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SCANNED DEC 2 4 2013

Form **990-PF**

Return of Private Foundation

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



	artm I R	t fth T ry S	Note The fou			o use a copy of this			orting requirements	
_		ndaryear 2010 or ta	ax year beginning				and e	nding		
G	Check	k all that apply	Initial retur Amended r			Initial return of a f	-	charity	Final return	1
Na	me o	f foundation	Amended i	eturri		Audiess chai	ige		A Employer identification	number
						ABLE TRU	ST	γ	57-6100160	
N	mb	PO BOX	mb fm td 981	l dt t t	dd)			R m/t	B Telephone number 843 722 26	02
Cr	y or t	own state and ZIP o		29402	000	01	-		C if mpt ppl t p	d g h kh
L	Check	type of organization	TON, SC X Sectio			vate foundation			2 F g g t m h kh d tt h	t gth 85% t t
		ection 4947(a)(1) noi		1		kable private found od X Cash		al	E If private foundation sta	
		arket value of all asse <i>Part II col (c) line</i>	-		ng metn her (spe		L Accı	uai	under section 507(b)(1) F If the foundation is in a	
	▶\$		56329	(Part I colu		nust be on cash	basıs)		under section 507(b)(1)	
Р	art I	Analysis of Reven (Thit till fimut ly qith	nue and Expenses n Im (b) () m t Im (d(d)myt))	(a) exp	Revenue and enses per books		ivestment ome	(c) Adjusted net income	(d) Dbmt frhtblpp (hbly)
	1	Contributions gifts	-						N/A	
	_	Ch k X if the filter t g c h tm t		to attach Sch B	<u> </u>	_ "	ļ			
	3	h tm t Dividends and inter		S		9		9	<u> </u>	STATEMENT 1
	5a	Gross rents								
	1	Nttlm (I			<u> </u>	<u>۱</u>				
ē	6a	lNtg (l) frm Glpf l t li6	If tt	I 10	ļ			۸	 	
Revenue	7	"tli6 Cptlg tm		_	ł			0		
ă	8	Net short term capi								þ
	9	Income modificatio				· - · · · · · · · · · · · · · · · · · ·				4
	i .	ldlw	<u> </u>						RECE	NED -
	1	L C t fg d Gross profit or (los:							 	
	1	Other income	3)						/ DEC 1	(113)
	1	Total Add lines 1 t	hrough 11			9		9	700	
	13	C mp t f ff	d t t t	t		0		00	IRS ØGDF	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	14	Other employee sal	-						II TO RODE	YUIAH
S.	15	Pension plans emp	oloyee benefits							
Sus	IDa	Legal fees Accounting fees								
Expenses		Other professional	fees ST	MT 2		133		0		0
		Interest							. 150	CA
/ and Administrative	18	Taxes							Received E	ייטע יי
, sin	19	Depreciation and de	epletion						4 0 20	12
mb/	20	Occupancy Travel conferences	and mostings						DEC 13 20	13
þ	22	Printing and publication	~						0 don	Iltan
9	23	Other expenses	4						IRS Ogaen	
atır	24	Total operating and	d administrative							
Operating		expenses Add line		;		133		0		0 0000
	25	Contributions gifts	-			9000				9000
	26	Total expenses and Add lines 24 and 25				9133		0		9000
	27	Subtract line 26 fro		···· ···· ···· ···· ····		 	,	<u></u>	ì	
	a	E of e	p dd b	m t		<9124	>			
	i	Net investment inc		0)				9	NT / 3	
023	01 7 10	Adjusted net incom			the inetr	uctions	<u> </u>		N/A	Form 990 PF (2010)

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023511

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Form 990-PF (2010)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

