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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

Department of the Treasury Treated as a Private Foundation							2009			
nternal Revenue Service Note. The foundation may be able For calendar year 2009, or tax year beginning 08/01/09, a					ate reporting	requirements				
						31/10		<u> </u>		
ن ق	леск а	all that apply	Initial return		turn of a former pub		e change	Final retur	n	
		Name of found	Amended re	eturn Add	ress change	tion nun	abor .			
	the IR	S Name or found	aation				A Employer identification number 26-2940278			
	abel. erwise	The Ni	cholas J	Pisaris Fo	oundation.	B Telephone number (see page 10 of the instructions				
Otherwise, The Nicholas J. Pisaris Fo						305-377-0707				
	type.		•		,	C If exemption application is pending, check here				
or type. 200 South Biscayne Bouleva: See Specific City or town, state, and ZIP code						D 1. Foreign organizations, check here				
	uction			FL	33131			oreign organizatio		
1 0	Check type of organization X Section 501(c)(3) exempt private				foundation		1			tach computation
<u> </u>	Section	1 4947(a)(1) none	xempt charitable t	rust Other taxab	le private foundation		E If priv	vate foundation s	tatus was	terminated under
Fa	air mar	ket value of all as	sets at end J	Accounting method	X Cash A	ccrual	secti	on 507(b)(1)(A).	check her	e J
of	year (from Part II, col (c),	Other (specify)			F If the	foundation is in	a 60-mon	th termination
	e 16) I	\$	0 (F	Part I, column (d) must	be on cash basis)		unde	er section 507(b)(1)(B), che	ck here
Pa	art I		Revenue and		(a) Revenue and	45. 31.4		(2) Advisa	4 4	(d) Disburseme
			lumns (b), (c), and (d) ma		expenses per books	(b) Net in	ivestment ome	(c) Adjuste		for charitable purposes
			n (a) (see page 11 of the i	· · · · · · · · · · · · · · · · · · ·		<u> </u>		ļ		(cash basis on
	1		, grants, etc., receive							
	2			required to attach Sch B						
	3		• • •	cash investments	39-1					74 /4 /4
	4		nterest from securi	ties	NOT	Func	iea_	As of		31/10
	5a	Gross rents								
ne	b	Net rental incom	• • •							
Revenue	6a b		sale of assets not on line	10	No.	Asset	s o	r Act	1V)	ty
ē.	7	Gross sales price for al	income (from Part	1) / June 2)			0			
-	8	Net short-term c		1V, ime 2)					0	
	9	Income modifica								
-	10a		eturns & allowances	•						
	ь	Less Cost of go								
	c	_	oss) (attach sched	lule)						
	11	Other income (at	. ,							
	12	Total. Add lines	•			0	0		0	
,,	13		f officers, directors	s, trustees, etc					-	
benses	14	•	salaries and wage							
	15		mployeepenefits	\						
호	16a ,		n schedule)	./						
Ц	ь	Accounting fees	(attach schedule)	<i>(1)</i>					•	
<u> </u>	С		fees (attach\schedule							
ē	17	Interest MAR	1 1 20 /	<u>Ē</u>						
2	18) (see page 14 of the vistr	uctions)					_	
	19	Depreciation (attac	hischedule) and dept							
5	20	Occupancy 3	المستعدد الم						·	
Z	21	Travel, conferen	ces, and meetings	•						
Operating and Administrative Ex	22	Printing and pub	lications							
	23	Other expenses (att sc	h)							
			and administrativ	e expenses.						
בַ		Add lines 13 thro	_			0	0			
5		Contributions, gif				0				L
4			nd disbursements.	Add lines 24 and 25		0	0		0	
		Subtract line 26	- · · · · - · · -							
			e over expenses ar			0				
- 1			income (if negativ				0			
J	C	Adjusted net inc		4 0 \		1		1	^	990-PF

For	m 990-PF			. Pisaris Foundat				Pa	ge 13
P	art XVII			ansfers To and Transaction	ns and	I Relationships With No	ncharitable		
_	Did the	Exempt Organiz		file fall and the	-46			Yes	No
1		•		ge in any of the following with any on 501(c)(3) organizations) or in se	_		-	1.03	···
	organiz		Ci tilali 300ti	on 30 (c)(3) organizations) or in se	;C(IO11 JZ1	r, relating to political		1	
á	•		dation to a n	oncharitable exempt organization o	of				
	(1) Cas				•		1a(1)	Ì	x
	(2) Oth	er assets					1a(2)	$\overline{}$	X
t	Other to	ransactions							Γ^{-}
	(1) Sal	es of assets to a nonchard	table exemp	t organization			1b(1)		X
		chases of assets from a n					1b(2)		X
		ntal of facilities, equipment	•	sets			1b(3)	1	X
		mbursement arrangement	S				1b(4)		X
		ans or loan guarantees formance of services or m	ombombin e	or fundaciona acheitationa			1b(5) 1b(6)	1	X
,				other assets, or paid employees			1c	 	X
				nplete the following schedule Colu	ımn (b) si	hould always show the fair mark		·	
		=		given by the reporting foundation. If		•			
	value in	any transaction or sharing	g arrangeme	ent, show in column (d) the value of	the good	ds, other assets, or services reco	eived		
	(a) Line no	(b) Amount involved	(c) Name	of nonchantable exempt organization	(d) Description of transfers, transaction	s, and sharing arrang	ements	<u>.</u>
<u>N/</u>	<u>'A</u>		<u> </u>		<u> </u>				
					 				
