Taxes STMT 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings	' 4	9. 9	. 0.	0.
. 19 Depreciation and depletion				
ਵੁੱ 20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses 24 Total operating and administrative expenses Add lines 13 through 23				
24 Total operating and administrative	1 24	670		
expenses Add lines 13 through 23	1,34 2,60		. 0.	2,600.
25 Contributions, gifts, grants paid 26 Total expenses and disbursements	2,60	<u> </u>		4,000.
26 Total expenses and disbursements Add lines 24 and 25	3,94	9. 679	. 0.	2,600.
27 Subtract line 26 from line 12:	3,94	013	•	2,000.
Subtract line 20 from line 12. Recess of revenue over expenses and disbursem	ents <2,41	3.>		
b Net investment income (if negative, enter -0.		857	•	
C Adjusted net income (if negative, enter -0-)			0.	_
923501 LHA For Privacy Act and Panerwork B	aduction Act Notice, see the in	etructions		Form 990-PF (2008)

For	m 99	00-PF (2009) SHERMAN FAMILY FOUNDATI		25-	6632582 Page 2
P	art	II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
<u> </u>		Column Should be for one of your amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	•	5,137.	2,337.	<u>2,337.</u>
	l .	Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts >			
	4	Pledges receivable >			
		Less: allowance for doubtful accounts		_	.
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other		•	
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
sts.	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	c	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 5	59,904.	61,425.	53,717.
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe -			
			65.041	62 560	56 054
_		Total assets (to be completed by all filers)	65,041.	63,762.	56,054.
		Accounts payable and accrued expenses			
	18	Grants payable			
ies	19	Deferred revenue	215		
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons	215.	23.	
Liabilities		Mortgages and other notes payable		1 240	
	22	Other liabilities (describe ►STATEMENT 6)	23.	1,349.	
	23	Total liabilities (add lines 17 through 22)	238.	1,372.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31			
Ses	24	Unrestricted			
auc	25	Temporarily restricted			
Fund Balances	26	Permanently restricted			
5		Foundations that do not follow SFAS 117, check here			
Ţ		and complete lines 27 through 31			
, o	27	Capital stock, trust principal, or current funds	2,490.	2,490.	
šet	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	62,313.	59,900.	
Net Assets	30	Total net assets or fund balances	64,803.	62,390.	
_	31	Total liabilities and net assets/fund balances	65,041.	63,762.	
P	art	III Analysis of Changes in Net Assets or Fund B	Balances		
<u> </u>	Tota	ıl 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	64,803.
2	•	er amount from Part I, line 27a		2	<2,413.
3		er increases not included in line 2 (itemize)		3	0.
4		lines 1, 2, and 3		4	62,390.
•		reases not included in line 2 (itemize)		5	0.
-		al net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	62,390.
Ť		The second of th			Form 990-PF (2000)