57-6100160

Page 3

(a) List and desc	ribe the kii	sses for Tax on In nd(s) of property sold (e.g. or common stock, 200 shs	, real estate,		1 1	How acquired - Purchase - Donation	(c) Dat (mo.,	e acquired day, yr.)	(d) Date sold (mo., day, yr.)
1a							ļ		
b NC	NE						ļ	 _	
<u>c</u>					╁				-
<u>d</u>					╁				
(e) Gross sales price	(f) [Depreciation allowed (or allowable)		st or other basis expense of sale	1			Gain or (loss us (f) minus	
8	-		·	·	-			<u> </u>	
b									
C			•						
d									
е									
Complete only for assets show	ng gain in i	column (h) and owned by t	he foundation	on 12/31/69				(Col. (h) gain	
(i) F.M.V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any		(t not less that s (from col. (
a									
b									
C]				
d									
<u>e</u>	<u> </u>					1.			
2 Capital gain net income or (net c	apıtal loss)	$ \begin{cases} \text{ If gain, also enter} \\ \text{ If (loss), enter -0-} \end{cases} $	ın Part I, line ın Part I, line	7 7	}	2			
Net short-term capital gain or (lo if gain, also enter in Part I, line 8, if (loss), enter -0- in Part I, line 8	, column (c		d (6):		}	3			
Part V Qualification L	Inder S	ection 4940(e) for	Reduced	Tax on Net	: Inv	estment Ir	come		
f section 4940(d)(2) applies, leave to Was the foundation liable for the sector f "Yes," the foundation does not quatomate the appropriate amount in	ction 4942 olify under s	tax on the distributable amsection 4940(e). Do not col	nplete this pa	rt			<u>-</u>		Yes X No
(a) Base period years Calendar year (or tax year beginn	ing in)	(b) Adjusted qualifying dist	ributions	Net value of no	(c) onchai	ritable-use asse	ts	Distrib (col. (b) div	(d) oution ratio olded by col. (c))
2009		<u> </u>	0.			6792			.00000
2008			27986.			5321			.525894
2007			21455.			5321			.403168
2006			21477.			5313			.40423
2005			17986.			4899	9.		.367069
2 Total of line 1, column (d)							2		1.700366
3 Average distribution ratio for the the foundation has been in existe			n line 2 by 5,	or by the number	of ye	ars	3		.340073
4 Enter the net value of noncharital	ble-use ass	sets for 2010 from Part X, I	ine 5				4	ļ	55485
5 Multiply line 4 by line 3							5		18869
5 Enter 1% of net investment incor	ne (1% of	Part I, line 27b)					6		0
7 Add lines 5 and 6							7		18869
8 Enter qualifying distributions from	-						_ 8_		9000
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, ch	eck the box in Part VI, line	1b, and comp	lete that part usin	ig a 1º	% tax rate.			

	990 PF (2010) THE SHERMAN FAMILY CHARITABLE TRUST 5 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	7 – (5100 see	160 instru		age 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1				0.
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2_				0.
-	Add lines 1 and 2	3				0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			-	0.
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
	Credits/Payments:					
	2010 estimated tax payments and 2009 overpayment credited to 2010 6a					
	Exempt foreign organizations - tax withheld at source The section of the section					
	Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld 6d					
		7				0.
	Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			-	<u> </u>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
-	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				<u> </u>
	Enter the amount of line 10 to be: Credited to 2011 estimated tax	11				
	rt VII-A Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in				Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
	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		_X_
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$ 0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u>X</u>
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or					
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	27	/ %	4a		<u>X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	IN ,	/A	4b		-
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		<u>X</u>
c	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
0	By language in the governing instrument, or					
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state k 	aw				
	remain in the governing instrument?			6		х
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
•	If "Yes," complete Part II, col (c), and Part XV					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	SC					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			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 calendarian	dar				
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10	L	<u>X</u>
			For	m 990	-PF (2010)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	56330.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	56330.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •]	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	5633 <u>0</u> .
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	845.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	55485.
6	Minimum investment return Enter 5% of line 5	6	2774.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	2774.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2774.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2774.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	2774.
	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		-
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	9000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	9000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	9000.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies for the	section

