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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 Initial return of a former public charity Final return Amended return Address change Name change Name of foundation A Employer identification number Use the IRS lahel Otherwise ALVIN SHERMAN FAMILY FOUNDATION 65-0419459 print Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number or type 1605 3000 ISLAND BLVD 305-933-1188 See Specific City or town, state, and ZIP code C If exemption application is pending, check here ₽ Instructions AVENTURA, FL D 1 Foreign organizations, check here 33160 D Foreign organizations meeting the 85% test check here and attach computation X Section 501(c)(3) exempt private foundation H Check type of organization Section 4947(a)(1) nonexempt charitable trust Uther taxable private foundation E If private foundation status was terminated X Cash I Fair market value of all assets at end of year | J | Accounting method Accrual under section 507(b)(1)(A), check here Other (specify) (from Part II, col (c), line 16) F If the foundation is in a 60-month termination, 622,092. (Part I, column (d) must be on cash basis) ▶\$ under section 507(b)(1)(B), check here Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b) (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books ıncome income 262,580 N/A Contributions, gifts, grants, etc., received Check \ If the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 2,392 2,431. STATEMENT 4 Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) <176,752.> 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all 166,742. assets on line 6a 0. Capital gain net income (from Part IV, line 2) (S-08C Net short-term capital gain Income modifications AUG 1 \$ 2010 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) c Gross profit o 88,259 2,392 12 Total Add lines 1 through 11 0 0. 0. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees 900. 0. 900. **b** Accounting fees STMT 2 c Other professional fees Operating and Administrative 17 Interest 485 0. 0. STMT 3 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 4 2 . 0. 23 Other expenses 24 Total operating and administrative 902. 0. 1,387 expenses Add lines 13 through 23 23,525 23.525. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements Add lines 24 and 25 24,912 902 23,525. 27 Subtract line 26 from line 12 63,347 2 Excess of revenue over expenses and disbursements 1,490. b Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-) N/A LMA For Privacy Act and Paperwork Reduction Act Notice, see the instructions

Form **990-PF** (2009)



Б	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	′
_	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	20,824.	60,396.	60,39 6.
	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			
	_	disquaiiliea persons	<u> </u>		
	7	Other notes and loans receivable			
		Less allowance for doubtful accounts ▷			
ets	۱ ـ	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
•	l	Investments - U.S. and state government obligations	519,144.	542,919.	561,696.
	1	Investments - corporate stock STMT 5	519,144.	544,919.	301,030.
	ļ	Investments - corporate bonds			
	11	Investments land buildings and equipment basis			
	4.				
		Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis ▷ Less accumulated depreciation ▷			
	4.5	Other assets (describe			
	15	Office assers (describe			
	16	Total assets (to be completed by all filers)	539,968.	603,315.	622,092.
		Accounts payable and accrued expenses	3337300.		
	18	Grants payable			
ω.	19	Deferred revenue			
Liabilities	20	Loans from officers directors, trustees, and other disqualified persons			
g	21				
ڐ	1	Other liabilities (describe >)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31			
Ses	24	Unrestricted	539,968.	603,315.	
ā	25	Temporarily restricted			
Ва	26	Permanently restricted			
Net Assets or Fund Balance		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31			
S	2 7	Capital stock, trust principal, or current funds	<u> </u>		
se,	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
ţ	29	Retained earnings, accumulated income, endowment, or other funds	500 060	602 215	
Š	30	Total net assets or fund balances	539,968.	603,315.	
			520.000	(02 215	
	31	Total liabilities and net assets/fund balances	539,968.	603,315.	
P	art	III Analysis of Changes in Net Assets or Fund E	Balances		
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	539,96 <u>8</u> .
2	•	r amount from Part I, line 27a		2	63,347.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	603,315.
5	Decr	eases not included in line 2 (itemize) 🕨		5	0.
<u>6</u>	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	603,315.

