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`Form 990-PF

Department of the Treasury

Return of Private Foundation

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

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

OMB No 1545-0052

inte	IIai ne	veriue Service	tote. The loundation may	oc abic to add a dopy of and	TOTAL TO SECURITY SECURITY	opo	ting roquisomonto.	
For	cale	ndar year 2010, or tax ye:	ar beginning		, and ending			
G	Checl	call that apply:	Initial return	Initial return of a fe	ormer public charity		Final return	
			Amended return	Address chan	ge L		Name change	
Na	me o	f foundation					A Employer identification	number
L		CHIAVACCI	FAMILY FOUN	DATION, INC.			65-1033909	
NL	mber a	and street (or PO box number	if mail is not delivered to street	address)	Room/sui	te	B Telephone number	
		9055 BANY	AN DRIVE				305-774-05	00
Cı	ty or t	own, state, and ZIP code					C If exemption application is p	ending, check here
		CORAL GAB	LES, FL 331	56			D 1. Foreign organizations	s, check here
H	Chec	type of organization:	X Section 501(c)(3) ex	empt private foundation			Foreign organizations me check here and attach co	eting the 85% test, mputation
] Se	ection 4947(a)(1) nonexen	npt charitable trust	Other taxable private found	ation		 E If private foundation sta	tus was terminated
I F	air m	arket value of all assets at	end of year J Accounti	ng method: X Cash	Accrual		under section 507(b)(1)	
. (Part II, col. (c), line 16)		her (specify)	 		F If the foundation is in a	60-month termination
	<u>►\$</u>		0 / 2001	mn (d) must be on cash	basis.)		under section 507(b)(1)	(B), check here
P	art l	Analysis of Revenue a	nd Expenses	(a) Revenue and	(b) Net investment	:	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amou	umns (b), (c), and (d) may not nts in column (a).)	expenses per books	income		income	(cash basis only)
	1	Contributions, gifts, gran	nts, etc., received	41,080.	` ` ` `			/ '、
	2		on is not required to attach Sch. B	<u> </u>	``	`		
	3	Interest on savings and temp cash investments	oorary					, , ,
	4	Dividends and interest fr	om securities	1,215.	1,21	<u>5.</u>		Statement 1
	5a	Gross rents						, , , ,
	b	Net rental income or (loss)		1 2 2 3 4 5 5			, , , , , , , , , , , , , , , , , , ,	111 , 1/44 44
9	6a	Net gain or (loss) from sale of		44,572.	/ <			, , , , ,
LUII Revenue	b	Gross sales price for all assets on line 6a	146,681.			_	<u> </u>	
2011 Beyer	7	Capital gain net income (from	Part IV, line 2)		44,57	<u>2.</u>		<u> </u>
	8	Net short-term capital ga	un		2 5 <u> </u>			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
e ₹	9	Income modifications Gross sales less returns	ı	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `				, , , , , , , , , , , , , , , , , , ,
	10a	and allowances						
MAY	b	Less Cost of goods sold			· · · · · · · · · · · · · · · · · · ·			
		Gross profit or (loss)		4.75				
	11	Other income		-465.	-46			Statement 2
<u> </u>	12	Total. Add lines 1 through		86,402.	45,32	_	0.	-
SCANNED	13	Compensation of officers, dir		0.		0.	0.	0.
$\ddot{\circ}$	14	Other employee salaries	•					
ശൃ	15	Pension plans, employee		222		_	0	
S	16a	Legal fees	Stmt 3	333.		<u>0.</u>	0.	0.
Š		Accounting fees	Stmt 4	1,600.	RI	ĽĊ	EIVED 0.	0.
ú.	, C	Other professional fees	1				78	
į	17	Interest			100 MA	ī	2 4 2011	<u> </u>
and Administrative Expens	18	Taxes Depreciation and depletion				11		 ,
Ę	19 20	Occupancy	וונ		 			*
5	20	Travel, conferences, and	mostings		 	JL	EN, UT	
þ	21	Printing and publications	-					
ā	23	Other expenses	Stmt 5	832.		0.	0.	0.
Operating	24	Total operating and adn		052.		<u>.</u>		- 0.
era	24	expenses. Add lines 13		2,765.		0.	0.	0.
ő	25	Contributions, gifts, gran	-	62,164.		<u>.</u>		62,164.
	26	Total expenses and dist		02,104.		 `	· · · · · · · · · · · · · · · · · · ·	02,104.
	20	Add lines 24 and 25	vu (36 m 6 m 6).	64,929.		0.	0.	62,164.
	27	Subtract line 26 from line			-2	".	1	02,104.
		Excess of revenue over exper		21,473.		,		1
		Net investment income		41,213.	45,32	2	(1/2/2/2/2)	,
	1	Adjusted net income (if in		, ,	=3,32		0.	20. 18. A
0235	01 7-10		leduction Act Notice, see	the instructions				Form 990-PF (2010)
	. ,,,							- (== 10)