Р	art IV Capital Gains a	nd Losses for Tax on Ir	nvestment	Income							
	(a) List and describ 2-story brick ward	be the kind(s) of property sold (e.g ehouse; or common stock, 200 sh	ı., real estate, s. MLC Co.)		(b)	How acquired - Purchase - Donation		te acquired , day, yr.)	(d) Date sold (mo., day, yr.)		
<u>1a</u>				· · · · · · · · · · · · · · · · · · ·	<u> </u>						
<u>b</u>	NON	E									
C											
<u>d</u>					-						
<u>e</u>					<u> </u>		L				
	(e) Gross sales price	(e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale						Gain or (loss lus (f) minus			
<u>a</u>											
<u>b</u>		····							<u>-</u>		
_ <u>c</u>											
<u>d</u>											
<u>e</u>		agin in column (h) and owned by	the foundation	on 12/31/69			/I) Coine	(Col. (b) gain	minue		
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) Adjusted basis (k) Excess of col. (i)						(Col. (h) gaın ıt not less tha					
_	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		col. (j), if any			Lóss	Losses (from col. (h))			
_ <u>a</u>											
<u>b</u>											
C											
d											
<u>e</u>		<u> </u>	D 11 1	-	$\overline{}$						
2	Capital gain net income or (net cap	utal loss) $ \begin{cases} \text{If gain, also ente} \\ \text{If (loss), enter -0} \end{cases} $	er in Part I, line)- in Part I, line	7	}	2					
3	Net short-term capital gain or (loss		nd (6):								
	If gain, also enter in Part I, line 8, c	olumn (c)									
Г	If (loss), enter -0- in Part I, line 8 Part V Qualification Ur	nder Section 4940(e) for	r Peduced	Tay on Not	lov	estment in	come				
_							icome				
(FC	or optional use by domestic private	roundations subject to the section	4940(a) tax on	net investment ir	COM	е)					
If s	ection 4940(d)(2) applies, leave thi	s part blank									
18/-	and the foundation liable for the east.	on 4040 tay on the distributeble or	mount of one w	oor in the base no	d2				Yes X No		
	as the foundation liable for the sections as the foundation liable for the sections does not available.			•	nour				res _A NO		
1	Yes," the foundation does not qualif Enter the appropriate amount in ea				es						
÷	(a)	(b)	Tactions Building	making any onti-	(c)	<u> </u>			(d)		
	Base periód years Calendar year (or tax year beginnin	Advioted avalitions du	stributions	Net value of no		, ritable-use asse	ts	Distri (col. (b) dr	oùtión ratio vided by col. (c))		
_	2008	9 111)	2,977.			63,25		(001. (5) 41	.047066		
_	2007		3,240.	 -		72,21			.044869		
	2006		1,866.			66,64			.028001		
_	2005	***	2/000			00,02			.020002		
_	2004								······································		
_		1									
2	Total of line 1, column (d)						2		.119936		
	Average distribution ratio for the 5	-vear base period - divide the total	on line 2 by 5.	or by the number	r of ve	ears					
	the foundation has been in existen		• •	•	-		3		.039979		
		•									
4	Enter the net value of noncharitable	e-use assets for 2009 from Part X.	. line 5				4		49,238.		
		,	,								
5	Multiply line 4 by line 3						5		1,968.		
•									•		
6	Enter 1% of net investment incom	e (1% of Part I, line 27b)					6		9.		
-		· · · · · · · · · · · · · · · · · · ·									
7	Add lines 5 and 6						7		1,977.		
•							<u> </u>				
8	Enter qualifying distributions from						8		2,600.		
	If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, lin-	e 1b, and comp	olete that part usi	ng a 1	% tax rate.					

	990-PF (2009) SHERMAN FAMILY FOUNDATION TRUST	<u> 25-</u>	6632	<u> 582</u>	1	Page 4
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see ir	ıstru	ction	าร)
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 necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🗓 and enter 1%	1_1_	ļ <u>.</u>			<u>9.</u>
	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)	ļ				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	<u> </u>			0.
3	Add lines 1 and 2	3_	<u> </u>			<u>9.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	<u> </u>			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				<u>9.</u>
6	Credits/Payments:					
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a					
b	Exempt foreign organizations - tax withheld at source 6b		ŀ			
C	Tax paid with application for extension of time to file (Form 8868) 6c 100).				
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d	7			1	00.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	<u> </u>			
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				<u>91.</u>
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax	11				0.
Pai	t VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interv	ene in			Yes	No
	any political campaign?			1a		_X_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition	2		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis	hed or				
	distributed by the foundation in connection with the activities					
C	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
		<u>.</u>				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$0 .					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporatio	n, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	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?	N	1/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state	tate law	ļ			
	remain in the governing instrument?		ļ	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
	If "Yes," complete Part II, col. (c), and Part XV					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	PA					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		ļ			
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for	calendar	ļ			
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		<u> </u>
_			Forr	n 990	-PF	(2009)

