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Form **990-PF**

Return of Private Foundation

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

For	calen	dar year 2009, or tax yea	ır beginning		, and ending		
G	heck	all that apply:	Initial return	Initial return of a fo	rmer public charity	Final retur	n
			Amended return	Address chan	ge <u> </u>	Name change	
lled	the	Name of foundation				A Employer identificatio	n number
	abel.	1					
	erwi	•	RI FAMILY FO	UNDATION, IN	C.	26-1905307	7
	print		O box number if mail is not de		Room/suite	B Telephone number	
0	rtype	: 3353 SE GF	RAN PARK WAY			772-286-69	921
	Spe	cific City or town state a				C If exemption application is	
Inst	ructio	ons STUART, FI				D 1. Foreign organization	· · · · · · · · · · · · · · · · · · ·
H (heck	type of organization;	X Section 501(c)(3) ex	empt private foundation		Foreign organizations m check here and attach c	
	_	ction 4947(a)(1) nonexem		Other taxable private founda	ition		
I Fa		arket value of all assets at e	·		Accrual	E if private foundation sta under section 507(b)(1	
		Part II, col. (c), line 16)	·	her (specify)		F If the foundation is in a	
		38		mn (d) must be on cash b	pasis)	under section 507(b)(1	
Pa	ırt I	Analysis of Revenue an	id Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in colu necessarily equal the amoun	ımns (b), (c), and (d) may not ıts ın column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grant	ts, etc., received	19,177.		N/A	
	2		in is not required to attach Sch. B				
	3	Interest on savings and tempo	orary				
0	4	Dividends and interestyle	on Securities	1,553.	1,553.		STATEMENT 1
2010	5a	Gross-rents			-,		,
	b	Net_rental income or (loss)	SS			,	′
Ċ.	6a	MAR 2 2 2	assets no 60 (ne 10		¥ 25 , 1	5 1 5 1	, ×
丞	b	Gross sales price for all	<u> </u>		32 5, 77		
SCANNED RAPRILED	7	capital and population	Part N. line 2)		0.		
	8	Net short-term capital gar		`			, x
\Box	9	Income modifications			,		
Z	10a	Gross sales less returns and allowances]	· 3 , 2	· · · · · ·	7, 4	
Z	Ι.	Less Cost of goods sold		,	`		
Š	l	Gross profit or (loss)					
Õ	11	Other income					` ;
	12	Total. Add lines 1 throug	ıh 11	20,730.	1,553.		
	13	Compensation of officers, dire		0.	0.		0.
	14	Other employee salaries a	and wages				
	15	Pension plans, employee					
Ses	16a	Legal fees					
ë	Ь	Accounting fees	STMT 2	500.	0.		0.
Expenses	C	Other professional fees					
Š		Interest					
Operating and Administrative	18	Taxes	STMT 3	61.	0.		0.
ist	19	Depreciation and depletio					
Ē	20	Occupancy					
Αd	21	Travel, conferences, and	meetings				
Ē	22	Printing and publications					
g	23	Other expenses					
atir	24	Total operating and adm	ninistrative				
per		expenses. Add lines 13 ti		561.	0.		0.
ō	25	Contributions, gifts, grant	-	1,000.			1,000.
	ľ	Total expenses and disb					
		Add lines 24 and 25		1,561.	0.		_1,000.
	27	Subtract line 26 from line	12:				
	а	Excess of revenue over expen-	ses and disbursements	19,169.			
		Net investment income (1,553.		
	C	Adjusted net income (if ne				N/A	
92350	01			Act Notice, see the instruct	ions.		Form 990-PF (2009)