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_			<u> </u>						
28			-	with, or related to, one or more tax		organizations		es 🔀	P
1-		ed in section 501(c) of the " complete the following so		than section 501(c)(3)) or in section	on 5277		₹	es 🛂	i No
	il les,	(a) Name of organization	riequie	(b) Type of organization	T	(c) Description of re	elationship		
	N/A	(-///		(b) Type of eigenization	+	(o) Becomplient of the	- Autoriority		
			··						
_									
_									
	Under pe	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known							
	beller it	belief, this true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any							
_]		President							
ere	y Sign	Signature of officer or pistee Date Title							
Sign Here		I	Preparer's ident	gnature	on				
ign	ı er's nly	Preparer's signature	page 30 of the ii						
တ	Paic Par e O	- Daves	P0009	000	-				
	Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, LLP // Self-employed), address, 200 South Biscayne Blvd., Suite 1770							98
									707
		•					- 00		
						m2-12	L		•
						$M12^{-10}$			
						• •			

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Form **8868**

Application for Extension of Time To File an

(Rev April 2009)		Exempt Organization Return		OMB No 154	15-1709					
Department of the Treasury Internal Revenue Service		► File a separate application for each return.								
		stomatic 3-Month Extension, complete only Part I and check this box			► X					
		Iditional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)								
Do not compl	ete Part II uni	ess you have already been granted an automatic 3-month extension on a previously filed Form	3868							
Part I	Automati	c 3-Month Extension of Time. Only submit original (no copies needed).								
A corporation in Part I only	required to file	Form 990-T and requesting an automatic 6-month extension—check this box and complete			▶ □					
All other corpo		ling 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extensions	on of							
Electronic Fili	ing (e-file). Ge	enerally, you can electronically file Form 8868 if you want a 3-month automatic extension of time	to file							
one of the retu	irns noted belo	ow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868								
electronically i	f (1) you want	the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, g	roup							
returns, or a co	omposite or co	onsolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part I	l) of For	m						
8868 For mor	e details on th	e electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits								
Type or	Name of Ex	empt Organization Emp	Employer identification number							
print	The Ni	40278								
File by the due date for		0270								
filing your return See		eet, and room or suite no If a P O box, see instructions outh Biscayne Boulevard #1770								
instructions										
Check type of		filed (file a separate application for each return)								
Form 99		Form 990-T (corporation)		Form 4720						
Form 99	00-BL		Form 5227							
Form 99	0-EZ	Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above)		Form 6069						
X Form 99	0-PF	Form 1041-A		Form 8870						
•										
The books	are in the car	e of ▶								
Telephone	No ▶	FAX No ▶			_					
If the orga	nization does	not have an office or place of business in the United States, check this box			▶ 📙					
If this is fo	r a Group Ret	urn, enter the organization's four digit Group Exemption Number (GEN)	s IS							
for the whole g	group, check th	his box If it is for part of the group, check this box I and attach)							
a list with the r	names and Ell	Ns of all members the extension will cover								
		3-month (6 months for a corporation required to file Form 990-T) extension of time								
		, to file the exempt organization return for the organization named above. The extension is								
	rganization's r									
	calendar year	or ining 08/01/09, and ending 07/31/10								
	tax year begin	ning 08/01/09, and ending 0//31/10								
2 If this ta	x year is for le	ss than 12 months, check reason 🔲 Initial return 📗 Final return 🔲 Change in acc	ounting	period						
3a If this ap	plication is foi	r Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,								
			3a \$		0					
-	-	r Form 990-PF or 990-T, enter any refundable credits and estimated tax	_		0					
			3b \$		0					
		ct line 3b from line 3a Include your payment with this form, or, if required,								
	-	on or, if required, by using EFTPS (Electronic Federal Tax Payment	. .		0					
	See instructi		3c \$		0					
for payment in		make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-E0	ر							
		work Reduction Act Notice, see Instructions.		Form 8868 (Re	v 4-2009)					