orm 990-PF (2009) SHERMAN FAMILY FOUNDATI			25-66325	82 Page 6
Part VII-B Statements Regarding Activities for Which 5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section (see section 4955); any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purpose (4) Provide a grant to an organization other than a charitable, etc., organization of cruelty to children or animals? (5) Provide for any purpose other than religious, charitable, scientific, literary the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify usection 53.4945 or in a current notice regarding disaster assistance (see inst Organizations relying on a current notice regarding disaster assistance check of the answer is "Yes" to question 5a(4), does the foundation claim exemption expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.496 Did the foundation, during the year, receive any funds, directly or indirectly, to the grant of the provided in the statement of the section of the section of the grant?	on 4945(e))? or to carry on, directly or indirectly or ind	Required (contin	es X No	5b
 a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax 	personal benefit contract?		es X No	6b X
b If yes, did the foundation receive any proceeds or have any net income attribution. Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	utable to the transaction? stees, Foundation Ma		N/A	76
List all officers, directors, trustees, foundation managers and thei (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
SHELLEY S. BROWN 20 WEST MARKET STREET BETHLEHEM, PA 18018 TIMOTHY SILFIES 20 WEST MARKET STREET BETHLEHEM, PA 18018	CHAIRMAN 1.00 TRUSTEE 1.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those ii	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address of each employee paid more than \$50,000 NONE	Thours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
Total number of other employees paid over \$50,000			Form	0 990-PF (2009)

923551 02-02-10

Form **990-PF** (2009)

All other program-related investments. See instructions.

Total. Add lines 1 through 3

Р	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	45,261.
b	Average of monthly cash balances	1b	45,261. 4,727.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	49,988.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	49,988.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	750.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	49,238.
6	Minimum investment return Enter 5% of line 5	6	2,462.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	2,462.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	9.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,453.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,453.
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	2,453.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,600. 0.
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	2,600.
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	<u>9.</u>
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	2,591.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for	the section

Form **990-PF** (2009)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,	·	·		
line 7				2,453.
2 Undistributed income, if any, as of the end of 2009			0 051	
a Enter amount for 2008 only			2,271.	
b Total for prior years:		^		
- Types detribution correspond to 2000		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007			:	
e From 2008	0			
f Total of lines 3a through e	0.	 		
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 2,600.			0 071	
a Applied to 2008, but not more than line 2a			2,271.	
b Applied to undistributed income of prior	•	0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0			
(Election required - see instructions)	0.			200
d Applied to 2009 distributable amount				329.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must			İ	
be distributed in 2010	 			2,124.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004	•			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010	•			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				İ
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009		<u></u>		Form 900 PE (2000)

Part XIV Private Operating F	FAMILY_FOU				32582 Page 1
	·		II-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo	·	-	▶ □	40.40(.)(0) == [] 4	240(1)(5)
b Check box to indicate whether the found		ig ioundation described 		4942(j)(3) or 4942(j)(3)	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2009	(b) 2008	Prior 3 years (c) 2007	(d) 2006	(e) Total
income from Part I or the minimum	(2) 2003	(0) 2000	(6) 2007	(u) 2000	(e) iotai
investment return from Part X for					
each year listed					
b 85% of line 2a					
 Qualifying distributions from Part XII, line 4 for each year listed 					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly		•			
for active conduct of exempt activities.					
Subtract line 2d from line 2c				•	
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) 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)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or me	ore in assets
at any time during t				40,000 01 111	
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh	•	than 2% of the total cor	tributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed r			·		•
NONE					
b List any managers of the foundation who other entity) of which the foundation ha	o own 10% or more of th s a 10% or greater interes	e stock of a corporation st.	(or an equally large portio	n of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
Check here 🕨 🗶 if the foundation of	only makes contributions t	to preselected charitable	organizations and does n	ot accept unsolicited requ	iests for funds. If
the foundation makes gifts, grants, etc	(see instructions) to indiv	riduals or organizations	under other conditions, co	mplete items 2a, b, c, and	d d
a The name, address, and telephone num	ber of the person to whor	n applications should be	e addressed [.]		
b The form in which applications should t	pe submitted and information	lion and materials they s	should include:		
c Any submission deadlines:					
	o quah ao hu aan	al arana abandakia fiziki	lundo of matrices	there for the man	
d Any restrictions or limitations on award	s, such as by geographica	n areas, charitable fields	s, kinas of institutions, or o	uner tactors:	