ALVIN SHERMAN FAMILY FOUNDATION

65-0419459

Page 2

Form **990-PF** (2009)

Form 990-PF (2009)

Form **990-PF** (2009)

7

8

14,441.

23,5**25**.

7 Add lines 5 and 6

See the Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

_	1990-PF (2009) ALVIN SHERMAN FAMILY FOUNDATION			<u> 9459</u>		Page 4
	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see	instru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here Dand 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_				<u> 15.</u>
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					_
2	Fax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	┿			<u>0.</u>
-	Add lines 1 and 2	3_	 			<u>15.</u>
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	┿			0.
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5	-			<u> 15.</u>
	Credits/Payments	-				
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a	-				
	Exempt foreign organizations - tax withheld at source 6b					
	Tax paid with application for extension of time to file (Form 8868) 6c 15	2-				
	Backup withholding erroneously withheld 6d 6d	_				1 6
	Total credits and payments Add lines 6a through 6d	7				<u> 15.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed					0.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid					
	Enter the amount of line 10 to be Credited to 2010 estimated tax Refunded	> 11	Ш			
•	art VII-A Statements Regarding Activities			1	Voc	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervi	ene in			163	
	any political campaign?	0		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)			1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis	inea or		ł		
	distributed by the foundation in connection with the activities					v
	Did the foundation file Form 1120-POL for this year?			1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	`				
	· · · · · · · · · · · · · · · · · · ·	<u>).</u>				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
•	managers > \$0. Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х
2	If "Yes," attach a detailed description of the activities					
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	n or				
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	11, 01		3		_X_
12	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	1	N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	, 	5		X
J	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					
Ū	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 s 	tate law				
	remain in the governing instrument?			6		Х
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	Х	
•	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)					
	FL			_		
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)			_		
	of each state as required by General Instruction G? If "No," attach explanation				Х	
9						
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV			9	<u> </u>	_X_
10	Did any persons become substantial contributors during the tax year? If "Yes " attach a schedule listing their names and addresses			10		X
			F	orm 990	-PF	(2009)

Part VII-A Statements Regarding Activities (continued) 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) 12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	X	x x
section 512(b)(13)? If "Yes," attach schedule (see instructions)	х	
	X	
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	X	<u>x</u>
	Х	X
August 17, 2008? 12	Х	
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		<u></u>
Website address ▷ N/A		
14 The books are in care of ▶ GARY HACKER CPA Telephone no ▶954-922-2	207	
Located at ≥ 3300 N 29 AVE STE 102 HOLLYWOOD FL ZIP+4 ≥33020		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	\triangleright	
	I/A	
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required		
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		
a disqualified person?	1	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No		1
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No		
,	ł	
(6) Agree to pay money or property to a government official? (Exception Check "No"		
If the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No		
, , , ,		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		
section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? N/A 1b	-	
organizations relying on a current notice regarding disaster assistance check note		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		
before the first day of the tax year beginning in 2009?		X
2 Faxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		
defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		
before 2009?		
If "Yes," list the years >,,,	1	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		
statement - see instructions) N/A 2b		<u> </u>
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		
D,,,,		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		
during the year?		1
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after		
May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose		
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,		
Form 4720, to determine if the foundation had excess business holdings in 2009) N/A 3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		