2 Enter amount from Part I, line 27a Other increases not included in line 2 (itemize)

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

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	ribe the kind(s) of property arehouse; or common stock			ĮΡ	How acquired - Purchase - Donation		acquired day, yr.)	(d) Date sold (mo., day, yr.)
<u>1a</u>				L				
b NO	NE			<u> </u>				·
d d				-				
е				\vdash	<u> </u>			
(e) Gross sales price	(f) Depreciation allow (or allowable)	1 10/	est or other basis expense of sale		-	(h) G (e) plu	Gain or (loss) s (f) minus () (g)
<u>a</u>								
<u>b</u>					·· ·			
d				_				.
e								
Complete only for assets showing	ng gain in column (h) and ov	wned by the foundation	n on 12/31/69				Col. (h) gain	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col. (1) r col. (1), if any				not less thar (from col. (
<u>a</u>								
b c								
d								
e								
 Capital gain net income or (net ca Net short-term capital gain or (los If gain, also enter in Part I, line 8, 	ss) as defined in sections 12	llso enter in Part I, line enter -0- in Part I, line 222(5) and (6):	. 7 ? 7	}	2		· · · · · · ·	
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder Section 4940	(e) for Reduced	1 Tay on Not	Inv	3 estment ir	acome		
Was the foundation liable for the sec if "Yes," the foundation does not qual 1 Enter the appropriate amount in	lify under section 4940(e). D	o not complete this pa	art.					Yes X No
(a) Base period years Calendar year (or tax year beginni	Advisted suply	(b) fying distributions	Net value of no	(c)	itable-use asse	ts	Distrib	(d) ution ratio ided by col. (c))
2008	<u>y</u>	0.			1,52		(0011 (0) 0111	.000000
2007								
2006								
2005 2004								
	<u> </u>		<u> </u>					
2 Total of line 1, column (d)						2		.000000
Average distribution ratio for the		he total on line 2 by 5,	or by the number	of yea	ars			00000
the foundation has been in exister	nce ir iess than 5 years					3		.000000
4 Enter the net value of noncharitab	le-use assets for 2009 from	Part X, line 5				4		35,647.
Multiply line 4 by line 3						5		0.
Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6		16.
7 Add lines 5 and 6						7	·	16.
B Enter qualifying distributions from	n Part XII, line 4			•		8		1,000.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Par	t VI, line 1b, and comp	olete that part using	g a 1%	6 tax rate.			

	orm 990-PF (2009) THE CIFERRI FAMILY FOUNDATION, INC.			05307		Page 4
Pa	Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(c)	e), or 494	<u> 18 - s</u>	ee instru	ıctio	ns)
1a	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	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%	}	1			<u> 16.</u>
	of Part I, line 27b					
C	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)	J	-			
2	2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	_	2			0.
3	3 Add lines 1 and 2	_	3			<u> 16.</u>
4	4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4			<u>0.</u>
5	5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	<u> </u>	5			16.
6	6 Credits/Payments:					
а	a 2009 estimated tax payments and 2008 overpayment credited to 2009 6a					
b	b Exempt foreign organizations - tax withheld at source 6b					
C	c Tax paid with application for extension of time to file (Form 8868)					
	d Backup withholding erroneously withheld 6d					_
7	7 Total credits and payments. Add lines 6a through 6d	_	7			<u> </u>
8	-	<u> </u>	8			
	• • • • • • • • • • • • • • • • • • • •	▶ _	9			16.
	10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ _	10			
	11 Enter the amount of line 10 to be: Credited to 2010 estimated tax	ded 🖊	11			
	Part VII-A Statements Regarding Activities			γ	136	
1a	1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or	intervene in			Yes	
	any political campaign?			1 <u>a</u>		X
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for defi	· ·		1b	-	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	oublished o	or			
	distributed by the foundation in connection with the activities.					
	c Did the foundation file Form 1120-POL for this year?			1c		X
đ	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	0				
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	0.				
е	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	ion				
	managers. > \$ 0. 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?					
2	If "Yes," attach a detailed description of the activities.			2_		X
2	3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorp	oration or		1		
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	oration, or		3		Y
40	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/A			
	5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		**/ 2.	5		Х
·	If "Yes," attach the statement required by General Instruction T.			<u> </u>	l	
6					İ	
Ī	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 la	w			
	remain in the governing instrument?		••	6	х	
7	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	8a Enter the states to which the foundation reports or with which it is registered (see instructions)					
	FL			_		
b	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designation			_		
-	of each state as required by General Instruction G? If "No," attach explanation	•		8b	x	
9	9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5)) for calenda	ar		_ _	
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV	•		9		X
10	10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and address	es STI	MT 5		Х	
						_