SHERMAN FAMILY FOUNDATION TRUST 25-6632582 Page 11 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Recipient show any relationship to Foundation Purpose of grant or any foundation manager or substantial contributor Amount status of contribution Name and address (home or business) recipient a Paid during the year PUBLIC 1,000. WOUNDED WARRIOR PROJECT TO SUPPORT THEIR 7020 AC SKINNER PKWY, STE CHARITY GENERAL PROGRAMS JACKSONVILLE, FL 32256 600. THE BOYS AND GIRLS CLUB PUBLIC TO SUPPORT THEIR OF BETHLEHEM CHARITY GENERAL PROGRAMS 1430 FRITZ DRIVE BETHLEHEM, PA 18017 CHILDREN'S HOME OF EASTON PUBLIC 1,000. TO SUPPORT THEIR CHARITY 2000 25TH STREET EASTON, GENERAL PROGRAMS PA 18042 2,600. **▶** 3a Total b Approved for future payment NONE

Total 923611 02-02-10

Form 990-PF (2009)

≥ 3b

0.

Part XVI-A	Analysis of Inc	ome-Producing /	Activities
------------	-----------------	-----------------	------------

Enter gross amounts unless otherwise indicated.	Unrelated I	business income		ded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	- Turiction income
a			-		
b	_		-		
C	_		+		
d	_		+		
e			-		
f			ļ		
g Fees and contracts from government agencies					
2 Membership dues and assessments			ļ		
3 Interest on savings and temporary cash investments					15.
4 Dividends and interest from securities					1,521.
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C					
d	1 1				
e					
12 Subtotal. Add columns (b), (d), and (e)		0		0.	1,536.
13 Total Add line 12, columns (b), (d), and (e)	<u> </u>			13	
(See worksheet in line 13 instructions to verify calculations	;)			_	, , _ ,

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No				e is reported in column (e) o providing funds for such p		ited importantly to the ac	complishment of
3	 			DISTRIBUTED	 OTHER	CHARITABLE	ORGANIZATIONS
4	INTEREST		 	DISTRIBUTED	OTHER		ORGANIZATIONS
			 ,		 		
					 		······
			 		 		
					 · -	· ·	
			 		 	-	
-							
							
			 				
		·-	 				

Form **990-PF** (2009)