Corpus Years prior to 2009 2009 2010 1 Distributable amount for 2010 from Part XI,			(a)	(b)	(c)	(d)
10						
2 Unassibulated mooms, if any, as of the end of 2010 a Enter amount for 2000 only b Total for prior years: 3 Excess distributions carryover, if any, to 2010. a From 2005 15564. b From 2006 18866. c From 2007 18844. d From 2009 1 Total of lines 3 through a 40 doubleying distributions for 2010 from Part XII, line 4:1 ► \$ 90.00. a Applied to 2005, but not finer shall him be 2 b Applied to undistributed income of prior years (Election required - see misructions) 0. d From 2008 2 Excess distributions or 101 corpus (Election required - see misructions) 0. d From 2008 2 Excess distributions or 2010 from Part XII, line 4:1 ► \$ 90.00. a Applied to undistributed moorne of prior years (Election required - see misructions) 0. d From 2010 for the prior to 2010 for the prior to 2010 for the 2010	1 [Distributable amount for 2010 from Part XI,				
Enter amount for 2009 only	ı	ine 7				<u> 2774.</u>
\$ Total for prior years: 0	2 (Undistributed income, if any, as of the end of 2010				
3 Excess distributions carryover, famy, to 2010: a From 2005	a E	Inter amount for 2009 only			0.	
3 Excess distributions carryover, if any, to 2010: a From 2006	ь	Total for prior years:				
a From 2005		,,		0.		
From 2006	3 E	excess distributions carryover, if any, to 2010:				
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Total of lines 3a through e 78627.	d F	rom 2008 <u>25353.</u>				
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Part XII, line 4: № \$ 9.00 . a Appled to 2009, but not more than line 2 a b Appled to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Appled to 2010 distributable amount e Remaining amount distributed out of corpus Election required - see instructions) d Appled to 2010 distributable amount e Remaining amount distributed out of corpus Election required - see instructions C across distributions earyower appled to 2010 D . Election distributed income see and the Subtract line 3 Indicated below: a Corpus Add lines 31, 4c, and 4c Subtract line 3 Prior years' undistributed income Subtract line 4b from line 2b C enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which this section 494/2(a) tax has been previously assessed d Subtract line 6c from line 6b. Taxable amount - see instructions Undistributed income for 2010, Subtract lines 4d and 5 from line 1. This amount must be distributed in noome for 2010, Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011 Amounts treated as distributions out of corpus to satisfy requirements imposed by section (70(b) (1) q 494/2(a) to 3 Excess distributions carryover from 2005 not applied on line 5 or line 7 Excess distributions carryover from 2005 not applied on line 5 or line 7 Excess fishibutions carryover from 2005 not applied on line 5 or line 7 Excess fishibutions carryover from 2005 not applied on line 5 or line 7 Excess fishibutions carryover from 2005 not applied on line 5 or line 7 Excess fishibutions carryover from 2005 not applied on line 5 or line 7 Excess fishibutions carryover from 2005 not applied on line 5 or line 7 Excess from 2006 Line 40 Excess from 20	f 3	Total of lines 3a through e	78627.			
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e Excess from 2010

	<u>RMAN FAMILY</u>				<u>7-6100160</u>	Page 10
Part XIV Private Operating F			II-A, question 9)	N/A		
1 a If the foundation has received a ruling o						
foundation, and the ruling is effective fo	r 2010, enter the date of t	he ruling	▶			
b Check box to indicate whether the found	lation is a private operatir	ig foundation described		_ 4942(j)(3) or	4942(j)(5)	
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	(1) 0007	, , , , , , , , , , , , , , , , , , , 	
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	7 (e) Tota	<u> </u>
investment return from Part X for						
each year listed						
b 85% of line 2a						
c Qualifying distributions from Part XII,						
line 4 for each year listed						
d Amounts included in line 2c not			·			
used directly for active conduct of						
exempt activities						
e Qualifying distributions made directly						
for active conduct of exempt activities.						
Subtract line 2d from line 2c						
3 Complete 3a, b, or c for the						
alternative test relied upon:						
a "Assets" alternative test - enter:						
(1) Value of all assets						
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)						
b "Endowment" alternative test - enter						
2/3 of minimum investment return shown in Part X, line 6 for each year listed						
c "Support" alternative test - enter:						
(1) Total support other than gross						
investment income (interest,						
dividends, rents, payments on						
securities loans (section 512(a)(5)), or royalties)						
(2) Support from general public						
and 5 or more exempt						
organizations as provided in						
section 4942(j)(3)(B)(III)					-	
(3) Largest amount of support from						
an exempt organization						
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5 000	or more in asset	
at any time during t	he vear-see the i	nstructions)	ii tile iouilaatio	11 11au 40,000	or more in asser	.3
				<u> </u>		
1 Information Regarding Foundation	~	than 00/ of the total and		a favadation before	a the alone of any tou	
a List any managers of the foundation wh year (but only if they have contributed n			illibulions received by it	ie iodiidalion belon	e the close of any tax	
, , , , ,	1010 111411 40,000) (000 0	00.001.00.(0)(2/)				
NONE b List any managers of the foundation wh	100/ of th	a stank of a composition	(or an aqually large per	tion of the ownersh	up of a partnership or	
other entity) of which the foundation ha			(or all equally large por	tion of the ownersh	ip of a partificistify of	
••	a rose or ground, manage					
NONE		Cabalarahia ata F				
2 Information Regarding Contribution Check here ► X if the foundation of				not accept uncole	utad requests for funds. If	
the foundation makes gifts, grants, etc.						,
	<u> </u>		_	complete nome Eu,	0, 0, 4110 0.	
a The name, address, and telephone num	per of the person to whor	n applications should b	e addressed:			
b The form in which applications should be	e submitted and informat	tion and materials they :	should include:			
						
