

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

## **Return of Private Foundation**

or Section 4947(a)(1) Nonexempt Charitable Trust

2010

OMB No 1545-0052

Treated as a Private Foundation Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

| Fo                             | r cal | endar year 2010, or ta              | x year beg        | inning                 | 10/27/2010 , <b>a</b>                 | nd ending                             |      | 12   | /31/2010                                                    |                   |
|--------------------------------|-------|-------------------------------------|-------------------|------------------------|---------------------------------------|---------------------------------------|------|------|-------------------------------------------------------------|-------------------|
| G                              | Che   | ck all that apply                   | X Initial         | return                 | Initial return of a for               | mer public cha                        | rity |      | Final re                                                    | eturn             |
|                                |       |                                     | Amer              | nded return            | Address change                        | Na                                    | me   | c    | hange                                                       |                   |
| Na                             | me of | foundation                          |                   |                        |                                       |                                       | ĪΑ   | Е    | mployer identification nu                                   | ımber             |
| Th                             | e Joe | and Lee Herring Fam                 | ılv Foundatı      | on                     |                                       |                                       |      |      | 27-3785                                                     | 024               |
| Nu                             | mbér  | and street (or P O box numb         | er if mail is not | delivered to street ac | Idress)                               | Room/suite                            | В    | Т    | elephone number (see page                                   |                   |
| c/o                            | Fou   | ndation Source, 501 Si              | lverside Ro       | ad                     |                                       | 123                                   |      |      | (800) 839                                                   | .1754             |
|                                |       | wn, state, and ZIP code             | IVCISIGO INO      | 20                     |                                       | 120                                   | ┢    | ıf   | exemption application is p                                  |                   |
| Wί                             | lmıng | ton                                 |                   |                        | DE                                    | 19809-1377                            | F _  |      | Foreign organizations, ch                                   |                   |
|                                |       | ck type of organization             | ☑ Sectu           | on 501(c)(3) exe       | mpt private foundation                |                                       | 15   |      |                                                             | _                 |
| Ë                              |       | tion 4947(a)(1) nonexe              |                   |                        |                                       |                                       |      | 2.   | Foreign organizations me<br>check here and attach cor       |                   |
| 一                              |       | market value of all ass             |                   | J Accounting           | •                                     |                                       | E    |      | private foundation status w                                 |                   |
| •                              |       | ear (from Part II, col (c           |                   | Other (sp              |                                       | n                                     | =    |      | nder section 507(b)(1)(A), o<br>the foundation is in a 60-m | ·                 |
|                                |       | 16) ▶ \$                            | ,,<br>298 507     | (Part I, column (      | d) must be on cash bas                | sis)                                  | Ι'   |      | nder section 507(b)(1)(B), o                                |                   |
| Pa                             | ırt l | Analysis of Revenu                  |                   | -                      |                                       |                                       | 1    |      |                                                             | (d) Disbursements |
| _                              |       | amounts in columns (b), (c)         | -                 |                        | (a) Revenue and<br>expenses per       | (b) Net investm                       | ent  |      | (c) Adjusted net                                            | for charitable    |
|                                |       | the amounts in column (a)           | see page 11 o     | f the instructions) )  | books                                 | ıncome                                |      |      | income                                                      | purposes          |
| _                              | 1     | Contributions, gifts, grants,       | etc_received (    | attach schedule)       | 283,483                               | · · · · · · · · · · · · · · · · · · · |      |      | <del></del>                                                 | (cash basis only) |
|                                | 2     | Check If the foundat                |                   |                        | 200,400                               |                                       |      |      |                                                             |                   |
|                                | 3     | Interest on savings and             |                   |                        |                                       |                                       |      |      |                                                             |                   |
|                                | 4     | Dividends and interest f            |                   |                        |                                       |                                       |      |      |                                                             |                   |
|                                | 5 8   | Gross rents                         |                   | -                      |                                       |                                       |      |      |                                                             |                   |
| a.                             | 1     | Net rental income or (lo            | ss)               |                        |                                       | · · · · · · · · · · · · · · · · · · · |      |      |                                                             |                   |
| Ĕ                              | 6 a   | Net gain or (loss) from s           | sale of assets    | not on line 10         |                                       |                                       |      |      |                                                             | -                 |
| Revenue                        | 1     | Gross sales price for all ass       | sets on line 6a   |                        |                                       |                                       |      |      |                                                             |                   |
| Se S                           | 7     | Capital gain net income             | (from Part I\     | /, line 2)             |                                       |                                       |      | 0    |                                                             |                   |
| -                              | 8     | Net short-term capital g            | aın               |                        |                                       |                                       |      |      | <u> </u>                                                    |                   |
|                                | 9     | Income modifications                |                   |                        |                                       |                                       |      |      |                                                             |                   |
|                                | 10 a  | Gross sales less returns an         | d allowances      |                        |                                       |                                       |      |      |                                                             |                   |
|                                | 1     | Less Cost of goods so               | ld                | L                      |                                       |                                       |      |      |                                                             |                   |
|                                |       | Gross profit or (loss) (at          | tach schedul      | e)                     |                                       |                                       |      |      | =-                                                          |                   |
|                                | 11    | Other income (attach so             | •                 |                        |                                       |                                       |      |      |                                                             |                   |
|                                | 12    | Total. Add lines 1 throu            | <u>.~.</u>        |                        | 283,483                               |                                       |      | 0    |                                                             |                   |
| es<br>S                        | 13    | Compensation of officer             | •                 | trustees, etc          |                                       |                                       | - 17 | _    | DECENE                                                      |                   |
| Expenses                       | 14    | Other employee salarie              | _                 |                        |                                       |                                       | _ \  | _    | KEULIUL                                                     |                   |
| pe                             | 15    | Pension plans, employe              |                   |                        |                                       |                                       | -    | 1    |                                                             | 10                |
| ŭ                              |       | Legal fees (attach sche             |                   |                        |                                       |                                       |      | 10   |                                                             |                   |
| tive                           | !     | Accounting fees (attach             | -                 | 4.3.5                  | ·····                                 | -                                     |      | 16   | h                                                           |                   |
| ati                            | 17    | Other professional fees<br>Interest | (allach sché      | uule)                  |                                       |                                       |      | 11   | OGDEN.                                                      | 000               |
| str                            | 18    | Taxes (attach schedule) (see        | o nago 14 of the  | · instructions)        |                                       |                                       |      | - 11 |                                                             |                   |
| Ë                              | 19    | Depreciation (attach scl            |                   | •                      |                                       |                                       |      | Ŀ    |                                                             |                   |
| Ē                              | 20    | Occupancy                           | icadic) and t     | icpiction              | <del></del>                           |                                       |      | _    |                                                             |                   |
| ≆ĕ                             | 21    | Travel, conferences, an             | d meetinas        |                        |                                       |                                       |      |      |                                                             |                   |
| عگ                             | 22    | Printing and publication            | _                 |                        |                                       |                                       |      |      | h                                                           |                   |
| 6,4                            | 23    | Other expenses (attach              |                   |                        |                                       |                                       |      |      |                                                             | `                 |
| ⋹⋰⋸                            | 24    | Total operating and ac              |                   | expenses.              | · · · · · · · · · · · · · · · · · · · |                                       |      |      |                                                             |                   |
| ್ಷಕ                            |       | Add lines 13 through 23             |                   | •                      | 0                                     |                                       |      | 0    |                                                             | l o               |
| <u>_</u> 8                     | 25    | Contributions, gifts, grain         |                   |                        |                                       |                                       |      |      |                                                             |                   |
| 0                              | 26    | Total expenses and disbur           |                   | lines 24 and 25        | 0                                     |                                       |      | 0    |                                                             | 0                 |
| F                              | 27    | Subtract line 26 from lin           | e 12              |                        |                                       |                                       |      |      |                                                             |                   |
| 尝                              | a     | Excess of revenue over ex           |                   | sbursements            | 283,483                               |                                       |      |      |                                                             |                   |
| 3                              | ] 1   | Net investment incom                | e (ıf negatıve    | , enter -0-)           |                                       |                                       |      | 0    |                                                             |                   |
| OANNET OPERATIONARY Administra | 0     | Adjusted net income (               | ıf negative, e    | nter -0-)              |                                       |                                       |      |      |                                                             |                   |

For Paperwork Reduction Act Notice, see page 30 of the instructions.