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

Form 990-PF (2009) ALVIN SHERMAN FAMILY FO	OUNDATION 4700 Nf Day	3	65-04194	.59 Pag
Part VII-B Statements Regarding Activities for Which	n Form 4/20 May Be I	requirea (contin	ued)	
5a Duting the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (sec			s X No	1
(2) Influence the outcome of any specific public election (see section 4955	i), or to carry on, directly or indir			
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purpo	ses?	Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	ation described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y6	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, litera	ary, or educational purposes, or	for		1
the prevention of cruelty to children or animals?		Ye	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify	under the exceptions described	ın Regulations	i	
section 53 4945 or in a current notice regarding disaster assistance (see in:			N/A	5b
Organizations relying on a current notice regarding disaster assistance chec				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemptic		uned		i i
expenditure responsibility for the grant?		. —	es No	
If "Yes," attach the statement required by Regulations section 53 4		•/ 23	.5	
, , , ,	, ,			
6a Did the foundation, during the year, receive any funds, directly or indirectly,	to pay premiums on		es X No	
a personal benefit contract?		L 10	S LALINO	ch l
b Did the foundation, during the year, pay premiums, directly or indirectly, on	a personal benefit contract?			6b 2
If "Yes" to 6b, file Form 8870			[==]	
7a At any time during the tax year, was the foundation a party to a prohibited to		Ye	es X No	
b If yes, did the foundation receive any proceeds or have any net income attri			N/A	7b
Part VIII Information About Officers, Directors, True Paid Employees, and Contractors	ıstees, Foundation Ma	anagers, Highly	y 	
1 List all officers, directors, trustees, foundation managers and the	eir compensation			,
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expens
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deferred compensation	allowance
JAYNE SHERMAN	TRUSTEE			
753 SPRINGS FIREPLACE ROAD				
EAST HAMPTON, NY 11937	0.00	0.	0.	
EAST HAMFION, NT 11957	0.00			
		-		
				ļ
			}	
			Ì	
2 Compensation of five highest-paid employees (other than those	included on line 1). If none	, enter "NONE."	,	
(C) 000	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) Expens
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deterred compensation	account, ot
NONE			,	
NONE				
		ļ	 	
		1		
				<u> </u>
		<u> </u>	L	
Total number of other employees paid over \$50,000			\triangleright	

Form 990-PF (2009) ALVIN SHERMAN FAMILY FOUNDATION	65-0	419459	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Comp	pensation
NONE			
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u> </u>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produced.	cal information such as the iced, etc	Expenses	·
1 LOCATE QUALIFIED TAX EXEMPT ORGANIZATIONS. DO FUTHER THEIR TAX EXEMPT PURPOSE.	DNATE TO THEM TO		0
2			0.
3			
4			
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2	Amount	
1 N/A			
2			
All other program-related investments. See instructions 3			
Total Add lines 1 through 3	>		0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
-	Average monthly fair market value of securities	1a	298,508.
	Average of monthly cash balances	1b	55,583.
C	Fair market value of all other assets	1c	
ď	Total (add lines 1a, b, and c)	1d	354,091.
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	354,091.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	5,311.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	348,780.
6	Minimum investment return Enter 5% of line 5	6	17,439.
P	art XI 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)	d certain	
1	Minimum investment return from Part X, line 6	1	17,439.
2a	Tax on investment income for 2009 from Part VI, line 5		
ь	Income tax for 2009 (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	15.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	17,424.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	17,424.
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	17,42 <u>4</u> .
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		22 525
a		1a	23,525.
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		3a	
b	Cash distribution test (attach the required schedule)	3b	22 525
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	23,525.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	16
	income. Enter 1% of Part I, line 27b	5	15.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	23,510.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualities for	r the section
	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		·		17,424.
2 Undistributed income, if any, as of the end of 2009				11,424.
a Enter amount for 2008 only			22,173.	
b Total for prior years			22,113.	
U Total for prior years		0.		
3 Excess distributions carryover, if any, to 2009		······································		
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008			:	
f Total of lines 3a through e	0.			1
4 Qualifying distributions for 2009 from				
Part XII, line 4 > \$ 23,525.				1
a Applied to 2008, but not more than line 2a			22,173.	1
b Applied to undistributed income of prior			22,173.	
years (Election required - see instructions)		0.		1
· · · · · · · · · · · · · · · · · · ·		U •		
c Treated as distributions out of corpus	0.			1
(Election required - see instructions)	<u> </u>			1,352.
d Applied to 2009 distributable amount	0.			1,332.
e Remaining amount distributed out of corpus	0.			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.			
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		0.		
assessed	 	0.		
d Subtract line 6c from line 6b Taxable		0.		
amount - see instructions		U •		
e Undistributed income for 2008 Subtract line			0.	
4a from line 2a Taxable amount - see instr f Undistributed income for 2009 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				16,072.
7 Amounts treated as distributions out of		 		10,072.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004	<u>.</u>			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010				
Subtract lines 7 and 8 from line 6a	0.			
0 Analysis of line 9:	<u> </u>			
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				
E LACCOO II UIII 2003		L		