	n 990-F art X\					and	25-66 Relationships With Nonch			ige <u>13</u>
1	Did th	e organization directly or indi	rectly engage in any of the	followin	g with any other organization	on de	escribed in section 501(c) of		Yes	No
•		ode (other than section 501(c					• •		<u> </u>	
		· ·				IIIZalii	oli2,			
a		fers from the reporting found	ation to a noncharitable exi	empt or	ganization of:					
	(1) C	ash						_1a(1)		X
	(2) (ther assets						1a(2)		Х
h	b Other transactions;									
U			hla a							7.7
		ales of assets to a noncharita						1b(1)	ļ	X
	(2) F	urchases of assets from a no	ncharitable exempt organiz	zation				1b(2)		X
	(3) F	ental of facilities, equipment,	or other assets					1b(3)		X
		eimbursement arrangements						1b(4)		Х
		oans or loan guarantees							 	X
		•						1b(5)	├	
		erformance of services or me						1b(6)	<u> </u>	X
C	Shari	ng of facilities, equipment, ma	uling lists, other assets, or	paid em	ployees			1c	L,	_X_
d	If the	answer to any of the above is	"Yes," complete the following	ng sche	dule. Column (b) should alv	ways	show the fair market value of the goods	, other as	sets,	
	or sei		oundation. If the foundatio	n receive			any transaction or sharing arrangement			
(a)	Line no	(b) Amount involved	(c) Name of nonc	haritable	e exempt organization		(d) Description of transfers, transactions, an	nd sharing a	rangeme	ents
			7	1/A		\neg				
			· · · · · · · · · · · · · · · · · · ·	1/22		+	·····			
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						_ _				
2a	ın sed	foundation directly or indirection 501(c) of the Code (othe	r than section 501(c)(3)) o			ızatıo	ns described	Yes	X] No
		(a) Name of org			(b) Type of organization	П	(c) Description of relation	nshin	_	
		N/A	· · · · · · · · · · · · · · · · · · ·		1-7-79-5-0194111241011	+	(5) Eddinphon of Telahor	р		
_		N/A				+-				
						ļ				
		· · · · · · · · · · · · · · · · · · ·				1				
						†				
ire	and cor	enaltities of perjury, I declare that I in the place of the property of preparer (other preparer) of officer or the place of officer or the place of the preparer (other preparer) of the preparer (ot					and to the best of my knowledge and belief, it any knowledge Title	is true, corre	ect,	
운	, 0		\			Data		arer'e identif	wing re-	ahe-
틸	v ۔	Preparer's		7	NIO	Date)V	O 3 2010 self-	arer's identil	ying nun	noer
Sign Here	Paid Preparer's Use Only	signature CAETTA	White the Hand of	i -81	- NO	· ·	employed ►			
	Paid sparei se On	Firm's name (or yours PARE	NTEBEARD LLO	3			EIN ►			
	т ap s	if self-employed), 3701			WAY STE 210		<u> </u>			
	ر ته						01.0	422	200	^
		CENT	ER VALLEY,	PA	18034		Phone no. 610-	<u>-433-</u>	<u> 344</u>	<u>U</u>

Form **990-PF** (2009)

FORM 990-PF INTEREST ON SAVI	NGS A	ND TEM	PORARY C	ASH II	NVESTMENTS	ST	ATEMENT	1
SOURCE							AMOUNT	
LINCOLN FINANCIAL SECURITIES							1	L5.
TOTAL TO FORM 990-PF, PART I,	LINE	3, CO	LUMN A				1	15.
FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECUE	RITIES	ST	ATEMENT	2
SOURCE		GROSS	TUUOMA		ITAL GAINS IVID EN DS	C	OLUMN (A) TMUOMA)
LINCOLN FINANCIAL SECURITIES		1,521.			0.		21.	
TOTAL TO FM 990-PF, PART I, L	N 4	75.0	1,521.		0.		1,52	?1. ===
FORM 990-PF	AC	COUNTI	NG FEES			ST	ATEMENT	3
DESCRIPTION	EXPE		(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM			
ACCOUNTING FEES		1,340.	670.			0.		0.
TO FORM 990-PF, PG 1, LN 16B	=	1,340.		670.	0.		0	
FORM 990-PF	TAXES			STATEMENT 4				
DESCRIPTION	EXPE		(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		(D) CHARITAE PURPOSE	
FEDERAL EXCISE TAX		9.	. 9.		0.			0.
TO FORM 990-PF, PG 1, LN 18		9.		9.	•		0.	

FORM 990-PF	OTHER INVESTMENTS	STATEMENT				
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE			
MUTUAL FUNDS COST TOTAL TO FORM 990-PF, PART II, LINE 13		61,425.	53,717			
		61,425.	53,717.			
FORM 990-PF	OTHER LIABILITIES		STATEMENT 6			
DESCRIPTION		BOY AMOUNT	EOY AMOUNT			
ACCRUED TAXES ACCRUED EXPENSES	-	23.	9. 1,340.			
TAL TO FORM 990-PF, PART II, LINE 22		23.	1,349.			