c Any submission deadlines:						 -
d Any restrictions or limitations on award	s, such as by geographica	al areas, charitable fields	s, kınds of institutions, o	r other factors		
000001 10 07 10					Earm QQA_DE	(2010)

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of Purpose of grant or show any relationship to Amount any foundation manager contribution Name and address (home or business) or substantial contributor recipient a Paid during the year 5000. NONE PUBLIC CHARLESTON JEWISH TO PROVIDE FINANCIAL **FEDERATION** CHARITY ASSISTANCE TO VARIOUS PO BOX 31298 CHARLESTON PROGRAMS SC JEWISH FEDERATION OF 4000. NONE PUBLIC TO PROVIDE FINANCIAL CHARITY SOUTH PALM BEACH COUNTY ASSISTANCE TO VARIOUS 9901 DONNA KLEIN BLVD PROGRAMS BOCA RATON FL 9000. **▶** 3a Total **b** Approved for future payment NONE 0. ▶ 3b Total 023611 12-07-10 Form 990-PF (2010)

(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt
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to the Accon	plishment of I	Exempt Po	urposes	
		l-A contributed	importantly to the accomp	dishment of
an by providing fund:	s for such purposes).			
	<u>-</u> .			
	s to the Accom	s to the Accomplishment of	ato the Accomplishment of Exempt Policome is reported in column (e) of Part XVI-A contributed	14 9. 1 0. 9. 13_ 13_ 15 to the Accomplishment of Exempt Purposes

023621 12-07-10

Part 2	(VII	Information Re Exempt Organ	•	sters 10 a	and Iran	sactions a	ana Ke	ationships with Nonch	aritabi	Đ	
1 Did	the or	ganization directly or indi		of the followin	o with any c	ther organization	on describ	ed in section 501(c) of		Yes	No
		other than section 501(c						00 III 30011011 00 1(0) 01		1.55	
	•	from the reporting found									
	Cash	iron the reporting round	ation to a nononaria	Die exempt of	gamzation	•			1a(1)		х
		assets							1a(2)		Х
		sactions:									
-		of assets to a noncharita	ble exempt organiza	tion					1b(1)		Х
٠,,		ases of assets from a no							1b(2)		Х
		I of facilities, equipment,							1b(3)		X
		oursement arrangements							1b(4)		X
٠,		or loan guarantees							1b(5)		X
		rmance of services or me	mbership or fundrai	sing solicitatio	ons				1b(6)		X
c Sha	iring of	facilities, equipment, ma	uling lists, other asse	ts, or paid em	ployees				1c		X
d If th	ne ansv	ver to any of the above is	"Yes," complete the	following sche	edule. Colum	n (b) should al	ways shov	v the fair market value of the goods	other as	sets,	
or s	ervices	s given by the reporting fo	oundation. If the fou	ndation receiv	ed less than	faır market valı	ue in any t	ransaction or sharing arrangement,	show in		
col	ımn (d) the value of the goods,	other assets, or serv	ices received.							
(a) Line n	.	(b) Amount involved	(c) Name of	noncharitable	e exempt org	anization	(d)	Description of transfers, transactions, and	sharing a	rangeme	nts
				N/A							
	_										
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2n let	ho four	ndation directly or indirect	the affiliated with or i	elated to one	or more tay	-evemnt organ	ızatınne de	corihad			
		501(c) of the Code (other	•			-exempt organi	izations uc	Scribed	Yes	X	No
		emplete the following sch	•	((0)) or in 300	11011 027 :			,			_ I#0
ייי ט	05, 00	(a) Name of org			(b) Type o	f organization		(c) Description of relation	ship		
		N/A			 		1	· · · · · · · · · · · · · · · · · · ·			
							l				
								s, and to the best of my knowledge and b	elief, it is tr	ue, corre	ct,
Sign	and	complete/Declaration of propa	arer tother than taxpayer	or ilductary) is b	ased on all inic	ormation of which	preparer na:	s any knowledge			
Here		Hora 1	2.///ww			10/5	3//3				
		Signature of officer or tru				Date	/	Title			
		Print/Type preparer's na		Preparer's s	ignature	1	Date	Check X if PTIN			
		ZACHARY M.	SOLOMON	1/R. 1	n/m/	1.1. 01	A	self- employed			
Paid		CPA	·	Jun	בעוו קץ	CELLMAN	pt 12/	2 3			
Prepa Use (Firm's name ► SOL	OMON & HA	RDWICK	$U_{ m LLC}$		•	Firm's EIN ►			
J36 (- :	Firm's address ▶ 11	60 FOLLY	ROAD							
			ARLESTON,		412			Phone no. 843.	406.	668	0