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Х

X

3b

4a

N/A

Form 4720, to determine if the foundation had excess business holdings in 2009.)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

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

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

orm 990-PF (2009) THE CIFERRI FAMILY FOUND	ATION, INC.		<u> 26-19053</u>	307	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:			T		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	ı 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t			İ	
the prevention of cruelty to children or animals?		Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ler the exceptions described i	in Regulations	_		
section 53.4945 or in a current notice regarding disaster assistance (see instru	·		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					
expenditure responsibility for the grant?	N	[/A	es L No		
If "Yes," attach the statement required by Regulations section 53.4945	, ,				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on				İ
a personal benefit contract?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	6Ь	<u> </u>
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No	_	-
b If yes, did the foundation receive any proceeds or have any net income attribute				7b	
Part VIII Information About Officers, Directors, Trusto Paid Employees, and Contractors		nagers, Highly	<i></i>		
List all officers, directors, trustees, foundation managers and their			(4) 0		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e)	Expense ount, other
(a) Namo and address	to position	`enter -0-)	compensation	all	owances
			_		_
SEE STATEMENT 6		0.	0.	 	0.
				ļ	
					
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none	enter "NONE "			
- Compensation of the mignest paid employees (early train those the	(b) Title, and average	enter NONE.	(d) Contributions to	(e)	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	acco	ount, other owances
NONE	devoted to position		compensation	all	UWalices
HOME					
					
				_	-
				 	
otal number of other employees paid over \$50,000		I		٠	0

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Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundations, see	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	35,663. 527.
b	Average of monthly cash balances	1b	527.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	36,190.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	36,190.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	543.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	. 5	35,647.
6	Minimum investment return. Enter 5% of line 5	6	1,782.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation foreign organizations check here and do not complete this part.)	ns and certain	
1	Minimum investment return from Part X, line 6	1	1,782.
2a	Tax on investment income for 2009 from Part VI, line 5	.6.	
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	16.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,766.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,766.
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	1,766.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	7	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,000.
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:		
а	Suitability test (prior IRS approval required)	3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,000.
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	16.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	984.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the founda	tion qualifies for the	section

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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				1,766.
2 Undistributed income, if any, as of the end of 2009				1,700.
a Enter amount for 2008 only			69.	
b Total for prior years:			0.5.	
b total for prior years.		о.		
3 Excess distributions carryover, if any, to 2009:				
1 1 1				
a From 2004				
b From 2005 c From 2006				
•				•
d From 2007				
e From 2008	0.			
f Total of lines 3a through e	U.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 1,000.			60	
a Applied to 2008, but not more than line 2a			69.	
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.			
d Applied to 2009 distributable amount				931.
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:		2		
& 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				
be distributed in 2010				835.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
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:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				
	 -			Fee- 000 DE (0000)