Form 990-PF	·	Beginning of year	End o	1033909 Page 2 f vear
Part II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash	ı - non-interest-bearing	36,249.		
	ngs and temporary cash investments			
3 Acco	ounts receivable 🕨			, , , , , , , ,
Less	: allowance for doubtful accounts 🛌			
4 Pled	ges receivable >	50 C 25 -5		÷ /\ -\ -\ .
Less	allowance for doubtful accounts			
5 Gran	ts receivable			
6 Rece	ivables due from officers, directors, trustees, and other			-
1	ualified persons			
1 1	notes and loans receivable	ì	,	```
	: allowance for doubtful accounts			·
हा 8 Inver	ntories for sale or use			
• •	aid expenses and deferred charges			
10a inves	stments - U.S. and state government obligations	06 114	00 172	100 400
	stments - corporate stock Stmt 7	86,114.	99,173.	100,482.
	stments - corporate bonds			
	nents - land, buildings, and equipment. basis	1		,
	ccumulated depreciation stments - mortgage loans			
ŀ	stments - mortgage loans stments - other			
h	I, buildings, and equipment basis			
	ccumulated depreciation		•	
1	r assets (describe ▶			
1.5	,			
16 Total	l assets (to be completed by all filers)	122,363.	119,147.	120,456.
17 Acco	ounts payable and accrued expenses		-	
18 Gran	ts payable			
g 19 Defei	rred revenue			
20 Loans 21 Mort	a from officers, directors, trustees, and other disqualified persons			,
21 Mort	gages and other notes payable			
22 Other	r liabilities (describe 🕨)			
		_	_	,
	I liabilities (add lines 17 through 22)	0.	0.	
1	dations that follow SFAS 117, check here			, '/
g and	complete lines 24 through 26 and lines 30 and 31.	100 262	110 117	•
24 Unre	stricted	122,363.	119,147.	
25 Temp	porarily restricted			
_	namently restricted			` ,
E	dations that do not follow SFAS 117, check here complete lines 27 through 31.			•
b 27 Capit	ial stock, trust principal, or current funds			
27 Capit	in or capital surplus, or land, bldg., and equipment fund			× 2
29 Retai	ned earnings, accumulated income, endowment, or other funds			, , , , ,
30 Total	I net assets or fund balances	122,363.	119,147.	
2 00 1012	The about of fully balances	122/3031	110/1476	•
31 Total	liabilities and net assets/fund balances	122,363.	119,147.	` `
			227/22/0	
Part III	Analysis of Changes in Net Assets or Fund B			
1 Total net as	ssets or fund balances at beginning of year - Part II, column (a), line	30		
	e with end-of-year figure reported on prior year's return)		1	122,363.
	unt from Part I, line 27a		2	21,473.
	ases not included in line 2 (itemize)		3	0.
4 Add lines 1	•		4	143,836.
	not included in line 2 (itemize)		atement 6 5	24,689.
6 Total net as	ssets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	119,147.