Form **990-PF** (2010)

| Рa                 | rt II   | Balance Sheets Attached schedules and amounts in the description column                                                  | Beginning of year   | End o                                            | of year                               |
|--------------------|---------|--------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------|---------------------------------------|
| ΓŒ                 |         | should be for end-of-year amounts only (See instructions )                                                               | (a) Book Value      | (b) Book Value                                   | (c) Fair Market Value                 |
|                    | 1       | Cash—non-interest-bearing .                                                                                              |                     |                                                  |                                       |
|                    | 2       | Savings and temporary cash investments                                                                                   |                     |                                                  | <u> </u>                              |
|                    | 3       | A annual annual la                                                                                                       |                     |                                                  |                                       |
|                    | •       |                                                                                                                          |                     |                                                  | <del></del>                           |
|                    | 4       |                                                                                                                          |                     |                                                  |                                       |
|                    | ~       | Pledges receivable                                                                                                       |                     | <del></del>                                      | <del></del>                           |
|                    | _       | Less allowance for doubtful accounts                                                                                     |                     |                                                  |                                       |
|                    | 5<br>6  | Grants receivable                                                                                                        |                     |                                                  |                                       |
|                    | ٦       | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the |                     |                                                  |                                       |
|                    |         | instructions)                                                                                                            |                     |                                                  |                                       |
|                    | 7       | ·                                                                                                                        | -                   |                                                  | · · · · · · · · · · · · · · · · · · · |
|                    | 7       | Other notes and loans receivable (attach schedule)                                                                       |                     |                                                  |                                       |
| Assets             | ١.      | Less allowance for doubtful accounts                                                                                     |                     |                                                  |                                       |
| ŠŠ                 | 8       | Inventories for sale or use                                                                                              |                     |                                                  |                                       |
| Ä                  | 9       | Prepaid expenses and deferred charges                                                                                    |                     |                                                  | <u> </u>                              |
|                    | 10 a    | Investments—U.S. and state government obligations (attach schedule)                                                      |                     |                                                  | <u> </u>                              |
|                    | t       | h Investmentscorporate stock (attach schedule)                                                                           |                     | 283,483                                          | 298,507                               |
|                    | (       | Investments—corporate bonds (attach schedule)                                                                            |                     |                                                  |                                       |
|                    | 11      | Investments—land, buildings, and equipment basis                                                                         |                     | - "                                              | <u> </u>                              |
|                    |         | Less accumulated depreciation (attach schedule)                                                                          |                     |                                                  |                                       |
|                    | 12      | Investments—mortgage loans                                                                                               |                     |                                                  | · _                                   |
|                    | 13      | Investments—other (attach schedule)                                                                                      |                     |                                                  |                                       |
|                    | 14      | Land, buildings, and equipment basis                                                                                     |                     |                                                  |                                       |
|                    | ' '     |                                                                                                                          |                     |                                                  |                                       |
|                    | 15      |                                                                                                                          |                     |                                                  | ·                                     |
|                    | 16      | Other assets (describe  Total assets (to be completed by all filers—see the                                              |                     |                                                  |                                       |
|                    | ''      | instructions Also, see page 1, item l)                                                                                   |                     | 202 402                                          | 000 507                               |
|                    | 17      |                                                                                                                          | 0                   | 283,483                                          | 298,507                               |
|                    |         | Accounts payable and accrued expenses                                                                                    |                     |                                                  |                                       |
| S                  | 18      | Grants payable                                                                                                           |                     | <del></del>                                      |                                       |
| Liabilities        | 19      | Deferred revenue                                                                                                         |                     |                                                  |                                       |
| <u> </u>           | 20      | Loans from officers, directors, trustees, and other disqualified persons                                                 | ·                   |                                                  |                                       |
| <u>.e</u>          | 21      | Mortgages and other notes payable (attach schedule)                                                                      |                     |                                                  |                                       |
| _                  | 22      | Other liabilities (describe )                                                                                            |                     |                                                  |                                       |
|                    | 23      | Total liabilities (add lines 17 through 22)                                                                              | 0                   | 0                                                |                                       |
|                    |         | Foundations that follow SFAS 117, check here                                                                             |                     |                                                  |                                       |
| es                 |         | and complete lines 24 through 26 and lines 30 and 31.                                                                    |                     |                                                  |                                       |
| ည                  | 24      | Unrestricted                                                                                                             |                     |                                                  |                                       |
| alances            | 25      | Temporarily restricted                                                                                                   |                     |                                                  |                                       |
| m                  | 26      | Permanently restricted                                                                                                   |                     |                                                  |                                       |
| פ                  |         | Foundations that do not follow SFAS 117, check here                                                                      | ***                 |                                                  |                                       |
| <u>:</u>           |         | and complete lines 27 through 31.                                                                                        |                     |                                                  |                                       |
| Ē                  | 27      | Capital stock, trust principal, or current funds                                                                         |                     |                                                  |                                       |
| Net Assets or Fund | 28      | Paid-in or capital surplus, or land, bldg , and equipment fund                                                           |                     |                                                  |                                       |
| 냚                  | 29      | Retained earnings, accumulated income, endowment, or other funds                                                         |                     | 202.402                                          |                                       |
| SS                 | 30      | Total net assets or fund balances (see page 17 of the                                                                    | 0                   | 283,483                                          |                                       |
| ¥                  | 30      | instructions)                                                                                                            |                     | 222 422                                          |                                       |
| ē                  | 24      | ·                                                                                                                        | 0                   | 283,483                                          |                                       |
| _                  | 31      | Total liabilities and net assets/fund balances (see page 17 of the instructions)                                         |                     |                                                  |                                       |
| D.                 | .e 1111 |                                                                                                                          | 0                   | 283,483                                          |                                       |
|                    | rt III  | Analysis of Changes in Net Assets or Fund Balances                                                                       | 20 (                | <del>-                                    </del> |                                       |
| '                  |         | net assets or fund balances at beginning of year—Part II, column (a), line                                               | 30 (must agree with |                                                  | =                                     |
| 2                  |         | of-year figure reported on prior year's return)                                                                          |                     | 1                                                | 0                                     |
|                    |         | amount from Part I, line 27a                                                                                             |                     | 2                                                | 283,483                               |
|                    |         |                                                                                                                          |                     | 3                                                |                                       |
|                    |         | nes 1, 2, and 3                                                                                                          |                     | 4                                                | 283,483                               |
|                    |         | eases not included in line 2 (itemize)                                                                                   |                     |                                                  | <del>-</del>                          |
| 6                  | Total   | net assets or fund balances at end of year (line 4 minus line 5)—Part II, co                                             | olumn (b), line 30  | . 6                                              | 283,483                               |

| (a) List and describe the                                     | e kind(s) of property sold (e.g., real es | state,                                     | (b) How acquired P—Purchase      | (c) Date acq   |                                     | (d) Date sold                      |
|---------------------------------------------------------------|-------------------------------------------|--------------------------------------------|----------------------------------|----------------|-------------------------------------|------------------------------------|
| ·                                                             | se, or common stock, 200 shs MLC (        | UO )                                       | D—Donation                       | (mo , day,     | yr)                                 | (mo , day, yr )                    |
| <u>1a</u>                                                     |                                           |                                            |                                  |                | <del></del>                         |                                    |
| <u>b</u>                                                      |                                           |                                            | <del> </del>                     | ļ              | <del></del>                         |                                    |
| d                                                             |                                           |                                            |                                  |                |                                     | <del></del>                        |
| e                                                             | <u></u>                                   |                                            | <del> </del>                     | <u> </u>       |                                     |                                    |
| (e) Gross sales price                                         | (f) Depreciation allowed (or allowable)   |                                            | or other basis<br>bense of sale  | ((             | ( <b>h)</b> Gain c<br>e) plus (f) r |                                    |
| a                                                             |                                           |                                            | · -                              |                |                                     |                                    |
| b                                                             |                                           |                                            |                                  |                |                                     |                                    |
| С                                                             |                                           |                                            |                                  |                |                                     |                                    |
| d                                                             |                                           | -                                          |                                  |                |                                     |                                    |
| <u>e</u>                                                      |                                           | 1                                          | 10/04/00                         |                |                                     |                                    |
| Complete only for assets snow                                 | ving gain in column (h) and owne          | i e                                        |                                  | 1              |                                     | h) gain minus                      |
| (i) F M V as of 12/31/69                                      | (j) Adjusted basis<br>as of 12/31/69      |                                            | ess of col (i)<br>ol (j), if any |                | osses (fror                         | ess than -0-) or<br>m col (h))     |
| _a                                                            |                                           |                                            | <del></del>                      | <u> </u>       |                                     |                                    |
| <u>b</u>                                                      |                                           |                                            |                                  | <del></del>    |                                     |                                    |
| d d                                                           |                                           |                                            |                                  |                |                                     |                                    |
| e                                                             |                                           |                                            |                                  |                | н                                   | <del></del>                        |
| 2 Capital gain net income or                                  |                                           | ı<br>also enter ın Pa<br>, enter -0- ın Pa |                                  | 2              |                                     |                                    |
| 3 Net short-term capital gain                                 |                                           |                                            |                                  |                |                                     | <u></u>                            |
|                                                               | line 8, column (c) (see pages             |                                            |                                  |                |                                     |                                    |
|                                                               | der Section 4940(e) for R                 | oduced Tax                                 | on Not Investm                   | ont Income     |                                     |                                    |
|                                                               |                                           |                                            |                                  |                |                                     | <del></del>                        |
| (For optional use by domestic j                               | private foundations subject to            | the section 45                             | 40(a) tax on net ii              | nvestment ind  | come )                              |                                    |
| If section 4940(d)(2) applies, le                             | eave this part blank                      |                                            |                                  | N/A            | - 1ST YE                            | AR                                 |
| Was the foundation liable for th                              | ne section 4942 tax on the dis            | stributable amo                            | ount of any year in              | the base per   | od? [                               | ີYes ΓີNo                          |
| If "Yes," the foundation does no                              |                                           |                                            | = =                              |                | _                                   |                                    |
|                                                               | ount in each column for each              |                                            | <del></del>                      | tions before r | nakına a                            | anv entries                        |
| (a)                                                           | (b)                                       |                                            | (c)                              |                |                                     | (d)                                |
| Base period years Calendar year (or tax year beginning        | Adjusted qualifying distributi            | ons Net value                              | e of nonchantable-use a          | ssets ,        |                                     | bution ratio<br>vided by col. (c)) |
| 2009                                                          |                                           |                                            |                                  | <del>\</del>   | COI (D) GIV                         | 0 000000                           |
| 2008                                                          |                                           |                                            |                                  |                |                                     | 0 000000                           |
| 2007                                                          |                                           |                                            |                                  |                |                                     | 0 000000                           |
| 2006                                                          |                                           |                                            |                                  |                |                                     | 0 000000                           |
| 2005                                                          |                                           |                                            |                                  |                |                                     | 0 000000                           |
| 2 Total of line 1, column (d)                                 |                                           |                                            |                                  | 2              |                                     | 0 000000                           |
| 3 Average distribution ratio for                              | or the 5-year base period—di              | vide the total o                           | n line 2 by 5 or b               | <del></del>    |                                     | 0 000000                           |
|                                                               | undation has been in existent             |                                            |                                  | 3              |                                     | 0 000000                           |
| 4 Enter the net value of nonc                                 | charitable-use assets for 2010            | from Part X, I                             | ine 5                            | 4              |                                     |                                    |
| 5 Multiply line 4 by line 3                                   |                                           |                                            |                                  | 5              |                                     |                                    |
| 6 Enter 1% of net investment                                  | t income (1% of Part I, line 27           | 7b)                                        |                                  | 6              |                                     |                                    |
| 7 Add lines 5 and 6                                           |                                           |                                            |                                  | 7              |                                     | c                                  |
| 8 Enter qualifying distribution                               | ns from Part XII, line 4                  |                                            |                                  | 8              |                                     | 0                                  |
| If line 8 is equal to or great<br>the Part VI instructions on | er than line 7, check the box page 18     | ın Part VI, lıne                           | 1b, and complete                 | that part usin | ıg a 1%                             | tax rate See                       |