art XIV Private Operating Fou	ındations (see ins	structions and Part V	I-A, question 9)	N/A	
a If the foundation has received a ruling or d		_			
foundation, and the ruling is effective for 2	•	-			
b Check box to indicate whether the foundation		ig foundation described		4942(j)(3) or	4942(j)(5)
a Enter the lesser of the adjusted net	Tax year	41,0000	Prior 3 years	(4) 2000	
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed		<u> </u>	<u> </u>		
b 85% of line 2a					
c Qualifying distributions from Part XII,			i		
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		<u></u>			
2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed	· · · · · · · · · · · · · · · · · · ·				
"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					
art XV Supplementary Inform	nation (Comple	te this part only	if the foundati	on had \$5,000 o	or more in assets
at any time during the	year-see the	nstructions.)			
Information Regarding Foundation	Managers:				
a List any managers of the foundation who h			itributions received by	the foundation before	the close of any tax
year (but only if they have contributed mor	e than \$5,000) (See s	ection 507(d)(2))			
ONE					
b List any managers of the foundation who d			(or an equally large p	ortion of the ownership	of a partnership or
other entity) of which the foundation has a	10% or greater interes	st			
ONE					
Information Regarding Contribution	i, Grant, Gift, Loan,	Scholarship, etc., F	rograms:		
Check here $\triangleright X$ if the foundation only	makes contributions	to preselected charitable	e organizations and do	es not accept unsolicit	ed requests for funds If
the foundation makes gifts, grants, etc. (se	e instructions) to indiv	riduals or organizations	under other conditions	s, complete items 2a, b	, c, and d
a The name, address, and telephone number	of the person to who	n applications should b	e addressed		
b The form in which applications should be s	submitted and informa	tion and materials they	should include	· · · · · · · · · · · · · · · · · · ·	
Any submission deadlines					,
Any restrictions or limitations on awards, s	· - · · · · · · · · · · · · · · · · · ·				

3 Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
· · · · · · · · · · · · · · · · · · ·	or substantial contributor	recipient		· · · · · · · · · · · · · · · · · · ·				
a Paid during the year	or substantial contributor	recipient						
SEE STATEMENT 6								
Total	·L			23,525.				
b Approved for future payment NONE								
Total		l	<u></u>	0.				
IVIAI				<u> </u>				

Part XVI-A Analysis of Income-Producing Activities

Enter gros	s amounts unless ot	herwise indicate			U	related t	ousiness income		ded by section 512, 513, or 514	(e)
	m service revenue	mor moo malaara	. .		(a Busin cod	ess	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a a								0000		
ь					·					
c							· · · · · · · · · · · · · · · · · · ·			
d					1					
е					1					
t										
g Fee	s and contracts from	n government ag	encies							
2 Membe	ership dues and asse	essments								
3 Interes	t on savings and tem	nporary cash				1				
ınvestn	nents									
•	nds and interest from									2,431.
	tal income or (loss)	from real estate								
	t-financed property							ļ <u>-</u> -		<u> </u>
	debt-financed prope						· · · · · · · · · · · · · · · · · · ·			
	ital income or (loss)	trom personal								
propert	-									
	nvestment income	l accete ather								
	· (loss) from sales of ventory	assers other								<176,75 <u>2.</u>
	ome or (loss) from s	enecial events						-		1 12,00,1020
	profit or (loss) from		v							
11 Other r		outob or involved	,							
					1					
					i i					
е					_			L		
12 Subtot	al Add columns (b),	, (d), and (e)					0.	_	0	
	Add line 12, column								13 _	<174,321.
(See work	sheet in line 13 instr									
Part X	VI-B Relat	tionship of	Activi	ities	to the	Accon	nplishment of Ex	emp	t Purposes	
Line No								contri	buted importantly to the acco	omplishment of
							s for such purposes)			
4							CHARITABLE			
8	GENERATE	INCOME	TO	BE	USED	FOR	CHARITABLE	PU	RPOSES	
	-		·						·	·· ··· · · · · · · · · · · · · · · · ·
	-									
	 									