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Form 990-PF (2010) CHI	AVAC	I FAMILY FO	UNDATI	ON, INC.				6	<u>5-103</u>	<u> 3909</u>	Page 3
		sses for Tax on In		Income	1/63/17		aurad l		r		
(a) List and desc	ribe the kir	id(s) of property sold (e.g. or common stock, 200 shs	., real estate,		P-	Purci	iase	c) Date a (mo., d	acquired av. vr.)	(d) Dat (mo., d	
1a		, common stook, 200 sno			יט -	Dona	illon	(-3, 7-7		
b See Attached	Stat	ement			<u> </u>						
C	. Douc										
d											
8											
(e) Gross sales price	(f) D	epreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss) s (f) minus (
_a											
<u>b</u>											
<u>c</u>	<u> </u>										
146 CO1		· · · · · · · · · · · · · · · · · · ·		100 10							
e 146,681. Complete only for assets showing	1	volume (h) and award by t	the foundation	102,10	9.			0-: (0			<u>,572.</u>
Complete only for assets shown		· · · · · · · · · · · · · · · · · · ·					col. (Gains (C 'k). but r	ol. (h) gain not less than	minus 1-0-) or	
(i) F.M.V. as of 12/31/69		i) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any				Losses	(from col. (I	1))	
<u>a</u>	ļ				_						
<u>b</u>											
d -									<u> </u>		
e										44	,572.
	l,	C 16ilt	i- Dant Line	7	7				·		, , , , , ,
2 Capital gain net income or (net ca	apital loss)	If gain, also enter If (loss), enter -0-)	2				44	,572.
3 Net short-term capital gain or (lo				•	7 [•	
If gain, also enter in Part I, line 8,			u (0 <i>)</i> .		1						
If (loss), enter -0- in Part I, line 8					<u>J</u>	3			N/A		
Part V Qualification L	Inder S	ection 4940(e) for	Reduced	Tax on Net	Inve	estm	ent Inco	ome			
(For optional use by domestic private	e foundatio	ns subject to the section 4	1940(а) tax оп	net investment in	come.	.)					
If section 4940(d)(2) applies, leave t	his nart hla	nk									
										···	
Was the foundation liable for the sec			, ,	•	rod?					L Yes	X No
If "Yes," the foundation does not qua 1 Enter the appropriate amount in					00						
	Cacil Coldii	· · · · · · · · · · · · · · · · · · ·	Jolions Belore	making any churc				1		(d)	
(a) Base period years Calendar year (or tax year beginni	חמיות)	(b) Adjusted qualifying dist	tributions	Net value of no	(c) nchari	table-	use assets		Dıstrıb (col. (b) dıvı	útión ratio	(c))
2009	119 111/	3	8,041.			8	9,538		(00% (5) 0111		24859
2008	-		2,800.				6,533				95621
2007			5,161.				8,406				18071
2006		5	2,573.				1,882				98637
2005			9,550.				4,358				58399
2 Total of line 1, column (d)								2		1.6	<u>95587</u>
3 Average distribution ratio for the	5-year bas	e period - divide the total o	on line 2 by 5,	or by the number	of yea	rs					
the foundation has been in existe	nce if less t	than 5 years						_3	_	. 3	<u> 39117</u>
4 Enter the net value of noncharitat	ole-use ass	ets for 2010 from Part X, I	ine 5					4		109	<u>,698.</u>
5 Multiply line 4 by line 3							•	5		37	<u>,200.</u>
6 Enter 1% of net investment incon	ne (1% of F	Part I, line 27b)						_6			453.
7 Add lines 5 and 6								7		37	<u>,653.</u>
B Enter qualifying distributions fron	n Part XII I	ine 4						8		62	,164.
if line 8 is equal to or greater than	•		1h and come	late that part usin	n a 10/	, tav r	ata	1			, - v = •
See the Part VI instructions.	/ , GIIC	on the DOA III Fall VI, IIIIB	io, and comp	iete mat hart nemi	y a 1/0	, uax i	uiG.				
200504 42 07 40									r.	000 I	2E (2010)

	m 990-PF (2010) CHIAVACCI FAMILY FOUNDATION, INC. 65-1	03390	9	Page 4
_	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	ee inst	ructio	ons)
18	a Exempt operating foundations described in section 4940(d)(2), check here 🕨 🛄 and enter "N/A" on line 1.		< 1	
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	. 7		
t	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔀 and enter 1%			<u> 453.</u>
	of Part I, line 27b	· .		-
C	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	., ,	-	_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3				<u>453.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			<u> 453.</u>
6	Credits/Payments:			
	a 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 760.	,	,	, -
	b Exempt foreign organizations - tax withheld at source 6b			
	c Tax paid with application for extension of time to file (Form 8868)	``	×	, ^
	d Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d 7	`	^	760
,	· · · · · · · · · · · · · · · · · · ·			<u> 760.</u>
9	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
10				307.
	Enter the amount of line 10 to be: Credited to 2011 estimated tax		•	0.
	art VII-A Statements Regarding Activities			<u> </u>
	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	s No
	any political campaign?	18		X
ь	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	11		X
_	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	<u> "</u>	<u>.</u>	1
	distributed by the foundation in connection with the activities.	(
C	Did the foundation file Form 1120-POL for this year?	10	,	X
	f Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	~		1.
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .			1
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		x
	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		X_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	<u>. </u>	X
b	o If "Yes," has it filed a tax return on Form 990-T for this year?	A 4b)	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.		1	, ,
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	ļ.		/
	By language in the governing instrument, or			1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	İ		
	remain in the governing instrument?	6		
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)	_		1
	FL The state of th	\		
b	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	1		
_	of each state as required by General Instruction G? If "No," attach explanation	86	X	1,-
Я	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar		,	7.5
10	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
IU	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10 Form 9 9		
			-U-I-I-	(2010)