| Forr                                                                                                           | n 990-PF (2010) The Joe and Lee Herring Family Foundation 27-37                                                                                                                                                                                                                 | 85024    | Pá       | age 4                                            |  |  |  |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|--------------------------------------------------|--|--|--|
| Рa                                                                                                             | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the                                                                                                                                                                      |          |          |                                                  |  |  |  |
|                                                                                                                | Exempt operating foundations described in section 4940(d)(2), check here   □ and enter "N/A" on line 1  □ Date of ruling or determination letter  □ Domestic foundations that meet the section 4940(e) requirements in Part V, check  □ here □ and enter 1% of Part I, line 27b |          | 0        |                                                  |  |  |  |
| •                                                                                                              | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%                                                                                                                                                                                       |          |          | ļ                                                |  |  |  |
| _                                                                                                              | 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-)                                                                                                                                                                        |          | 0<br>0   | _                                                |  |  |  |
| 3<br>4                                                                                                         | Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)  4                                                                                                                                                 |          | U        |                                                  |  |  |  |
| 5                                                                                                              | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-                                                                                                                                                                                         |          | 0        | +-                                               |  |  |  |
| 6                                                                                                              | Credits/Payments                                                                                                                                                                                                                                                                |          |          |                                                  |  |  |  |
|                                                                                                                | a 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 0                                                                                                                                                                                                        |          |          | i                                                |  |  |  |
| _                                                                                                              | Exempt foreign organizations—tax withheld at source 6b                                                                                                                                                                                                                          |          |          |                                                  |  |  |  |
| (                                                                                                              | Tax paid with application for extension of time to file (Form 8868)  6c 0                                                                                                                                                                                                       |          |          |                                                  |  |  |  |
| (                                                                                                              | Backup withholding erroneously withheld 6d 6                                                                                                                                                                                                                                    |          |          |                                                  |  |  |  |
| 7                                                                                                              | Total credits and payments Add lines 6a through 6d                                                                                                                                                                                                                              |          | 0        | -                                                |  |  |  |
| 8                                                                                                              | Enter any penalty for underpayment of estimated tax. Check here                                                                                                                                                                                                                 |          | 0        |                                                  |  |  |  |
| 9                                                                                                              | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.                                                                                                       |          | 0        |                                                  |  |  |  |
| 10<br>11                                                                                                       | 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 2011 estimated tax  Refunded 11                                                                                                        |          | 0        |                                                  |  |  |  |
|                                                                                                                | rt VII-A Statements Regarding Activities                                                                                                                                                                                                                                        | 1        | U        |                                                  |  |  |  |
|                                                                                                                | a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it                                                                                                                                                              | $\top$   | Yes      | No                                               |  |  |  |
| •                                                                                                              | participate or intervene in any political campaign?                                                                                                                                                                                                                             | 1a       |          | X                                                |  |  |  |
| ı                                                                                                              | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the                                                                                                                                                         | 1        |          | Ĥ                                                |  |  |  |
|                                                                                                                | instructions for definition)?                                                                                                                                                                                                                                                   | 1b       |          | Х                                                |  |  |  |
|                                                                                                                | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities                                                                                    |          |          |                                                  |  |  |  |
| (                                                                                                              | C Did the foundation file Form 1120-POL for this year? .                                                                                                                                                                                                                        | 1c       |          | Х                                                |  |  |  |
| (                                                                                                              | d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year                                                                                                                                                                             |          |          |                                                  |  |  |  |
|                                                                                                                | (1) On the foundation $\blacktriangleright$ \$ (2) On foundation managers $\blacktriangleright$ \$                                                                                                                                                                              |          |          |                                                  |  |  |  |
| (                                                                                                              | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed                                                                                                                                                                   |          |          |                                                  |  |  |  |
| 2                                                                                                              | on foundation managers   \$                                                                                                                                                                                                                                                     |          |          | Х                                                |  |  |  |
| 2                                                                                                              | Has the foundation engaged in any activities that have not previously been reported to the IRS?  If "Yes," attach a detailed description of the activities                                                                                                                      | 2        | -        | <del>  ^ ,</del>                                 |  |  |  |
| 3                                                                                                              | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles                                                                                                                                                                  |          | İ        |                                                  |  |  |  |
| •                                                                                                              | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes                                                                                                                                                                     | 3        |          | X                                                |  |  |  |
| 4                                                                                                              | a Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                   | 4a       |          | X                                                |  |  |  |
| - 1                                                                                                            | b If "Yes," has it filed a tax return on Form 990-T for this year?                                                                                                                                                                                                              | 4b       | N/A      |                                                  |  |  |  |
| 5                                                                                                              | Was there a liquidation, termination, dissolution, or substantial contraction during the year?                                                                                                                                                                                  | 5        | <u> </u> | 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                                                                                                                                                                                                                                     |          | l        |                                                  |  |  |  |
|                                                                                                                | By state legislation that effectively amends the governing instrument so that no mandatory directions  that coefficient with the state levi remain in the governing materials.                                                                                                  |          | <b>├</b> |                                                  |  |  |  |
| 7                                                                                                              | that conflict with the state law remain in the governing instrument?  Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV                                                                          | 7        | X        | <del> </del>                                     |  |  |  |
|                                                                                                                | <b>a</b> Enter the states to which the foundation reports or with which it is registered (see page 19 of the                                                                                                                                                                    | <b>–</b> | ├^       | <del>                                     </del> |  |  |  |
| -                                                                                                              | instructions) ► DE                                                                                                                                                                                                                                                              |          | 1        |                                                  |  |  |  |
|                                                                                                                | b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney                                                                                                                                                                          |          | 1        | 1                                                |  |  |  |
|                                                                                                                | General (or designate) of each state as required by General Instruction G? If "No," attach explanation                                                                                                                                                                          | 8b       | Х        |                                                  |  |  |  |
| 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 year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)?                                                                                                                                                          |          |          |                                                  |  |  |  |
|                                                                                                                | If "Yes." complete Part XIV                                                                                                                                                                                                                                                     | 9        | l        | Ιx                                               |  |  |  |