	-						·			
										
									- 	
	-									
										
		 -								
923621 02-02-10	 									Form 990-PF (2009)
U2-U2-10										1 51 11 (ZUUS)

<u> </u>	Information Regarding Transfers Exempt Organizations	To and Transactions an	d Relationships With Nonc	haritable	
1		ollowing with any other organization	described in section 50.1(c) of	Ye	s No
'	the Code (other than section 501(c)(3) organizations) or in sec				
•	Transfers from the reporting foundation to a noncharitable exe		mons.		
٥	(1) Cash	mpt organization of		1a(1)	x_
	(2) Other assets			1a(2)	$\frac{x}{x}$
	b Other transactions:			18(2)	
	(1) Sales of assets to a noncharitable exempt organization			1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization	ation		1b(2)	X
	(3) Rental of facilities, equipment, or other assets	Mon		1b(3)	X
	(4) Reimbursement arrangements			1b(4)	X
	(5) Loans or loan guarantees			1b(5)	X
	(6) Performance of services or membership or fundraising so	licitations		1b(6)	X
	c Sharing of facilities, equipment, mailing lists, other assets, or p			1c	X
	d If the answer to any of the above is "Yes," complete the following		vs show the fair market value of the goo		
	or services given by the reporting foundation. If the foundation	• • • • • • • • • • • • • • • • • • • •			
	column (d) the value of the goods, other assets, or services rec		in any transaction or sharing arrangeme	, 511011 III	
a١		aritable exempt organization	(d) Description of transfers, transactions,	and sharing arranger	ments
-,		/A	(0)		
	N	/8			
_					
_					
-					
_					
_					
28	a Is the foundation directly or indirectly affiliated with, or related		nons described		X No
	in section 501(c) of the Code (other than section 501(c)(3)) or	III Section 5277		Yes	₩ NO
	b If "Yes," complete the following schedule. (a) Name of organization	(b) Type of organization	(c) Description of relat	ionshin	
		(b) Type of Organization	(c) Description of relati	топотпр	
_	N/A				
	Under penaltids of perjury, I declare that I have examined this return, include	ing accompanying schedules and statemen	ts, and to the best of my knowledge and belief	. it is true correct.	
	and complete locclaration of preparer (other than taxpayer or fiduciary) is b				
	1 . 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	18/10/2010	10115755		
e	Signature of officer of trustee	Date	Title		
Ε Ε		Date	101 - 1 (eparer's identifying n	umber
Б	Preparer's Signature	8	9/10 self-		
ñ	PEGO SUPERIOR DOMANO				
	signature Firm's name (or your HACKER & ROMANO it self-employed). 3300 N 29TH AVE,	CME 102	EIN ▶	 	
	address and ZIPcode HOLLYWOOD, FLORI	STE 102 DA 33020	Phone no (9	54)922-2	207
	I I I I I I I I I I I I I I I I I I I	DA 33040	ע אווייטוויין ו	J4 J44 ⁻ 4	4 U /

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

AI	LVIN SHERMAN FAMILY FOUNDATION	65-0419459					
Organization type (check of	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						
General Rule)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru on filing Form 990, 990-EZ, or 990 PF that received, during the year, \$5,000 or more (in molete Parts I and II						
Special Rules							
509(a)(1) and 170((c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg (b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h or (ii) Form 990 EZ, line 1 Complete Parts I and II						
aggregate contrib	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III						
contributions for u If this box is chect purpose Do not c	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.						
but it must answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Schedule in Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line ling requirements of Schedule B (Form 990, 990-EZ, or 990-PF)						