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orm 990-PF (2010) CHIAVACCI FAMILY FOUNDAT	ION, INC.		<u>65-1033</u>	909 Page 6
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:		<u></u>		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section		<u>=</u>	s X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire			
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y6	S LALINO	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		- [V]	
509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or i		s X No	
the prevention of cruelty to children or animals?		•	ו מאובבו פי	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	•	n Regulations	37/3	-
section 53.4945 or in a current notice regarding disaster assistance (see instru	• •		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			. — ". l	
expenditure responsibility for the grant?		I∕A ∐Y∈	s L No	
If "Yes," attach the statement required by Regulations section 53.494	· •			524 112 5
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		s X No	
a personal benefit contract?		Y6	S LALINO	AL .
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p if "Yes" to 6b, file Form 8870.	ersonal denetit contract?		-	6b X
·	haltas transaction O		s X No	· · · · · · · · · · · · · · · · · · ·
7a At any time during the tax year, was the foundation a party to a prohibited tax s		T 6	N/A	7b
b If "Yes," did the foundation receive any proceeds or have any net income attribution. Book VIII Information About Officers, Directors, Trusto		nagers Highly		70
Part VIII Paid Employees, and Contractors	ces, i odiladion ivid	inagers, riiging	•	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deterred compensation	account, other allowances
LOUIS CHIAVACCI	PRESIDENT	,		
9055 BANYAN DRIVE				
CORAL GABLES, FL 33156	5.00	0.	0	. 0.
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of sacrification projects paid more than 400,000	devoted to position	(C) Compensation	and deferred compensation	allowances
NONE				
				1
				
			I	
otal number of other employees paid over \$50,000				0
			Form	990-PF (2010)

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Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee 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	99,824.
b	Average of monthly cash balances	1b	99,824. 11,545.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	111,369.
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	111,369.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,671.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	109,698.
6	Minimum investment return. Enter 5% of line 5	6	5,485.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Mınımum investment return from Part X, line 6	1	5,485.
2a	Tax on investment income for 2010 from Part VI, line 5	٠,	
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	453.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,032.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	. 5	5,032.
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	5,032.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	-	
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	62,164.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	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	62,164.
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	453.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	61,711.
	Note. The amount on line 6 will be used in Part V, column (h), in subsequent years when calculating whether the foundation of	unalified for	the coetion