	ERRI FAMILY				05307 Page 10
Part XIV Private Operating F				N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo		=	▶ └┌╌	,	
b Check box to indicate whether the found		ng foundation described		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(h) 2000	Prior 3 years (c) 2007	(d) 2006	(a) Tatal
income from Part I or the minimum	(a) 2009	(b) 2008	(6) 2007	(0) 2006	(e) Total
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					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 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			if the foundation	n had \$5,000 or m	ore in assets
at any time during t	he year-see the i	instructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			tributions received by th	e foundation before the clo	se of any tax
year (but only if they have contributed m	iore than \$5,000). (See s	ection 507(d)(2).)			
SEE STATEMENT 7					
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large port	ion of the ownership of a p	artnership or
••	ya 1076 di gicator ilitoro.	, L			
NONE		0.1 1 1: 1 5			
2 Information Regarding Contributi Check here ► X if the foundation o				not accept upoplicated road	reate for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone numi	·				
a 1110 name, address, and telephone num	701 OF LITE PERSON TO WHO	п арриовного эповів ві	audicoocu.		
b The form in which applications should b	e submitted and informati	tion and materials they s	hould include:	-	
		-			
c Any submission deadlines:					
A Any restrictions or limitations on awards	cuch as hy assersation	al argae obsertable folds	kinds of institutions	other factors:	
d Any restrictions or limitations on awards	, such as by geographica	ai ai eas, chailiadle ileids	, kinas oi insulutions, or	United Idulois,	
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Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient a Paid during the year 1,000. FOOD BANK OF EASTERN FINANCIAL AID **MICHIGAN** FOR PROVIDING 2312 LAPEER RD FLINT, MI FOOD TO THOSE 48503 IN NEED 1,000. Total **▶** 3a b Approved for future payment NONE 0. Total **▶** 3b 923611 02-02-10 Form **990-PF** (2009)

Part XVI-A **Analysis of Income-Producing Activities**

nter gross amounts unless otherwise indicated.		Unrelated business income		ded by section 512, 513, or 514	(e)		
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income		
a							
b	_						
c							
d							
e	_						
f							
g Fees and contracts from government agencies					_		
Membership dues and assessments							
Interest on savings and temporary cash							
investments							
Dividends and interest from securities	523000	1,553.		-			
Net rental income or (loss) from real estate:		****					
a Debt-financed property							
b Not debt-financed property							
Net rental income or (loss) from personal							
property							
Other investment income							
Gain or (loss) from sales of assets other							
than inventory							
Net income or (loss) from special events				<u>.</u>			
Gross profit or (loss) from sales of inventory							
Other revenue:							
a	_ _						
b		•.					
<u> </u>							
d							
Coleanal Add ashimas (b) (d) and (c)	_	1 553					
Subtotal. Add columns (b), (d), and (e)		1,553.	11	0.			
Total Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations.				13	1,333		
ne No. Explain below how each activity for which is the foundation's exempt purposes (other the	ncome is reported in	column (e) of Part XVI-A			nplishment of		
			-				
				······································			
1							
	<u>-</u> .						

9) THE CIFERRI FAMILY FOUNDATION, INC. 26-1905307 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

1	Did th	ne organization directly or indi	rectly engage in any of the following	ng with any other organizat	tion described in sec	ction 501(c) of	L	Yes	No
	the C	ode (other than section 501(c)(3) organizations) or in section 52	27, relating to political orga	inizations?				
ŧ		· · · · · · · · · · · · · · · · · · ·	ation to a noncharitable exempt or	rganization of:					
	(1) (Cash					1a(1)		X
	(2)	Other assets					1a(2)		X
ı	Other	transactions;							
	(1) 5	Sales of assets to a noncharita	ble exempt organization				1b(1)		_X_
	(2) F	Purchases of assets from a no	ncharitable exempt organization				1b(2)		X
	(3) F	Rental of facilities, equipment,	or other assets				1b(3)		<u> </u>
	(4) F	Reimbursement arrangements					1b(4)		X
	(5) L	oans or loan guarantees.					1b(5)		<u>X</u>
	(6) F	Performance of services or me	embership or fundraising solicitation	ons .			1b(6)	<u> </u>	X
(Sharı	ng of facilities, equipment, ma	uling lists, other assets, or paid em	nployees			1c		<u> </u>
(1 If the	answer to any of the above is	"Yes," complete the following scho	edule. Column (b) should a	lways show the fair	market value of the goods, o	her ass	ets,	
			oundation. If the foundation receiv		lue in any transactio	on or sharing arrangement, sh	ow in		
	colun		other assets, or services received.						
a)	Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description	on of transfers, transactions, and s	naring an	rangeme	ents
			N/A						
_									
									