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing

their names and addresses

| orn | n 990-F   | PF (20      | 10)         | The Jo      | oe and L    | ee Herrin    | ıg Famı    | ıly F | oundation                            |        |                           |       |                 |                            | 27     | 7-3785 | <u>50</u> 24 | P       | age 6 |
|-----|-----------|-------------|-------------|-------------|-------------|--------------|------------|-------|--------------------------------------|--------|---------------------------|-------|-----------------|----------------------------|--------|--------|--------------|---------|-------|
| Pa  | rt VII    | l-B         | Sta         | tement      | ts Rega     | rding Ad     | ctivitie   | s fe  | or Which Form                        | n 47   | 720 May Be R              | equ   | i <b>red</b> (c | ontinued                   | )      |        |              |         |       |
| 5a  | Durin     | g the       | year        | did the f   | oundation   | pay or inc   | cur any    | amo   | ount to                              |        |                           |       |                 |                            |        | 1      |              |         |       |
|     | (1)       | Carı        | y on p      | propagar    | nda, or oth | erwise att   | empt to    | ınflu | uence legislation (                  | (sect  | tion 4945(e))?            |       |                 | Yes                        | X      | No     |              |         |       |
|     | (2)       | Influ       | ence        | the outco   | ome of an   | y specific i | public el  | lecti | on (see section 4                    | 955)   | , or to carry             |       |                 |                            |        |        |              |         | Ì     |
|     |           |             |             |             |             | voter regi   |            |       |                                      |        | •                         |       |                 | Yes                        | X      | No     |              |         | }     |
|     | (3)       | Dros        | udo a       | grant to    | an individ  | ual for trav | vol stud   | h, a  | r other cimilar nur                  | naci   | 002                       |       |                 | Yes                        | X      | No     |              |         |       |
|     |           |             |             | -           |             |              |            | •     | r other similar pur                  | -      |                           |       |                 | res                        | $\Box$ | NO     | - 1          |         |       |
|     | (4)       |             |             | -           | -           |              |            |       | arıtable, etc , orga                 |        |                           |       |                 | П                          |        |        |              |         |       |
|     |           |             |             |             |             |              |            |       | (2)? (see page 22                    |        | -                         |       |                 | Yes                        |        | No     | 1            |         |       |
|     | (5)       |             |             |             | •           |              | •          |       | itable, scientific, li               |        | •                         |       |                 |                            |        |        | I            |         |       |
| _   |           |             |             |             |             | •            |            |       | elty to children or                  |        |                           |       |                 | Yes                        | LX     | No     |              |         |       |
| þ   | _         |             |             |             |             | -            |            |       | actions fail to qual                 | •      | •                         |       |                 |                            |        |        |              |         |       |
|     | Regu      | ılatıoı     | ns sec      | ction 53 4  | 1945 or in  | a current    | notice re  | egar  | ding disaster assi                   | ıstan  | ice (see page 22          | of th | e instruc       | tions)?                    |        |        | 5b           | N/A     |       |
|     | Orga      | nızat       | ions r      | elying on   | a current   | notice reg   | garding    | dısa  | ster assistance ch                   | neck   | here                      |       |                 | •                          | ∟ا∙    |        |              |         |       |
| С   | If the    | ansv        | ver is      | "Yes" to    | question    | 5a(4), doe   | s the fo   | unda  | ation claim exemp                    | otion  | from the                  |       |                 | _                          | _      |        |              |         |       |
|     | tax b     | ecau        | se it n     | naıntaıne   | d expend    | iture respo  | onsibility | / for | the grant?                           |        |                           |       |                 | Yes                        |        | No     | ŀ            |         |       |
|     | If "Ye    | s," a       | ttach       | the state   | ment requ   | ured by Re   | egulatioi  | ns s  | ection 53 4945–5                     | (d)    |                           |       |                 |                            |        |        |              |         |       |
| 6a  | Did th    | he fo       | undati      | ion, durir  | ng the yea  | r, receive   | any fund   | ds, d | directly or indirectl                | ly, to | pay                       |       |                 |                            |        |        |              |         |       |
|     | prem      | ıums        | on a        | personal    | benefit c   | ontract?     |            |       |                                      |        |                           |       |                 | Yes                        | X      | No     |              |         |       |
| b   | Did th    | he fo       | undati      | ion, durir  | ng the yea  | r, pay prei  | miums,     | dire  | ctly or indirectly, o                | n a    | personal benefit          | contr | act?            |                            |        |        | 6b           |         | X     |
|     | If "Ye    | s" to       | 6b, fi      | ile Form i  | 8870        |              |            |       |                                      |        |                           |       |                 |                            |        | Ī      |              |         |       |
| 7a  | At an     | y tım       | e duri      | ing the ta  | x year, w   | as the four  | ndation    | a pa  | irty to a prohibited                 | i tax  | shelter transaction       | on?   |                 | Yes                        | X      | No     |              |         |       |
| b   | If "Ye    | s," d       | ıd the      | foundati    | on receive  | any proc     | eeds or    | hav   | e any net income                     | attri  | butable to the tra        | insac | tion?           |                            |        |        | 7b           | N/A     |       |
| Р   | art V     | Ш           | ıl.         | nforma      | tion Ab     | out Offi     | cers,      | Dir   | ectors, Truste                       | es     | , Foundation              | Mai   | nagers          | , Highly                   | Paic   | 1 Em   | olove        | ees.    |       |
|     |           |             |             |             | ntractor    |              |            |       |                                      |        |                           |       |                 |                            |        |        | •            | •       |       |
| 1   | List      | all o       | ffice       | rs, dire    | ctors, tr   | ustees, f    | oundat     | tion  | managers and                         | d the  | eir compensat             | ion ( | (see pa         | ge 22 of                   | the ir | nstruc | tions        | <br>§). |       |
|     |           |             |             |             |             |              |            | (b)   | Title, and average                   | (0     | c) Compensation           |       | (d) Con         | tributions to              |        |        |              | e acco  | unt   |
|     |           |             | (a)         | Name an     | a address   |              |            |       | hours per week<br>evoted to position | (1     | f not paid, enter<br>-0-) |       |                 | benefit plan<br>compensat  |        |        |              | owance  |       |
| SE  | ΕΑΠ       | <b>TACI</b> | IMEI        | NT          |             |              |            |       | •                                    |        | •                         |       |                 | •                          | $\neg$ |        |              |         |       |
|     |           |             |             |             |             |              |            |       |                                      |        |                           |       |                 |                            |        |        |              |         |       |
|     |           |             |             |             |             |              |            |       |                                      |        |                           |       |                 |                            |        |        |              |         |       |
|     |           |             |             |             |             |              |            |       |                                      |        |                           |       |                 |                            |        |        |              |         |       |
|     |           |             |             |             |             |              |            |       |                                      |        |                           |       |                 |                            |        |        |              |         |       |
|     |           |             |             |             |             |              |            |       |                                      |        |                           |       |                 |                            |        |        |              |         |       |
|     |           |             | . <b></b> . |             |             |              |            |       |                                      |        |                           |       |                 |                            |        |        |              |         |       |
|     |           |             |             |             |             |              |            |       |                                      |        |                           |       |                 |                            |        |        |              |         |       |
| 2   | Com       | pen         | satio       | on of fiv   | e highe:    | st-paid e    | mploye     | ees   | (other than the                      | ose    | included on li            | ne 1  | —see p          | age 23 o                   | f the  | instr  | uctio        | ns).    |       |
| _   | If no     | ne,         | entei       | r "NONI     | E."         |              |            |       |                                      |        |                           |       |                 |                            |        |        |              | _       |       |
|     |           |             |             |             |             |              |            |       | (b) Title, and avera                 | age    |                           |       |                 | ontributions               |        | 4-31   |              |         |       |
| (a  | ) Name    | and a       | addres      | s of each   | employee p  | aid more th  | an \$50,0  | 00    | hours per week                       |        | (c) Compensati            | on    |                 | loyee benef<br>and deferre |        |        |              | e acco  |       |
|     |           |             |             |             |             |              |            |       | devoted to position                  | on     |                           |       |                 | mpensation                 |        |        |              |         |       |
| ЙŌ  | ΝE        |             |             |             |             |              |            |       |                                      |        |                           |       |                 |                            |        |        |              |         |       |
|     |           |             |             |             |             |              |            | _     |                                      |        |                           |       |                 |                            |        |        |              |         |       |
|     |           |             |             |             |             |              |            |       |                                      |        |                           |       |                 |                            |        |        |              |         |       |
|     |           |             |             |             |             |              |            |       |                                      |        |                           |       |                 |                            |        |        |              |         |       |
|     |           |             |             |             |             |              |            |       |                                      |        |                           |       |                 |                            |        |        |              |         |       |
|     |           |             |             |             |             |              |            |       |                                      |        |                           |       | ļ               |                            |        |        |              |         |       |
|     |           |             | · <b></b> - |             |             |              |            |       |                                      |        |                           |       |                 |                            | 1      |        |              |         |       |
| _   |           |             |             |             |             |              |            |       |                                      |        |                           |       | <b> </b>        |                            |        |        |              |         |       |
|     |           |             |             |             |             |              |            |       |                                      |        |                           |       |                 |                            |        |        |              |         |       |
| To  | al nu     | mho         | r of o      | ther om     | nlovece     | paid over    | . \$50.00  |       |                                      |        |                           |       |                 |                            |        |        |              |         |       |
|     | الكاانتعب | IIING       |             | raite telli | PIOACES     | paiu uvei    | ι φυ∪,∪ί   | UU    |                                      |        | •                         |       |                 |                            |        |        |              |         |       |

Form **990-PF** (2010)