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

	re filing for an Automatic 3-Month Extension, complete only Part I and check this box re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this			. ▶ 🗓
Do not co	mplete Part II unless you have already been granted an automatic 3-month extension on a previously fi Automatic 3-Month Extension of Time. Only submit original (no copies needed)	led Fo	m 8868	
	tion required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	niete		
⊃art I only	· -	,p.0.0		▶ □
	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar me tax returns	exten	sion of tim	9
noted belo not autom you must :	c Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension low (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronicatic) 3 month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or co submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file polefile and click on e-file for Charities & Nonprofits.	cally if	(1) y o u wa ated Form !	nt the additional 990 T. Instead,
Type or orint	Name of Exempt Organization	Emp	loyer ident	Ification numbe
	SHERMAN FAMILY FOUNDATION TRUST	2	5-663	2582
ile by the tue date for iling your	te for Number, street, and room or suite no if a P.O pox, see instructions			
eturn See	20 WEST MARKET STREET City, town or post office, state, and ZIP code For a foreign address, see instructions. BETHLEHEM, PA 18015			·- · · · · · · · · · · · · · · · · · ·
Check tvr	pe of return to be filed (file a separate application for each return)			
Forn	n 990	227		
=	n 990-PF			
The bo Telepholif the o	SHELLY BROWN oks are in the care of 20 WEST MARKET STREET - BETHLEHEM, PA 1 one No 6109978780 FAX No rganization does not have an office or place of business in the United States, check this box	801	the whole	
The bo Telepho If the o If this is In I rec	SHELLY BROWN oks are in the care of 20 WEST MARKET STREET - BETHLEHEM, PA 1 one No 6109978780 FAX No rganization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	801 s is formemb	r the whole ers the ext	ension will cover
The bo Telepho If the o If this is ox If this is ox If this is	SHELLY BROWN oks are in the care of 20 WEST MARKET STREET - BETHLEHEM, PA 1 one No 6109978780 FAX No rganization does not have an office or place of business in the United States, check this box s for a Group Return, enter the organization's four digit Group Exemption Number (GEN) if this If it is for part of the group, check this box quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unital AUGUST 15, 2010, to file the exempt organization return for the organization named as in the organization's return for X calendar year 2009 or	801 s is formemb	the whole ers the ext The extens	ension will cover
The bo Telepho If the o If this is ox If the co Is fo If the Is fo If the If the If the co If t	SHELLY BROWN oks are in the care of 20 WEST MARKET STREET - BETHLEHEM, PA 1 one No 6109978780 FAX No regarization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) if the If it is for part of the group, check this box quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitally automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitally automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitally automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitally automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitally automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitally automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitally automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitally automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitally automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitally automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitally automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitally automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitally automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitally automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitally automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitally automatic 3-month (6-months for a corporation required	801 ss is formemb	r the whole ers the ext The extens — Change in	accounting peno
The bo Telepho If this is ox If this ox If this is ox If this is ox If this is ox If this is ox If t	SHELLY BROWN oks are in the care of ▶ 20 WEST MARKET STREET - BETHLEHEM, PA 1 one No ▶ 6109978780 FAX No ▶ riganization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) if the If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all guest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unital AUGUST 15, 2010 to file the exempt organization return for the organization named a right organization's return for a corporation in the companization of the state of the group organization in the organization of the organization named a right organization organization in the organization organization is return for the organization organization in the organization organization is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any refundable credits. See instructions	801 s is formemb	the whole ers the ext The extens	ension will cover
The bo Telepho If the o If this is ox If this is ox If this is ox If this is ox If this is ox If this is ox If this is ox If this is ox If this is ox If this is ox If this is ox If this is ox If this is ox If this is ox If this is ox If this is ox If this Ox If th	SHELLY BROWN oks are in the care of ▶ 20 WEST MARKET STREET - BETHLEHEM, PA 1 one No ▶ 6109978780 FAX No ▶ riganization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) if the If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt AUGUST 15, 2010 , to file the exempt organization return for the organization named as in the organization's return for X calendar year 2009 or tax year is for less than 12 months, check reason initial return Final return is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any refundable credits. See instructions is application is for Form 990-PF or 990-T, enter any refundable credits and estimated	801 ss is formemb	r the whole ers the ext The extens — Change in	accounting pend
The bo Telepho If the o If this is ox If thi	SHELLY BROWN oks are in the care of ▶ 20 WEST MARKET STREET - BETHLEHEM, PA 1 one No ▶ 6109978780 FAX No ▶ riganization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) if the If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all guest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unital AUGUST 15, 2010 to file the exempt organization return for the organization named a right organization's return for a corporation in the companization of the state of the group organization in the organization of the organization named a right organization organization in the organization organization is return for the organization organization in the organization organization is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any refundable credits. See instructions	801 ss is formemb	r the whole ers the ext The extens — Change in	accounting pend
The bo Telepho If the o If this is In the second of the se	SHELLY BROWN oks are in the care of ▶ 20 WEST MARKET STREET - BETHLEHEM, PA 1 one No ▶ 6109978780 FAX No ▶ riganization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) if the If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unit AUGUST 15, 2010 , to file the exempt organization return for the organization named as in the organization's return for X calendar year 2009 or tax year is for less than 12 months, check reason initial return Final return is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any refundable credits. See instructions is application is for Form 990-PF or 990-T, enter any refundable credits and estimated payments made include any prior year overpayment allowed as a credit	801 ss is formemb	r the whole ers the ext The extens — Change in	ension will cover