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

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

Page	1 of	1 of Part I
Page	T 01	1 or Parti

Name of organization

Employer identification number

ALVIN SHERMAN FAMILY FOUNDATION

65-0419459

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ALVIN SHERMAN 3000 ISLAND BLVD #1605 AVENTURA, FL 33160	\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	ALVIN SHERMAN 3000 ISLAND BLVD #1605 AVENTURA, FL 33160	<u>\$</u> 26,160.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	ALVIN SHERMAN 3000 ISLAND BLVD #1605 AVENTURA, FL 33160	\$19,174.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	ALVIN SHERMAN 3000 ISLAND BLVD #1605 AVENTURA, FL 33160	\$\$.	Person Payroll Noncash X (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)
923452 02-0	1-10	Schedule B (Form	990, 990-EZ, or 990-PF) (2009)

Name of organization

Page 1 of 1 of Part II
Employer identification number

ALVIN SHERMAN FAMILY FOUNDATION

65-0419459

Part II	Noncash Property (see instructions)		
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	500 SHARES XL CAPITAL LTD		
_1		\$ 90,100.	11/17/09
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	2000 SHARES AES CORP		
		\$ <u>26,160.</u>	12/11/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	404 SHARES AMERICA MOVIL		·
		\$19,174.	12/11/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	435 INTUITIVE SURGICAL		
4		s <u>127,146.</u>	12/11/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
453 02-01		\$\$	0, 990-EZ, or 990-PF) (20

FORM 990-PF DIVIDENT	OS AND	INTER	EST FROM	SECUR	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		TAL GAINS	COLUMN (A))
CHARLES SCWAB CITIGROUP SMITH BARNEY	•		539. 1,892.		0.	5: 1,89	39. 92.
TOTAL TO FM 990-PF, PART I, I	LN 4		2,431.		0.	2,43	31.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		
RETURN PREPARATION	*****	900.		900.		0.	
TO FORM 990-PF, PG 1, LN 16B		900.		900.			0.
FORM 990-PF		TAX	ES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC				
TAX ON NET INVESTMENT INCOME		485.	0.				0.
TO FORM 990-PF, PG 1, LN 18		485.	0.		0.		
							
FORM 990-PF	0	THER E	XPENSES		· · · · · · · · · · · · · · · · · · ·	STATEMENT	4
FORM 990-PF DESCRIPTION	(EXPE	A) NSES	(B)		(C) ADJUSTED NET INCOM	(D) CHARITA	
	(EXPE	A) NSES	(B)		ADJUSTED	(D) CHARITA	BLE

FORM 990-PF	CORPORATE STOCK		STATEMENT	5
DESCRIPTION	Е	BOOK VALUE	FAIR MARKET VALUE	
COMMON STOCK PREFERRED STOCK		442,919. 100,000.	461,6 100,0	
TOTAL TO FORM 990-PF, PART II, L	L TO FORM 990-PF, PART II, LINE 10B 542,919.		561,696.	
	AND CONTRIBUTIONS DURING THE YEAR		STATEMENT	6
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIC AND PURPOSE OF G		PIENT TUS AMOU	NT
FISP 1253 MANOR DR SOUTH WESTON, FL 33326	NONE TO FUTHER THE ORGANIZATION CHARITABLE PURPOSE	OTHER PUBLIC CHARIT	:	00.
FLORIDA SHERIFF'S ASSOC P O BOX 12519 TALLAHASSEE, FL 32317	NONE TO FUTHER THE ORGANIZATION CHARITABLE PURPOSE	OTHER PUBLIC CHARIT	!	00.
IN THE LIFE MEDIA INC 184 FIFTH AVE 4TH FLOOR NEW YORK, NY 10010	NONE TO FUTHER THE ORGANIZATION CHARITABLE PURPOSE	OTHER PUBLIC CHARIT		00.
PACIFIC LEGAL FOUNDATION 3900 LENNANE DR SACRAMENTO, CA 95834	NONE TO FUTHER THE ORGANIZATION CHARITABLE PURPOSE	CHARIT		00.
WOUNDED WARRIOR PROJECT P O BOX 758517 TOPEKA, KS 666758517	NONE TO FUTHER THE ORGANIZATION CHARITABLE PURPOSE	CHARIT	!	00.
SOUTH FLORIDA COUNCIL BOY SCOUTS OF AMERICA 15255 NW 82 AVE MIAMI LAKES, FL 33016	TO FUTHER THE	CHARIT	!	00.