Form 990-PF (2010)

| Form 990-PF (2010) The Joe and Lee Herring Family Foundation                                                                         | 27-3785024 Page <b>7</b>                           |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Pa                                            | id Employees,                                      |
| and Contractors (continued)                                                                                                          |                                                    |
| 3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, en                 | ter "NONE."                                        |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service                                                      | (c) Compensation                                   |
| NONE                                                                                                                                 |                                                    |
| <del></del>                                                                                                                          | <del>                                       </del> |
|                                                                                                                                      |                                                    |
|                                                                                                                                      | +                                                  |
|                                                                                                                                      |                                                    |
|                                                                                                                                      | †                                                  |
|                                                                                                                                      |                                                    |
|                                                                                                                                      | _                                                  |
|                                                                                                                                      |                                                    |
| Total number of others receiving over \$50,000 for professional services ▶                                                           |                                                    |
| Part IX-A Summary of Direct Charitable Activities                                                                                    |                                                    |
| List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as | T                                                  |
| the number of organizations and other beneficianes served, conferences convened, research papers produced, etc                       | Expenses                                           |
| 1                                                                                                                                    |                                                    |
| ••••••                                                                                                                               |                                                    |
|                                                                                                                                      | <del></del>                                        |
| 2                                                                                                                                    |                                                    |
|                                                                                                                                      |                                                    |
| 3                                                                                                                                    | <del> </del>                                       |
| ·                                                                                                                                    |                                                    |
|                                                                                                                                      | 1                                                  |
| 4                                                                                                                                    |                                                    |
|                                                                                                                                      |                                                    |
|                                                                                                                                      |                                                    |
| Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)                                                   | <del></del>                                        |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  1                  | Amount                                             |
| ·                                                                                                                                    |                                                    |
|                                                                                                                                      |                                                    |
| 2                                                                                                                                    | +                                                  |
| ***************************************                                                                                              |                                                    |
|                                                                                                                                      |                                                    |
| All other program-related investments See page 24 of the instructions                                                                |                                                    |
| 3                                                                                                                                    | •                                                  |
| •••••                                                                                                                                |                                                    |
| Total. Add lines 1 through 3                                                                                                         | 0                                                  |
| I VIIII I NUU II NUU I II I UUU I U                                                                                                  |                                                    |

Form **990-PF** (2010)

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

income Enter 1% of Part I, line 27b (see page 26 of the instructions)

qualifies for the section 4940(e) reduction of tax in those years

Adjusted qualifying distributions. Subtract line 5 from line 4

5

0

0

0

4

5

6

| aı  | Oliuistributed ilicollie (s                                                  | ee page 20 of the                       | z matractions) | <del></del>        | <del></del> | <del></del>                            |
|-----|------------------------------------------------------------------------------|-----------------------------------------|----------------|--------------------|-------------|----------------------------------------|
|     |                                                                              |                                         | (a)            | (b)                | (c)         | (d)                                    |
| 1   | Distributable amount for 2010 from Pa                                        | art XI,                                 | Corpus         | Years pnor to 2009 | 2009        | 2010                                   |
| _   | line 7                                                                       |                                         |                |                    |             |                                        |
| 2   | Undistributed income, if any, as of the                                      | end of 2010                             |                |                    |             |                                        |
| a   |                                                                              |                                         |                |                    | 0           | ······································ |
| _ t |                                                                              |                                         |                | 0                  |             |                                        |
| 3   | Excess distributions carryover, if any,                                      | _1                                      |                |                    |             |                                        |
| a   |                                                                              | 0                                       |                | :                  |             |                                        |
| t   |                                                                              | 0                                       |                |                    |             |                                        |
| C   |                                                                              | 0                                       |                |                    |             |                                        |
| C   |                                                                              | 0                                       |                |                    | İ           |                                        |
| e   |                                                                              | 0                                       |                |                    |             |                                        |
| f   | Total of lines 3a through e                                                  |                                         | 0              |                    |             | ·                                      |
| 4   | Qualifying distributions for 2010 from                                       |                                         |                |                    |             |                                        |
| _   | XII, line 4                                                                  | 0                                       |                |                    |             |                                        |
|     | Applied to 2009, but not more than lin                                       |                                         | <del></del>    |                    | 0           |                                        |
|     | Applied to undistributed income of prior                                     | ·                                       |                |                    |             |                                        |
| _   | (Election required—see page 26 of the                                        |                                         |                | 0                  |             |                                        |
| ·   | Treated as distributions out of corpus                                       | ·                                       |                |                    |             |                                        |
| _   | required—see page 26 of the instructi                                        | ons)                                    |                |                    |             |                                        |
| 0   | 11                                                                           |                                         | 0              |                    |             | 0                                      |
| 5   |                                                                              | · —                                     | 0              |                    |             | 0                                      |
| 5   | Excess distributions carryover applied                                       |                                         | <u>_</u>       |                    |             |                                        |
|     | (If an amount appears in column (d), t<br>same amount must be shown in colum |                                         |                |                    |             |                                        |
| 6   | Enter the net total of each column a                                         |                                         |                |                    |             |                                        |
| •   | indicated below:                                                             | 25                                      |                |                    |             |                                        |
| a   |                                                                              | tract line 5                            | 0              |                    |             |                                        |
| Ŀ   |                                                                              | <del></del>                             |                |                    |             |                                        |
| •   | line 4b from line 2b                                                         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                | ol                 |             |                                        |
| •   | Enter the amount of prior years' undis                                       | tributed                                |                |                    |             |                                        |
| •   | income for which a notice of deficience                                      | 1                                       |                |                    |             |                                        |
|     | been issued, or on which the section                                         | · I                                     |                |                    | 1           |                                        |
|     | tax has been previously assessed                                             | 4542(d)                                 |                |                    |             |                                        |
| ,   | Subtract line 6c from line 6b Taxable                                        |                                         |                |                    |             | · <del></del>                          |
| •   | amount—see page 27 of the instruction                                        |                                         |                | o                  |             |                                        |
| e   |                                                                              | _                                       |                |                    |             |                                        |
|     | 4a from line 2a Taxable amount—see                                           |                                         |                |                    |             |                                        |
|     | instructions                                                                 | page Er or the                          |                |                    | 0           |                                        |
| f   |                                                                              | act -                                   |                |                    | · · · · · · |                                        |
| Ī   | lines 4d and 5 from line 1 This amoun                                        |                                         |                |                    |             |                                        |
|     | be distributed in 2011                                                       |                                         |                |                    |             | 886                                    |
| 7   | Amounts treated as distributions out of                                      | of                                      |                |                    |             |                                        |
|     | corpus to satisfy requirements impose                                        | ed by                                   |                |                    |             |                                        |
|     | section 170(b)(1)(F) or 4942(g)(3) (se                                       | · 1                                     |                |                    |             |                                        |
|     | the instructions) .                                                          | . •                                     |                |                    |             |                                        |
| 8   | Excess distributions carryover from 20                                       | 005                                     |                |                    |             |                                        |
|     | not applied on line 5 or line 7 (see page                                    |                                         |                |                    |             |                                        |
|     | instructions)                                                                | •                                       | 0              |                    |             |                                        |
| 9   | Excess distributions carryover to 2                                          | 2011.                                   |                |                    |             |                                        |
|     | Subtract lines 7 and 8 from line 6a                                          |                                         | 0              |                    |             |                                        |
| 10  | Analysis of line 9.                                                          |                                         |                |                    |             |                                        |
| á   | Excess from 2006                                                             | 0                                       |                |                    |             |                                        |
| ı   | Excess from 2007                                                             | 0                                       |                |                    |             |                                        |
| (   | Excess from 2008 .                                                           | 0                                       |                |                    |             |                                        |
| (   | Excess from 2009 .                                                           | 0                                       |                |                    |             |                                        |
| _   | Evenes from 2010                                                             | ,                                       |                |                    |             |                                        |