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c) 2009	(d) 2010
	Corpus	Years prior to 2009	7009	2010
1 Distributable amount for 2010 from Part XI,	, , , , , , , , , , , , , , , , , , , ,			F 022
line 7				5,032.
2 Undistributed income, if any, as of the end of 2010	```			
a Enter amount for 2009 only	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		0.	****
b Total for prior years:		0.		-
3 Excess distributions carryover, if any, to 2010:	5 , 3 , , , ,	127	_ *< `	, , , , , ,
a From 2005 24,594.				
b From 2006 46,144.			, , , , , , , , , , , , , , , , , ,	
c From 2007 9,432.				
d From 2008 47,473.			()	
e From 2009 35,082.		, , ,		3
f Total of lines 3a through e	162,725.	, ,		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$62,164.			*, *, *, *, *, *, *, *, *, *, *, *, *, *	
a Applied to 2009, but not more than line 2a		^, ,	0.	. , ,
b Applied to undistributed income of prior	`,` ` <u>`</u> `		, , , , , , , , , , , , , , , , , , , ,	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				× × ×
(Election required - see instructions)	0.	* * *	` ` ` , ,	(
d Applied to 2010 distributable amount			, , , , , , , , , , , , , , , , , , , ,	5,032.
e Remaining amount distributed out of corpus	57,132.	м (, , , , ,	(8) ", ",	, ,
5 Excess distributions carryover applied to 2010	0.	. 10		0.
(If an amount appears in column (d), the same amount must be shown in column (a).)		45,4 00		
6 Enter the net total of each column as				
indicated below:	, .		, , ,	3 1
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	219,857.		· `	<u> </u>
b Prior years' undistributed income. Subtract				
line 4b from line 2b	* * * * * * * * * * * * * * * * * * * *	0.	, ,,,,,	(A) () () ()
c Enter the amount of prior years' undistributed income for which a notice of	```			
deficiency has been issued, or on which	**			
the section 4942(a) tax has been previously	, , ,	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
assessed	, ,	0.	, , , , , , , , , , , , , , , , , , ,	7 , 7
d Subtract line 6c from line 6b. Taxable	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	, " , " , " , " , " , " , " , " , " , "	
amount - see instructions		0.	, ,	
e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	8 4.7 St 1/4
f Undistributed income for 2010. Subtract	* * * * * * * * * * * * * * * * * * * *			, , , , , ,
lines 4d and 5 from line 1. This amount must			Sarry S	
be distributed in 2011			/	0.
7 Amounts treated as distributions out of			"x 45", 5	· · · · · · · · · ·
corpus to satisfy requirements imposed by				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				· · · · · · · · · · · · · · · · · · ·
not applied on line 5 or line 7	24,594.			
9 Excess distributions carryover to 2011.	21,0510	, 1 × (1975) 13	J. C. C. S. C. C.	73-74-75
Subtract lines 7 and 8 from line 6a	195,263.		18 18 18 18 18 18 18 18 18 18 18 18 18 1	K. 30, 12% 3
10 Analysis of line 9:	10 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 13 / 7/124
a Excess from 2006 46,144.			XXX XXX	
b Excess from 2007 9, 432.				Company of the state of the sta
c Excess from 2008 47,473.				19.6.25 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
d Excess from 2009 35,082.				
e Excess from 2010 57,132.	11 1 3 3 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3			<u> </u>
				Form 990-PF (2010)

	CI FAMILY F		INC.	65-1	<u>033909</u>	Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VII	l-A, question 9)	N/A		
1 a If the foundation has received a ruling o	r determination letter tha	t it is a private operating				
foundation, and the ruling is effective fo	r 2010, enter the date of	the ruling	▶ ∟			
b Check box to indicate whether the found	d <u>ation is a private operati</u>	ng foundation described i	in 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	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total	ı
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			1			
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:						
 Total support other than gross investment income (interest, 		ľ				
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	<u> </u>					
Part XV Supplementary Info			if the foundation	had \$5,000 or n	nore in asset	S
at any time during t	ne year-see the	instructions.)				
1 Information Regarding Foundation	_					
a List any managers of the foundation wh year (but only if they have contributed in	o have contributed more	than 2% of the total conti	ributions received by the	foundation before the c	lose of any tax	
, , , ,	iore man 45,000). (See s	section 507(a)(2).)				
LOUIS CHIAVACCI						
b List any managers of the foundation wh			or an equally large portion	on of the ownership of a	partnership or	
other entity) of which the foundation has	sa 10% of greater filteres	SL.				
None						
2 Information Regarding Contributi		•	-			
Check here ► if the foundation o						
the foundation makes gifts, grants, etc.	(see instructions) to indiv	viduals or organizations u	nder other conditions, co	omplete items 2a, b, c, a	nd d.	
a The name, address, and telephone num!	•	m applications should be	addressed:			
LOUIS CHIAVACCI, 305						
<u>9055 BANYAN DRIVE, C</u>	ORAL GABLES	, FL 33156		<u>-</u>	<u></u>	
b The form in which applications should b	e submitted and informati	tion and materials they sh	ould include:			
A LETTER REQUEST PRO	VIDING 501	(C)(3) STAT	US ADDRESSE	D TO LOUIS	CHIAVACO	CI.
c Any submission deadlines;		· — —				
N/A						
d Any restrictions or limitations on awards	s, such as by geographica	al areas, charitable fields.	kinds of institutions, or o	ther factors:		
N/A			,			
023601 12-07-10					Form 990-PF	(2010)

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the You	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
Name and address (home or business) a Paid during the year	any foundation manager or substantial contributor	recipient	CONTRIBUTION	Amount
_				
See Statement 8	<u>. </u>	l		60 164
Total	Т	1	<u>▶ 3a</u>	62,164.
None Total			2h	
Total .			<u>▶ 3b</u>	0.
023611 12-07-10			F	orm 990-PF (2010)