									
		. ==.		-					
_									
									
	•								
_					_1				
28		·	tly affiliated with, or related to, one		nizations described		٦	1 42	٦
			r than section 501(c)(3)) or in sec	tion 52/7			_ Yes	L.X.	No
) IT Yes	s," complete the following scho		(b) Type of organization		(c) Description of relationsh			
		(a) Name of org	janization _	(b) Type of organization		(c) Description of relationsh	p		
_		N/A							
-					+				
_					 				
_								_	
	Under p	enalties of persury. I declare that I h	nave examined this return, including acco	ompanying schedules and state	ments, and to the best	of my knowledge and belief, it is tr	ue. corre	ct.	
	and con	plete Declaration of preparer (other	er than taxpare or tuciary is pased on	all information of which prepare	er has any knowledge	o,o	,	,	
			101/11/1000	r 12/11/1	DIREC	mor			
9	Si	gnature of officer or trustee	max 1 che M	Date //	Title	101			
L		<u> </u>	-/-\/\/	Date 7	•	heck if Preparer	s identify	ing num	nber
B	r's V	Preparer's signature	TAL ()		-1.1 Is	elf- mployed ▶ □	•		
ן מ	Paid Preparer's Use Only	Firm's name (or yours PROC	TOR CROOK CRO	WDER & FOGAL		EIN >			
	P rep Jse	1 .	LAGLER AVENUE	w I OGAI	-, -11	-111 -			
	ر ۵	address, and ZIP code STUA				Phone no. (772)	28	3-2	356
		5 - 011		· · · · · · · · · · · · · · · · · · ·			n 990		
							_	,	-,

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Employer identification number

T	HE CIFERRI FAMILY FOUNDATION, INC.	26-1905307
Organization type (check of	ne):	
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	
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Spec	cial Rule. See instructions.
General Rule		
X For an organization contributor. Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more lete Parts I and II.	(in money or property) from any one
Special Rules		
509(a)(1) and 170(I	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the c)(1)(A)(vi), and received from any one contributor, during the year, a contribution of Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II	
aggregate contribu	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one of the street	
contributions for us If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one of se exclusively for religious, charitable, etc., purposes, but these contributions did red, enter here the total contributions that were received during the year for an excomplete any of the parts unless the General Rule applies to this organization because, etc., contributions of \$5,000 or more during the year.	not aggregate to more than \$1,000 clusively religious, chantable, etc.,
	nat is not covered by the General Rule and/or the Special Rules does not file Scher	
	Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on ng requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	। IIII e 2 01 तड FORM 990-PF, to centry
LHA For Privacy Act and I	Paperwork Reduction Act Notice, see the Instructions Sche	dule B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

Employer identification number

THE	CIFERRI	FAMILY	FOUNDATION,	INC.

26-1905307

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MICHAEL F & RENEE D CIFERRI 1010 CHAPMAN WAY PALM CITY, FL 34990	\$19,177.	Person Payroll Noncash X (Complete Part II of there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

THE CIFERRI FAMILY FOUNDATION, INC.

26-1905307

	cash Property (see instructions)	1 20	-1903307
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1 PUB	LICLY TRADED SECURITIES		· · · · · · · · · · · · · · · · · · ·
		\$18,116.	12/23/09
(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. 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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
153 02-01-10		Schedule R / Form 9	0, 990-EZ, or 990-PF) (20