| _      | 1990-PF (2010) The Joe and Lee Herring Fa                                                                                                            |                                                  |                        |                        | 27-378                                |                                       |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------|------------------------|---------------------------------------|---------------------------------------|
| Pai    | t XIV Private Operating Foundations (s                                                                                                               | see page 27 of th                                | ne instructions a      | nd Part VII-A, qu      | estion 9)                             | N/A                                   |
| 1 a    | If the foundation has received a ruling or determina                                                                                                 |                                                  |                        |                        |                                       |                                       |
|        | foundation, and the ruling is effective for 2010, ent                                                                                                | er the date of the rul                           | ing                    | <b>•</b>               |                                       |                                       |
|        | Check box to indicate whether the foundation is a                                                                                                    | private operating fou                            | ındatıon described ii  | n section              | 4942(J)(3) or                         | 4942(J)(5)                            |
| 2 a    | Enter the lesser of the adjusted net                                                                                                                 | Tax year                                         |                        | Prior 3 years          | _                                     |                                       |
|        | income from Part I or the minimum investment return from Part X for each                                                                             | (a) 2010                                         | (b) 2009               | (c) 2008               | (d) 2007                              | (e) Total                             |
|        | year listed                                                                                                                                          | 0                                                |                        |                        |                                       | 0                                     |
| b      | 85% of line 2a                                                                                                                                       | 0                                                | 0                      | 0                      | 0                                     | 0                                     |
|        | Qualifying distributions from Part XII,                                                                                                              |                                                  |                        |                        |                                       | <u>_</u>                              |
|        | line 4 for each year listed                                                                                                                          | 0                                                |                        |                        |                                       | 0                                     |
| d      | Amounts included in line 2c not used directly for active conduct of exempt activities                                                                |                                                  |                        |                        |                                       | 0                                     |
| е      | Qualifying distributions made directly                                                                                                               |                                                  |                        |                        |                                       |                                       |
|        | for active conduct of exempt activities                                                                                                              |                                                  |                        |                        |                                       |                                       |
|        | Subtract line 2d from line 2c                                                                                                                        | 0                                                | 0                      | 0                      | 0                                     | 0                                     |
| 3<br>a | Complete 3a, b, or c for the<br>alternative test relied upon<br>"Assets" alternative test—enter                                                      |                                                  |                        |                        |                                       |                                       |
|        | (1) Value of all assets                                                                                                                              |                                                  |                        |                        |                                       | 0                                     |
|        | (2) Value of assets qualifying under section 4942(j)(3)(B)(i)                                                                                        |                                                  |                        |                        |                                       | 0                                     |
| b      | "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed                                     | 0                                                | 17.40° · F             | <u>-</u>               |                                       |                                       |
| c      | "Support" alternative test—enter                                                                                                                     |                                                  |                        |                        | -                                     | 0                                     |
| J      | (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)    |                                                  |                        |                        |                                       | 0                                     |
|        | (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)                                         |                                                  |                        |                        |                                       | 0                                     |
|        | (3) Largest amount of support from an exempt organization                                                                                            |                                                  |                        |                        |                                       | 0                                     |
|        | (4) Gross investment income                                                                                                                          |                                                  |                        |                        |                                       | 0                                     |
| Pa     | rt XV Supplementary Information (Co                                                                                                                  |                                                  |                        |                        | 000 or more in                        |                                       |
|        | assets at any time during the ye                                                                                                                     |                                                  | B of the instruc       | tions.)                |                                       |                                       |
| 1      | Information Regarding Foundation Manag                                                                                                               |                                                  |                        |                        |                                       |                                       |
| а      | List any managers of the foundation who have con                                                                                                     |                                                  |                        |                        | the foundation                        |                                       |
|        | before the close of any tax year (but only if they have                                                                                              |                                                  | tnan \$5,000) (See     | section 507(d)(2))     |                                       |                                       |
|        | Herring Lee A Herr                                                                                                                                   |                                                  | l                      |                        |                                       |                                       |
| D      | List any managers of the foundation who own 10% ownership of a partnership or other entity) of which                                                 |                                                  |                        |                        | ortion of the                         |                                       |
| NO     | * * * * * * * * * * * * * * * * * * * *                                                                                                              | The foundation has                               | a 10% of greater in    | terest                 |                                       |                                       |
| 2      | Information Regarding Contribution, Gran                                                                                                             | t. Gift. Loan. Sch                               | olarship, etc., Pr     | ograms:                | ··· · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |
| _      | Check here ► X if the foundation only makes unsolicited requests for funds. If the foundation maunder other conditions, complete items 2a, b, c, are | contributions to pre-<br>akes gifts, grants, etc | selected charitable o  | organizations and do   |                                       | ions                                  |
| а      | The name, address, and telephone number of the                                                                                                       | person to whom app                               | olications should be   | addressed              |                                       |                                       |
| b      | The form in which applications should be submitte                                                                                                    | d and information an                             | nd materials they sho  | ould include           |                                       |                                       |
| С      | Any submission deadlines                                                                                                                             |                                                  |                        | ···············        |                                       |                                       |
| d      | Any restrictions or limitations on awards, such as a factors.                                                                                        | by geographical area                             | is, charitable fields, | kınds of institutions, | or other                              |                                       |

Part XV Supplementary Information (continued)

| 3 Grants and Contributions Paid During the Year or Approved for Future Payment |                                                           |                                                                                      |                      |                                  |             |  |
|--------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------|----------------------------------|-------------|--|
|                                                                                | Recipient                                                 | If recipient is an individual,<br>show any relationship to<br>any foundation manager | Foundation status of | Purpose of grant or contribution | Amount      |  |
|                                                                                |                                                           | or substantial contributor                                                           | recipient            |                                  |             |  |
| a                                                                              | Name and address (home or business)  Paid during the year |                                                                                      | recipient            | Contribution                     |             |  |
|                                                                                |                                                           |                                                                                      |                      |                                  |             |  |
|                                                                                | 7.4.1                                                     | <u> </u>                                                                             |                      | L                                |             |  |
| b                                                                              | Total Approved for future payment                         | <u> </u>                                                                             | I                    | <b>▶</b> 3a                      | 0           |  |
|                                                                                | Approved for fature payment                               |                                                                                      | -                    |                                  |             |  |
|                                                                                | Total                                                     |                                                                                      | ·                    | L 2h                             | <del></del> |  |

| Part XVI-A Analysis of Income-Producing Acti                                                                                          |                   | <del></del> | ·                                                | 21-310                                | 3024 Tage 12                                           |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------|--------------------------------------------------|---------------------------------------|--------------------------------------------------------|
|                                                                                                                                       | 1                 |             | T Freelinded by seeks                            | - F40 F40 - F44                       | <del></del>                                            |
| Enter gross amounts unless otherwise indicated                                                                                        | (a) Business code | (b) Amount  | (c) Exclusion code                               | on 512, 513, or 514<br>(d)<br>Amount  | (e)  Related or exempt function income (See page 28 of |
| 1 Program service revenue                                                                                                             |                   |             |                                                  |                                       | the instructions)                                      |
| а                                                                                                                                     |                   |             |                                                  |                                       |                                                        |
| b                                                                                                                                     |                   |             |                                                  |                                       |                                                        |
| C                                                                                                                                     |                   |             |                                                  | <del></del>                           |                                                        |
| d                                                                                                                                     |                   |             |                                                  |                                       | ļ                                                      |
| e                                                                                                                                     |                   |             |                                                  | · · · · · · · · · · · · · · · · · · · |                                                        |
| <b>T</b>                                                                                                                              |                   |             |                                                  |                                       | ļ .                                                    |
| g Fees and contracts from government agencies                                                                                         | -                 |             |                                                  |                                       |                                                        |
| 2 Membership dues and assessments                                                                                                     | -                 |             | <del>                                     </del> |                                       | -                                                      |
| Interest on savings and temporary cash investments     Dividends and interest from securities                                         | <del></del>       |             | <del></del>                                      |                                       |                                                        |
| 5 Net rental income or (loss) from real estate                                                                                        | <del> </del>      |             | <del> </del>                                     |                                       |                                                        |
| a Debt-financed property                                                                                                              |                   |             | <u> </u>                                         | ·                                     |                                                        |
| b Not debt-financed property                                                                                                          |                   |             |                                                  |                                       | ·                                                      |
| 6 Net rental income or (loss) from personal property                                                                                  |                   |             |                                                  |                                       | <del></del>                                            |
| 7 Other investment income                                                                                                             |                   | <del></del> |                                                  |                                       |                                                        |
| 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                                                                                                                                     |                   |             |                                                  |                                       |                                                        |
| e                                                                                                                                     | .                 |             |                                                  |                                       |                                                        |
| 12 Subtotal Add columns (b), (d), and (e)                                                                                             |                   |             | )                                                | 0                                     |                                                        |
| 13 Total. Add line 12, columns (b), (d), and (e)                                                                                      |                   |             |                                                  | 13                                    | 0                                                      |
| (See worksheet in line 13 instructions on page 29 to verify calc                                                                      |                   | ·- ·-       |                                                  |                                       |                                                        |
| Part XVI-B Relationship of Activities to the Ac                                                                                       |                   |             |                                                  |                                       | ····                                                   |
| Line No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions.) |                   |             |                                                  |                                       | -                                                      |
| **************************************                                                                                                |                   |             | · · · · · · · · · · · ·                          |                                       |                                                        |
|                                                                                                                                       |                   | ···         |                                                  | <del></del>                           | ·                                                      |
|                                                                                                                                       |                   |             |                                                  |                                       | 1,.54                                                  |
|                                                                                                                                       |                   |             |                                                  |                                       |                                                        |
| •                                                                                                                                     |                   |             |                                                  | ·                                     | •                                                      |
|                                                                                                                                       |                   | <del></del> |                                                  |                                       |                                                        |
|                                                                                                                                       |                   |             |                                                  |                                       |                                                        |
| <del> </del>                                                                                                                          |                   |             |                                                  |                                       |                                                        |
|                                                                                                                                       | <del></del> -     |             |                                                  |                                       |                                                        |
|                                                                                                                                       |                   |             |                                                  |                                       | <del></del>                                            |
|                                                                                                                                       |                   |             |                                                  | <del></del>                           | <del></del>                                            |
|                                                                                                                                       |                   | 1.          |                                                  | T                                     |                                                        |
|                                                                                                                                       |                   |             |                                                  |                                       | ·                                                      |
|                                                                                                                                       |                   |             |                                                  |                                       |                                                        |
|                                                                                                                                       |                   |             |                                                  |                                       |                                                        |
|                                                                                                                                       |                   |             |                                                  |                                       |                                                        |
|                                                                                                                                       | -                 |             |                                                  |                                       |                                                        |
|                                                                                                                                       |                   |             |                                                  |                                       |                                                        |
|                                                                                                                                       |                   |             |                                                  |                                       |                                                        |
|                                                                                                                                       |                   |             |                                                  |                                       |                                                        |
|                                                                                                                                       |                   |             |                                                  |                                       |                                                        |