Part XVI-A	Analysis	of Incor	ne-Producing	Activities
Lait VAI-W	Milalysis		IIG-FI OUUCIII <u>s</u>	4 Venaines

nter gross amounts unless otherwise indicated.	Unrelated	l business income		ded by section 512, 513, or 514	(e)
-	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					
b					
c	_				
d	1				
e					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash		-			
investments					
4 Dividends and interest from securities		_	14	1,215.	
5 Net rental income or (loss) from real estate:	\				£,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a Debt-financed property		·			
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income			14	-465.	
8 Gain or (loss) from sales of assets other					
than inventory			18	44,572.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					<u> </u>
b					
c	_				
d	_		_ :		
e	_	<u>:</u>			
2 Subtotal. Add columns (b), (d), and (e)	3.	0		45,322.	
3 Total. Add line 12, columns (b), (d), and (e)				13	45,322
See worksheet in line 13 instructions to verify calculations.)				

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purpose
real Avi-b Relationship of Activities to the Accomplishment of Exempt raipoor

Line No	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).	
N/A		
		
-		
		_
023621 12-07-10	Form 990-PF (20	110)

Form 990-PF (2010) CHIAVACCI FAMILY FOUNDATION, INC. 65-1033909

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1					g with any other organization		on 501(c) of		Yes	No
					7, relating to political organ	izations?		\\		
а		from the reporting founda	ation to a noncharital	ole exempt or	ganization of:			4-/43	7.5	v
	(1) Cash	•	•		•	•	•	1a(1)		X
	(2) Othe				•	• • •	•	1a(2)		
D	Other trai		hl							v
	• •	s of assets to a noncharital			•	••	•	1b(1)		X
	• •	hases of assets from a nor	·	rganization	•			1b(2)		X
		al of facilities, equipment, o	or other assets		•	•		1b(3)		
		nbursement arrangements		•				1b(4)		X
		is or loan guarantees			•			1b(5)		X
		ormance of services or me						1b(6)		X
	-	of facilities, equipment, mai	•		•			1c	<u>. </u>	_X
ď		-		_	dule. Column (b) should alv				sets,	
					ed less than fair market valu	ie in any transaction	or sharing arrangement	show in		
		d) the value of the goods, o				T :				
a)L	ine no	(b) Amount involved	(c) Name of		exempt organization	(d) Description	of transfers, transactions, an	d sharing ar	rangeme	nts
				N/A						
						<u> </u>				
				•			•			
								•		
	<u> </u>									
-										
	- -									
							-			
						<u> </u>				
								•		
					- · · ·	l				
2a	Is the fou	indation directly or indirect	tly affiliated with, or r	elated to, one	or more tax-exempt organi	zations described				_
	in section	n 501(c) of the Code (other	than section 501(c)	(3)) or in sect	ion 527?			Yes	LX	No
<u>b</u> _	If "Yes," c	omplete the following sche	edule.							
		(a) Name of org	anization		(b) Type of organization	(c) Description of relation	iship		
		N/A								
				,						
					-					
				-						
					ing accompanying schedules and			oelief, it Is tr	ие, соле	ct,
Si	gn and	complete Declaration of prepar	rer (other than taxpayer	or fiduciary) is ba	ased on all information of which p	preparer has any knowle	odge			
	ere 📐		ræur	_	10/5-17	7-2016 .1	PRISO DIST	سسر يا		
•••		Signature of officer or tru			Date	T.	tle			
				Droparer's o		Date	Check If PTIN	ı		
		Print/Type preparer's na	me	Preparer's s	y aiure		self- employed	1		
D-	:-1			10-1		110/11	Sen- citibioaca			
Pa				مريب		3/10/11	<u> </u>			
	eparer	1			inson and Co	•	Firm's EIN			
Us	e Only		<u>6 71st St</u>							
		Firm's address ► Mi	ami Beach	, FL 3	3141		Phone no. (30!	5) 86	8-3	600
_		<u> </u>			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
								orm 990	-PF	2010\

023622 03-04-11

Schedule B

or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2010

Employer identification number

CHIAVACCI FAMILY FOUNDATION, INC. 65-1033909 Organization type (check one): Filers of: Section: Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, chantable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on 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 certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

023452 12-23-10

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Person Payroll Noncash

(Complete Part II if there is a noncash contribution.)