ALVIN SHERMAN FAMILY FOUNDATION			65-0419459
MAR-JCC SCHOLARSHIP FUND 18900 NE 25TH AVE NORTH MIAMI BEACH, FL 33180	NONE TO FUTHER THE ORGANIZATION CHARITABLE PURPOSE	OTHER PUBLIC CHARITY	2,125.
UNITED WAY OF BROWARD COUNTY 1300 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33316	NONE TO FUTHER THE ORGANIZATION CHARITABLE PURPOSE	OTHER PUBLIC CHARITY	10,000.
TOTAL TO FORM 990-PF. PART XV. LT	NE 3A		23.525.

Form-8	868 JRev 4-2009)			Page 2		
	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check	this box		\triangleright X		
•	Only complete Part II if you have already been granted an automatic 3-month extension on a previous					
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)	,				
Part		ıl (no cop	nes needed)			
<u> </u>	Name of Exempt Organization		Employer identification number			
Туре	or Name of Exempt organization					
print	ALVIN SHERMAN FAMILY FOUNDATION		65-04	19459		
File by ti	he Number street and room or suite no. If a R.O. how see instructions		or IRS use o			
extended due date			0	,		
filing the return S		L				
instruction						
Chaok	type of return to be filed (File a separate application for each return)					
	Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041-	Δ [7 Form 5227	7 Form 8870		
=	Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720		Form 6069			
	FOITH 990-BL			, 		
STOP	Do not complete Part II if you were not already granted an automatic 3-month extension on a p	reviousl	y filed Form	8868.		
	GARY HACKER CPA					
⊖ The	books are in the care of > 3300 N 29 AVE STE 102 HOLLYWOOD FL	- 33	020			
	ephone No ▶ 954-922-2207 FAX No ▶					
	ne organization does not have an office or place of business in the United States, check this box			_ 🎤 🗀		
	ns is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	If this	is for the who	ole group, check this		
box •						
	request an additional 3-month extension of time until -NOVEMBER 15, 2010	<u> </u>	01110010 1110			
	For calendar year 2009, or other tax year beginning, and en	dina				
	If this tax year is for less than 12 months, check reason Initial return Final return		Change	in accounting period		
			Onlange	in accounting period		
	State in detail why you need the extension AWAITING INFOMATION FROM THIRD PARTIES					
	AWAITING INFOMATION FROM THIRD FARTIED					
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
	nonrefundable credits. See instructions		8a \$	15.		
	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	-	<u> </u>			
	it tris application is for Form 990-FF, 990-1, 4720, or 0009, effect any ferdinable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid.	1				
		-	8b \$	15.		
-	previously with Form 8868 Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, depos		OD 2			
			8c \$	0.		
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instruction Signature and Verification	CHOIS	8c \$			
	· · · · · · · · · · · · · · · · · · ·	ed to the h	act of my know	uladas and halvaf		
unaer p	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, an e, correct, and complete, and that I amenthorized to prepare this form	ia to the b	est of filly know	vieuge and belief,		
	$\mathcal{L} = \mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L}$		Data - 8	lalia		
Signatu	Title \ (4)		Date > 3	orm 8868 (Rev 4-2009)		
	/ / / /		10	ліп ввов (неу 4-2009)		