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.

THE SHERMAN FAMILY CHARITABLE TRUST

OMB No 1545-0047

2010

Name of the organization

Organization type (check one):

Employer identification number

57-6100160

Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions.
General Rule	
For an organization contributor Complete	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one lete Parts I and II
Special Rules	
509(a)(1) and 170(l	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections o)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% o) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II.
aggregate contribu	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, itions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III
contributions for use If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certifying requirements of Schedule B (Form 990, 990-EZ, or 990-PF)
LHA For Paperwork Redu	ction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Employer identification number

THE SHERMAN FAMILY CHARITABLE TRUST

57-6100160

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	HAROLD SHERMAN 59 BROAD STREET CHARLESTON, SC 29412	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer identification number

THE SHERMAN FAMILY CHARITABLE TRUST

57-6100160

(a) No. room Part I (b) Description of noncash property given FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) No. room Part I (e) No. (b) Description of noncash property given FMV (or estimate) (see instructions) (d) No. (e) Description of noncash property given FMV (or estimate) (see instructions) (e) No. (from Description of noncash property given FMV (or estimate) (see instructions) (a) No. (c) FMV (or estimate) (see instructions) (a) No. (b) Description of noncash property given FMV (or estimate) (see instructions) (a) No. (b) Description of noncash property given FMV (or estimate) (see instructions) (a) No. (c) FMV (or estimate) (see instructions) (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) No. (e) FMV (or estimate) (see instructions) (a) No. (c) FMV (or estimate) (see instructions)			Noncash Property (see instructions)	Part II
(a) No. from Part I	(d) Date received	FMV (or estimate)		No. from
(a) No. from Part I (a) No. Description of noncash property given FMV (or estimate) (see instructions) (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) No. Description of noncash property given (a) No. Description of noncash property given (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) No. from Part I (e) FMV (or estimate) (see instructions) (from Part I (o) Description of noncash property given (e) FMV (or estimate) (see instructions) (from Part I (o) Description of noncash property given (o) FMV (or estimate) (see instructions) (o) FMV (or estimate) (see instructions) (o) FMV (or estimate) (see instructions)		_		
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(a) No. from Description of noncash property given (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (a) No. (b) FMV (or estimate) (c) FMV (or estimate) (see instructions)	(d) Date received	FMV (or estimate)		No. from
No. from Description of noncash property given \$		 \$		
(a) No. (b) from Description of noncash property given (c) FMV (or estimate) (see instructions)	(d) Date received	FMV (or estimate)		No. from
No. (b) FMV (or estimate) (see instructions)		\$		
	(d) Date received	FMV (or estimate)		No. from

nization		Employer identification number
EDMAN FAMILY CHADIMADI.	בי היסוופה	57-6100160
Exclusively religious, charitable, etc., ir more than \$1,000 for the year. Complete Part III. enter the total of exclusively religious.	ndividual contributions to sections columns (a) through (e) and the columns (but, charitable, etc., contribution	on 501(c)(7), (8), or (10) organizations aggregating e following line entry. For organizations completing s of
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of git	ft
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of git	it
Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of git	ft
Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	it
Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
	ERMAN FAMILY CHARITABL Exclusively religious, charitable, etc., ir more than \$1,000 for the year. Complete Part III, enter the total of exclusively religious, \$1,000 or less for the year (Enter this info (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift	ERMAN FAMILY CHARITABLE TRUST Exclusively religious, charitable, etc., individual contributions to section more than \$1,000 for the year. Complete columns (a) through (e) and the Part III, enter the total of exclusively religious, charitable, etc., contribution \$1,000 or less for the year (Enter this information once. See instructions) (b) Purpose of gift (c) Use of gift (e) Transfer of gift (b) Purpose of gift (c) Use of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift (f) Use of gift (g) Use of gift (h) Purpose of gift (c) Use of gift (e) Transfer of gift (f) Use of gift (g) Use of gift (h) Purpose of gift (c) Use of gift