Form 8868	(Rev. 4-2009)				Pa	age 2			
Note. Onl	re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this boy complete Part II if you have already been granted an automatic 3-month extension on a previously filed re filing for an Automatic 3-Month Extension, complete only Part I (on page 1)		8868		▶ [X]			
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	pies r	needed)						
_	Name of Exempt Organization	Empl	loyer ide	ntifica	tion num	ber			
Type or	or								
print	SHERMAN FAMILY FOUNDATION TRUST				25-6632582				
File by the extended due date for filing the	Number, street, and room or suite no. If a PO box, see instructions 20 WEST MARKET STREET	For If	RS use o	nly					
return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions BETHLEHEM, PA 18015								
Fori	pe of return to be filed (File a separate application for each return) m 990	= -	orm 5227 orm 6069	_	Form 8	1870			
STOP! Do	o not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	d Form	8868.					
Teleph If the c If this i box ▶ [one No ► 6109978780 FAX No ► organization does not have an office or place of business in the United States, check this box s for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th If it is for part of the group, check this box and attach a list with the names and EINs of all guest an additional 3-month extension of time until NOVEMBER 15, 2010	ıs ıs fo	r the who	•	•] this			
-	calendar year 2009, or other tax year beginning, and ending,								
	his tax year is for less than 12 months, check reason		Change	ın acco	ounting pe	 eriod			
_	te in detail why you need the extension		J		0.				
	DITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NE	CES	SARY	TO	FILE	Α			
CC	MPLETE AND ACCURATE RETURN.								
8a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any								
nor	refundable credits. See instructions	8a	\$		1	00.			
	ns application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated								
	payments made Include any prior year overpayment allowed as a credit and any amount paid	<u> </u>			_				
	eviously with Form 8868	8b	\$		1	00			
	ance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit					_			
witl	n FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$			0.			
	Signature and Verification alties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the orrect, and complete, and that I am authorized to prepare this form	e best o	f my knov	wledge a	ınd belief,				
•		D-1							
Signature	► Title ►	Date							

923832

Form 8868 (Rev 4-2009)