FORM 990-PF DIVIDENT	S AND	INTER	EST FROM	SECUI	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT)
WACHOVIA SECURITIES TOTAL TO FM 990-PF, PART I, LN 4			1,553. 0. 1,553. 0.		0.	1,553.	
					1,553.		
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	2
DESCRIPTION	EXPE		(B) NET INVI MENT INC	EST-		(D) CHARITA E PURPOS	
PROFESSIONAL FEES		500.	0.			0.	
-		500.	-	0.			0.
TO FORM 990-PF, PG 1, LN 16B		500.		0.		STATEMENT	
TO FORM 990-PF, PG 1, LN 16B = FORM 990-PF	EXPE	TAX A) NSES	ES (B)	EST-	(C) ADJUSTED NET INCOM	(D) CHARITA	3 BLE
TO FORM 990-PF, PG 1, LN 16B FORM 990-PF DESCRIPTION	EXPE	TAX A) NSES	ES (B) NET INVI	EST-	ADJUSTED	(D) CHARITA	3 BLE
TO FORM 990-PF, PG 1, LN 16B FORM 990-PF DESCRIPTION TAXES & LICENSE	EXPE	TAX A) NSES BOOKS	ES (B) NET INVI	EST- COME	ADJUSTED	(D) CHARITA	3 BLE ES
TO FORM 990-PF, PG 1, LN 16B FORM 990-PF DESCRIPTION TAXES & LICENSE TO FORM 990-PF, PG 1, LN 18	PER 1	TAX A) NSES BOOKS 61.	ES (B) NET INVI	EST- COME	ADJUSTED	(D) CHARITA	3 BLE ES
TO FORM 990-PF, PG 1, LN 16B FORM 990-PF DESCRIPTION TAXES & LICENSE TO FORM 990-PF, PG 1, LN 18 FORM 990-PF	PER 1	TAX A) NSES BOOKS 61.	ES (B) NET INVI	EST- COME 0.	ADJUSTED	(D) CHARITA E PURPOS	3 BLE ES 0.
TO FORM 990-PF, PG 1, LN 16B FORM 990-PF DESCRIPTION TAXES & LICENSE TO FORM 990-PF, PG 1, LN 18 FORM 990-PF	PER 1	TAX A) NSES BOOKS 61.	ES (B) NET INVI	EST- COME 0.	ADJUSTED NET INCOM	(D) CHARITA E PURPOS STATEMENT FAIR MARKE	3 BLE ES 0. 0. 4

FORM 990-PF LIST OF	TORS	<u> </u>	EMENT 5	
PA	STATEMENT			
NAME OF CONTRIBUTOR	ADDRESS			
MICHAEL & RENEE CIFERRI	3353 GRAN PARK STUART, FL 349			
FORM 990-PF PART VIII - TRUSTEES	LIST OF OFFICERS, DI AND FOUNDATION MANAG		STAT	EMENT 6
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
MICHAEL F. CIFERRI 3353 GRAN PARK WAY STUART, FL 34997	DIRECTOR 0.50	0.	0.	0.
RENEE CIFERRI 3353 GRAN PARK WAY STUART, FL 34997	PRESIDENT 0.50	0.	0.	0.
DANIELLE MEIRA 3353 GRAN PARK WAY STUART, FL 34997	VICE PRESIDENT 0.50	0.	0.	0.
KATY SCOTT 3353 GRAN PARK WAY STUART, FL 34997	TREASURER 0.50	0.	0.	0.
JESSICA CIFERRI 3353 GRAN PARK WAY STUART, FL 34997	SECRETARY 0.50	0.	0.	0.
MICHAEL CIFERRI JR. 3353 GRAN PARK WAY STUART, FL 34997	ASST. SECRETARY 0.50	0.	0.	0.
GINA CIFERRI 3353 GRAN PARK WAY	DIRECTOR 0.50	0.	0.	0.

DIRECTOR

0.50

0.

0.

0.

HANK MEIRA

3353 GRAN PARK WAY

STUART, FL 34997

THE CIFERRI FAMILY FO	UNDATION, INC.		26-1905307	
BRIAN SCOTT 3353 GRAN PARK WAY STUART, FL 34997	DIRECTOR 0.50	0.	0.	0.
TOTALS INCLUDED ON 990-	PF, PAGE 6, PART VIII	0.	0.	0.
FORM 990-PF	PART XV - LINE 1A LIST OF FOUNDATION MANAGERS		STATEMENT	7

NAME OF MANAGER

MICHAEL F. CIFERRI RENEE CIFERRI