| Part X      |                                        | Information Regi<br>Exempt Organiza            | _                                                | sfers To and Transaction                                                                       | is and Re                   | iationsnips vvi                                  | tn Noncharit                           | able              |                |                    |
|-------------|----------------------------------------|------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------|----------------------------------------|-------------------|----------------|--------------------|
| 1 Did       |                                        |                                                |                                                  | ngage in any of the following                                                                  | with any off                | ner organization                                 | described                              | T                 | Yes            | No                 |
| in s        | ection                                 | 501(c) of the Code                             |                                                  | ection 501(c)(3) organization                                                                  |                             |                                                  |                                        |                   |                | <u></u>            |
| _           | anizat                                 |                                                |                                                  |                                                                                                |                             |                                                  |                                        |                   | ł              |                    |
|             |                                        |                                                |                                                  | a noncharitable exempt organ                                                                   |                             |                                                  |                                        | 4-/4\             |                | v                  |
|             |                                        |                                                |                                                  |                                                                                                |                             |                                                  |                                        | 1a(1)             |                | X                  |
|             |                                        | rassets<br>nsactions:                          |                                                  |                                                                                                |                             |                                                  |                                        | 1a(2)             |                |                    |
|             |                                        |                                                | charitable ave                                   | empt organization                                                                              |                             |                                                  |                                        | 1b(1)             | 1              | Х                  |
|             |                                        |                                                |                                                  | able exempt organization                                                                       |                             |                                                  |                                        | 1b(2)             |                | $\hat{\mathbf{x}}$ |
|             |                                        |                                                |                                                  | rassets                                                                                        |                             |                                                  |                                        | 1b(3)             |                | X                  |
| (4)         | Reim                                   | bursement arrange                              | ments                                            |                                                                                                |                             |                                                  |                                        | 1b(4)             |                | X                  |
|             |                                        |                                                |                                                  |                                                                                                |                             |                                                  |                                        | 1b(5)             |                | X                  |
|             |                                        |                                                |                                                  | ip or fundraising solicitations                                                                |                             |                                                  |                                        | 1b(6)             |                | X                  |
|             |                                        |                                                |                                                  | ts, other assets, or paid empl                                                                 |                             |                                                  |                                        | 1c                |                | Х                  |
| val<br>val  | ue of t                                | he goods, other ass<br>ny transaction or s     | sets, or service<br>haring arrange               | complete the following sched<br>es given by the reporting four<br>ement, show in column (d) th | dation. If the value of the | ne foundation red<br>he goods, other             | eived less than<br>assets, or servi    | fair m<br>ces rec | arket<br>eived |                    |
| (a) Line    | no.                                    | (b) Amount involved                            | (c) Name                                         | of noncharitable exempt organization                                                           | (a) De                      | scription of transfers,                          | uansacions, and s                      | nanng ar          | angen          | ens                |
|             |                                        |                                                | <del>                                     </del> |                                                                                                |                             | <del></del>                                      | <del></del>                            |                   |                |                    |
|             |                                        |                                                | <del> </del>                                     |                                                                                                |                             | <del> </del>                                     |                                        |                   | <b></b> -      |                    |
|             | $\dashv$                               |                                                |                                                  |                                                                                                | <del>-  </del>              |                                                  |                                        |                   |                |                    |
|             |                                        |                                                | ļ                                                |                                                                                                |                             | <del></del>                                      | ······································ |                   |                |                    |
|             |                                        | · · · · · · · · · · · · · · · · · · ·          | <b>i</b>                                         |                                                                                                |                             |                                                  |                                        |                   |                |                    |
|             |                                        |                                                |                                                  |                                                                                                |                             |                                                  |                                        |                   |                |                    |
|             |                                        |                                                |                                                  |                                                                                                |                             |                                                  |                                        |                   |                |                    |
|             |                                        |                                                | <u></u>                                          |                                                                                                |                             |                                                  |                                        | ······            |                |                    |
|             |                                        |                                                |                                                  |                                                                                                |                             |                                                  |                                        |                   |                |                    |
|             |                                        |                                                | ļ                                                |                                                                                                | <b> </b>                    |                                                  |                                        |                   |                |                    |
|             |                                        |                                                | ļ                                                |                                                                                                |                             | ······································           |                                        |                   |                |                    |
|             |                                        | ·····                                          |                                                  |                                                                                                |                             |                                                  |                                        |                   |                |                    |
|             | -                                      |                                                | <del> </del>                                     |                                                                                                |                             |                                                  |                                        |                   |                |                    |
|             |                                        | · · · · · · · · · · · · · · · · · · ·          | <del>                                     </del> |                                                                                                |                             |                                                  |                                        |                   |                |                    |
| de          | ecribed<br>Yes," (                     | d in section 501(c) o<br>complete the followi  | of the Code (o<br>ing schedule.                  | ated with, or related to, one or<br>ther than section 501(c)(3)) o                             | rin section                 | 527?                                             |                                        | Yes X             | No             |                    |
|             |                                        | (a) Name of organization                       | 1                                                | (b) Type of organization                                                                       |                             | (c)                                              | Description of relation                | лепр              |                |                    |
| <del></del> |                                        |                                                |                                                  |                                                                                                | <del></del>                 | <del> </del>                                     |                                        |                   |                |                    |
|             |                                        |                                                |                                                  |                                                                                                |                             |                                                  |                                        | -                 |                |                    |
|             | ······································ |                                                |                                                  |                                                                                                |                             | <del>                                     </del> |                                        |                   |                |                    |
|             |                                        | · · <del>· · · · · · · · · · · · · · · ·</del> | - · · · · · · · · · · · · · · · · · · ·          |                                                                                                |                             |                                                  | · · · · · · · · · · · · · · · · · · ·  |                   |                |                    |
| Sign        |                                        |                                                |                                                  | camned this return, including accomp<br>n of preparer (other than taxpayer or t                |                             |                                                  |                                        |                   |                |                    |
| Sign        | 1                                      | $\angle XII$                                   |                                                  |                                                                                                | 1.01                        | 1                                                | 11. 0                                  | L                 | /              | d                  |
| Here        | I D                                    | TONEU                                          | WS                                               |                                                                                                | 17/18/                      | 2011                                             | Vice-tre                               | 2510              | Ser            | <u>1</u> ()        |
|             | Sign                                   | mature of officer or truste                    |                                                  |                                                                                                | D/atte                      | Tit                                              | le .                                   |                   |                |                    |
| D-1-1       |                                        | Frint/Type preparer's n                        | name                                             | Preparer's signature                                                                           |                             | Date                                             |                                        | PIIN              |                |                    |
| Paid        |                                        | Inffra, D. Lindard                             |                                                  | Jeffrey D. Haskell                                                                             |                             | 4/11/2014                                        | Check if                               |                   |                |                    |
| Prepa       |                                        | Jeffrey D. Haskell                             | NINDATION!                                       | ^ <del></del>                                                                                  |                             | 4/11/2011                                        | self-employed                          | Ь                 |                |                    |
| Use (       | Only                                   |                                                | CUNDATION :                                      | ···                                                                                            | -                           |                                                  | Phone no.                              | (900)             | 830            | 47EA               |
|             |                                        | 1 : :::::::: arma as ≥ 20                      |                                                  | VE, FAIRFIELD, CT 06824                                                                        |                             |                                                  | CHUIBIO.                               | (800)             |                | 1/34               |

### Schedule B

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

OMB No 1545-0047

2010

| Name of the organization                                        |                                                                             |                                                                                                                                | Employer identification number                                                                                                                                                                                                |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The Joe and Lee Herring                                         | Family Foundation                                                           |                                                                                                                                | 27-3785024                                                                                                                                                                                                                    |
| Organization type (check                                        |                                                                             |                                                                                                                                |                                                                                                                                                                                                                               |
| 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 politica                                                                | ıl organization                                                                                                                |                                                                                                                                                                                                                               |
| Form 990-PF                                                     | X 501(c)(3) e                                                               | xempt private foundation                                                                                                       |                                                                                                                                                                                                                               |
|                                                                 | 4947(a)(1)                                                                  | nonexempt charitable trust treated as a                                                                                        | a private foundation                                                                                                                                                                                                          |
|                                                                 | 501(c)(3) ta                                                                | axable private foundation                                                                                                      |                                                                                                                                                                                                                               |
| Note. Only a section 501( instructions                          | •                                                                           | eneral Rule or a Special Rule. anization can check boxes for both the                                                          | General Rule and a Special Rule See                                                                                                                                                                                           |
| General Rule                                                    |                                                                             |                                                                                                                                |                                                                                                                                                                                                                               |
|                                                                 | on filing Form 990, 99<br>y one contributor Co                              | 90-EZ, or 990-PF that received, during mplete Parts I and II                                                                   | the year, \$5,000 or more (in money or                                                                                                                                                                                        |
| Special Rules                                                   |                                                                             |                                                                                                                                |                                                                                                                                                                                                                               |
| sections 509(a)(1)                                              | and 170(b)(1)(A)(vi)                                                        | ), and received from any one contributo                                                                                        | 3 1/3% support test of the regulations under<br>or, during the year, a contribution of the greater<br>Form 990-EZ, line 1 Complete Parts I and                                                                                |
| the year, aggrega                                               | te contributions of me                                                      |                                                                                                                                | at received from any one contributor, during<br>r religious, charitable, scientific, literary, or<br>nplete Parts I, II, and III                                                                                              |
| the year, contributing aggregate to more year for an exclusion. | tions for use <i>exclusive</i> than \$1,000 If this sively religious, charm | vely for religious, charitable, etc., purpo<br>box is checked, enter here the total contable, etc., purpose. Do not complete a | at received from any one contributor, during oses, but these contributions did not intributions that were received during the any of the parts unless the <b>General Rule</b> intable, etc., contributions of \$5,000 or more |
|                                                                 |                                                                             |                                                                                                                                | Rules does not file Schedule B (Form 990,<br>eck the box on line H of its Form 990-EZ,                                                                                                                                        |