FORM 990-PF DIVIDENT	S AND	INTER	EST F	ROM	SECUE	RITIES	STATEMENT	1
SOURCE		GROSS AMOUNT			CAPITAL GAINS DIVIDENDS		COLUMN (A) AMOUNT	
UBS		9.			0.		9.	
TOTAL TO FM 990-PF, PART I, I	N 4			9.		0.		9.
FORM 990-PF C	THER	PROFES	SIONA	L FI	EES		STATEMENT	2
DESCRIPTION	EXPE	(A) (B) PENSES NET INV R BOOKS MENT IN						
ACCOUNT MANAGEMENT FEES		133.		_	0.			0.
TO FORM 990-PF, PG 1, LN 16C		133.		0				0.
FORM 990-PF	ОТН	ER INV	ESTME	NTS	-		STATEMENT	3
DESCRIPTION		VALUATION METHOD		BOOK VALUE		FAIR MARKET VALUE		
UBS ACCOUNT FIDELITY ACCOUNT			COST COST		55200. 1129.		55200. 1129.	
TOTAL TO FORM 990-PF, PART II	, LIN	E 13				56329.	563	29.

Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

-	are filing for an Automatic 3-Month Extension, comple				-	· [X]					
	are filing for an Additional (Not Automatic) 3-Month Ex										
	omplete Part II unless you have already been granted a										
	ic filing (e-file). You can electronically file Form 8868 if y										
	to file Form 990-T), or an additional (not automatic) 3-mo										
of time to	file any of the forms listed in Part I or Part II with the exi	ception of	Form 8870, Information Return for Trans	sfers /	Associated With Ce	rtain					
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details on t	he elec	tronic filing of this f	orm,					
	irs gov/efile and click on e-file for Chanties & Nonprofits										
Part I	Automatic 3-Month Extension of Time										
A corpora	ation required to file Form 990-T and requesting an autor	natic 6-mc	onth extension - check this box and com	nplete							
Part I only	y				•						
	corporations (including 1120-C filers), partnerships, REM ome tax returns	ICs, and t	rusts must use Form 7004 to request an	exten	sion of time						
Type or											
orint File by the	THE SHERMAN FAMILY CHARITAI	5	57-6100160								
due date for iling your	a date for Number, street, and room or suite no. If a PO box, see instructions g your PO BOX 981										
eturn See nstructions	City, town or post office, state, and ZIP code For a for CHARLESTON, SC 29402-0981	oreign add	ress, see instructions								
						0 4					
enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4					
Applicati	on	Return	Application			Return					
s For		Code	Is For			Code					
orm 990	form 990 01 Form 990-T (corporation)										
orm 990	-BL	02	Form 1041-A			08					
orm 990	-EZ	01	Form 4720			09					
orm 990	PF	04	Form 5227								
orm 990	FT (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
orm 990	Trust other than above)	06 Form 8870									
	HAROLD I SHERM	NA A			-						
The bo	ooks are in the care of PO BOX 381 - CI	HARLES	STON, SC 29402-0381								
	none No > 843.722.2602		FAX No ▶								
•	organization does not have an office or place of business	s in the Ur	nited States, check this box								
If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If the	is is fo	r the whole group, c	heck this					
oox ▶ [If it is for part of the group, check this box	and atta	ch a list with the names and EINs of all	memb	ers the extension is	for					
1 re	quest an automatic 3-month (6 months for a corporation										
			tion return for the organization named a		The extension						
us fe	or the organization's return for	Ū	· ·								
	X calendar year 2010 or										
 	tax year beginning	, an	d ending								
											
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on. Initial return Fina	al retur	n						
	Change in accounting period										
	nonrefundable credits. See instructions. 3a \$										
b If th	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			_					
	imated tax payments made Include any prior year overp ance due. Subtract line 3b from line 3a Include your pa		·····	3b_	\$	0.					
		_									
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	<u> </u>					
	If you are going to make an electronic fund withdrawal v		orm 8868, see Form 8453 EO and Form	8879-							
HA F	or Paperwork Reduction Act Notice, see Instructions	i.			Form 8868 (Re	ev 1.2011\					

023841 01-16-1