or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

| Schedule B (Form 990, 990-EZ, or 990-PF) (2010) | Page 1 of 1 of Part            |
|-------------------------------------------------|--------------------------------|
| Name of organization                            | Employer identification number |
| The Joe and Lee Herring Family Foundation       | 27-3785024                     |

| Part I     | Contributors (see instructions)                                                                          |                                |                                                                                |
|------------|----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                        | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                    |
| 1          | Herring, Joe and Lee 78 Southern Hills Drive Skillman NJ 08558 Foreign State or Province Foreign Country | \$283,483                      | Person Payroll Noncash X (Complete Part II if there is a noncash contribution) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                        | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                    |
| 2          | Foreign State or Province Foreign Country                                                                | \$ <u>0</u>                    | Person Payroll Noncash (Complete Part II if there is a noncash contribution)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                        | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                    |
| 3          | Foreign State or Province Foreign Country                                                                | \$0                            | Person Payroll Noncash (Complete Part II if there is a noncash contribution)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                        | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                    |
| 44         | Foreign State or Province Foreign Country.                                                               | \$0                            | Person Payroll Noncash (Complete Part II if there is a noncash contribution)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                        | (c) Aggregate contributions    | (d)<br>Type of contribution                                                    |
| 5          | Foreign State or Province Foreign Country                                                                | \$0                            | Person Payroll Noncash (Complete Part II if there is a noncash contribution )  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                        | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                    |
| 6          | Foreign State or Province Foreign Country                                                                | \$0                            | Person Payroll Noncash (Complete Part II if there is a noncash contribution)   |

Employer identification number 27-3785024

|                           |                                              | · · · · · · · · · · · · · · · · · · ·          |                      |
|---------------------------|----------------------------------------------|------------------------------------------------|----------------------|
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
| 1_                        | DELAFIELD FUND INC<br>DEFIX, 1715 sh         | \$ 50,112                                      | 12/20/2010           |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given    | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
| 1                         | CVS CAREMARK CORP<br>CVS, 5010 sh            |                                                | 42/2/2040            |
|                           |                                              | \$ 161,072                                     | 12/2/2010            |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| 1                         | BAXTER INTERNATIONAL INC<br>BAX, 1460 sh     | \$ 72,299                                      | 12/2/2010            |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                              | \$0                                            |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
|                           |                                              | \$0                                            |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                              | \$0                                            |                      |

| Schedule B (F             | Form 990, 990-EZ, or 990-PF) (2010)                                                                                                                              |                  |                     | Page 1 of 1 of Part III             |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------|-------------------------------------|
| Name of or                | _                                                                                                                                                                |                  |                     | Employer identification number      |
| Part III                  | nd Lee Herring Family Foundation  Exclusively religious, charitable, etc., i aggregating more than \$1,000 for the y For organizations completing Part III, ente | ear. Complete    | columns (a) through | (e) and the following line entry    |
|                           | contributions of \$1,000 or less for the year                                                                                                                    | ar (Enter this i | nformation once See | ınstructions ) ▶ \$ 0               |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                                                                                                                                              | (c               | ) Use of gift       | (d) Description of how gift is held |
|                           |                                                                                                                                                                  |                  |                     |                                     |
|                           |                                                                                                                                                                  | (a) T            | ransfer of gift     |                                     |
|                           | Transferee's name, address, and                                                                                                                                  |                  | _                   | ship of transferor to transferee    |
|                           |                                                                                                                                                                  |                  |                     |                                     |
|                           | For Proy Country                                                                                                                                                 |                  |                     |                                     |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                                                                                                                                              | (с               | ) Use of gift       | (d) Description of how gift is held |
|                           |                                                                                                                                                                  |                  |                     |                                     |
|                           |                                                                                                                                                                  | (e) T            | ransfer of gift     |                                     |
|                           | Transferee's name, address, and  For Prov Country                                                                                                                | ZIP + 4          | Relation            | ship of transferor to transferee    |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                                                                                                                                              | (с               | ) Use of gift       | (d) Description of how gift is held |
|                           |                                                                                                                                                                  |                  |                     |                                     |
|                           |                                                                                                                                                                  |                  |                     |                                     |
|                           |                                                                                                                                                                  | (e) T            | ransfer of gift     | -                                   |
|                           | Transferee's name, address, and                                                                                                                                  | ZIP + 4          | Relation            | ship of transferor to transferee    |
|                           |                                                                                                                                                                  |                  |                     |                                     |
|                           | For Prov Country                                                                                                                                                 |                  |                     |                                     |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                                                                                                                                              | (c               | ) Use of gift       | (d) Description of how gift is held |
|                           |                                                                                                                                                                  | •                |                     |                                     |
|                           |                                                                                                                                                                  |                  |                     |                                     |
|                           |                                                                                                                                                                  | (e) T            | ransfer of gift     |                                     |
|                           | Transferee's name, address, and                                                                                                                                  | ZIP + 4          | Relation            | ship of transferor to transferee    |
|                           |                                                                                                                                                                  |                  |                     |                                     |
|                           | For Prov Country                                                                                                                                                 |                  |                     |                                     |

Form 990-PF, Part II, Line 10b - Investments: Corporate Stock

|   |                                  | TOTAL: | 283,483    | 298,507     |
|---|----------------------------------|--------|------------|-------------|
|   |                                  | 1      | (q)        | (၁)         |
|   | Description/Symbol/CUSIP Number  | Shares | Book Value | Fair Market |
| - | 1 BAXTER INTERNATIONAL INC (BAX) | 1,460  | 72,299     | 73,905      |
| 7 | CVS CAREMARK CORP (CVS)          | 5,010  | 161,072    |             |
| က | 3 DELAFIELD FUND INC (DEFIX)     | 1,715  | 50,112     |             |
| 4 |                                  |        |            |             |
| သ |                                  |        |            |             |
| 9 |                                  |        |            |             |
| 7 |                                  |        |            |             |
| 8 |                                  |        |            |             |
| 6 |                                  |        |            |             |
| 9 |                                  |        |            |             |
|   |                                  |        |            |             |

|                 | Г        |
|-----------------|----------|
| 40              |          |
| Sig             |          |
| PET             |          |
| 턀               |          |
| ပိ              |          |
| ĭtial           |          |
| star            |          |
| ğņ              |          |
| 3.0             | $\vdash$ |
| e 1             |          |
| 를               |          |
| <u>₹</u>        | 1        |
| ₹               |          |
| Par             |          |
| Щ.              | 1        |
| <del>-066</del> |          |
| 6<br>E          |          |
| P               |          |
|                 |          |
|                 |          |

| Name            | Street                  | Cıty     | State | Zip Code | Foreign Country |
|-----------------|-------------------------|----------|-------|----------|-----------------|
| 1 Joe Herring   |                         | Skillman | Z     | 08558    |                 |
| 2 Lee A Herring | 78 Southern Hills Drive | Skillman | 3     | 08558    |                 |
| 8               |                         |          |       |          |                 |
| 4               |                         |          |       |          |                 |
| 50              |                         |          |       |          |                 |
| မ               |                         |          |       |          |                 |
| 2               |                         |          |       |          |                 |
| 8               |                         |          |       |          |                 |
| 6               |                         |          |       |          |                 |
| 10              |                         |          |       |          |                 |

| gers            |
|-----------------|
| Mana            |
| ation           |
| puno            |
| and F           |
| tees a          |
| Trus            |
| ctors,          |
| Dire            |
| Officers        |
| n of (          |
| nsatio          |
| Smpe            |
| <del>1</del> -Ω |
| Line            |
| t VIII,         |
| , Par           |
| 90-PF           |
| Form 9          |
|                 |

| Name Street  c/o Foundation Source 501 Silverside Road 501 Silverside Road Suite 123 C/o Foundation Source 501 Silverside Road Suite 123 3 |           | City       | State | Zip   | o∯: T                               | Avg | 1      |          | Expense |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-------|-------|-------------------------------------|-----|--------|----------|---------|
| 6                                                                                                                                          |           |            |       | Code  | 1100                                | 2   | COLLID | Benefits | Account |
| 6.                                                                                                                                         | on Source | Wilmington | DE    | 19809 | Vice President                      | -   | 0      | 0        | 0       |
|                                                                                                                                            |           | Wilmington | DE    | 19809 | President / Director /<br>Secretary | 1   | 0      | 0        | 0       |
|                                                                                                                                            |           |            |       |       |                                     |     |        |          |         |
| <u>.</u>                                                                                                                                   |           |            |       |       |                                     |     |        |          |         |
|                                                                                                                                            |           |            |       |       |                                     |     |        |          |         |
|                                                                                                                                            |           |            |       |       |                                     |     |        |          |         |
|                                                                                                                                            |           |            |       |       |                                     |     |        |          |         |
|                                                                                                                                            |           |            |       |       |                                     | -   |        |          |         |
|                                                                                                                                            |           |            |       |       |                                     |     | ļ      |          |         |
|                                                                                                                                            | _         |            |       |       |                                     |     |        |          | _       |