Page 1 of 1 of Part II

Name of organization

Employer identification number

CHIAVACCI FAMILY FOUNDATION, INC.

65-1033909

art II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	1,000 SHARES OF INGERSOLL-RAND PLC	_	
		\$\$.	11/29/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noneash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
3453 12-23-1		\$Sebedule # /Form 00	00, 990-EZ, or 990-PF) (2

Schedule 18 (Forr	n 990, 990-EZ, or 990-PF) (2010)			Page of of Part III
Name of orga				Employer identification number
OII		T11G		65 400000
CHIAVA	CCI FAMILY FOUNDATION,	INC.	- 504(-)(7) (0) (40)	65-1033909
Part III	Exclusively religious, charitable, etc., ind more than \$1,000 for the year. Complete	ividual contributions to section	in 501(c)(/), (8), or (10) (organizations aggregating
	Part III, enter the total of exclusively religiou	s chantable etc. contributions	of	organizations completing
	\$1,000 or less for the year. (Enter this infor	mation once See instructions)	► s	•
(a) No.	THOSE OF THE YOUR LETTER WHO I HAD IN TO	mation once. Coo instructions.	* * 	·
from	(b) Purpose of gift	(c) Use of gift	(d) Desi	cription of how gift is held
Part I	(,, , , , , , , , , , , , , , , , , , ,	(5) 555 51 511	(4) 200	
-				
-				
-	·			
⊢		777		
		(e) Transfer of gift	!	
	Transferee's name, address, and	71P ± 4	Relationship of tra	insferor to transferee
	Transcered training data coof are		Tioladollollip of ac	insiero to varisteree
-				
-				
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
- Faiti				
-				
_				
		(e) Transfer of gift		
		(e) Transier or gire	•	
<u> </u>	Transferee's name, address, and	Relationship of tra	insferor to transferee	
	· · · · · · · · · · · · · · · · · · ·			
1_	_			
-				
(a) No.				
from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
Part I		· · · · · · · · · · · · · · · · · · ·		
			l	
-				
⊢				
		(e) Transfer of gift		
	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee
1			•	
-				
-				
(a) No. from	(h) D 4 - 14	() 11	(22	
Part I	(b) Purpose of gift	(c) Use of gift	(a) Desc	cription of how gift is held
-				
-		 		
1 -				
		(e) Transfer of gift		
		(-, 3111		
1	Transferrate see: 11	7ID - 4	Dalast to the	
\vdash	Transferee's name, address, and	<u> </u>	Helationship of tra	nsferor to transferee
_			· · · · · · · · · · · · · · · · · · ·	
_				
	·			-
-				
	·			

Ľ		ises for tax on investment income			/h) How occurs	T ·	
	(a) List and 2-story bri	describe the kind(s) of property solo ick warehouse; or common stock, 20	d, e.g., real estate, 00 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1:	MERRILL LYNCH	#99059 SEE ATTAC	HED		D	Various	Various
	MERRILL LYNCH				D		Various
		#99059 SEE ATTAC			D		Various
	ENERGY TRANSFE				P		Various
	WASTE CONNECTION				D	1	Various
	f Capital Gains					Validab	Validab
		DIVIGENUS		-			
_				-		 	
	<u> </u>					 	
_	<u> </u>						 -
_						1	
_	<u>. </u>						<u> </u>
	<u> </u>						<u> </u>
	η		· · · · · · · · · · · · · · · · · · ·				
_	<u>n</u>			_	_		
_(0						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) (e) p) Gain or (loss) llus (f) minus (g)	
a	54,047.		38,397.				15,650.
b			26,397.			•	-4,456.
c	50 540		31,318.				32,330.
d			5,997.				997.
e	4.3						13.
f							38.
ġ		· · · · · · · · · · · · · · · · · · ·					
þ		····				-	·
<u>"</u>		-					
÷							
k							
1							
÷							
m						·-	-
<u>n</u>							
0		g gain in column (h) and owned by	the foundation on 12/31/69	-	(1) Los	sses (from col. (h))	
_	Complete only for assets showin	· · · · · · · · · · · · · · · · · · ·				of col. (h) gain ove	
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (ı) over col. (ı), ıf any		but n	ot less than "-0-")	
a							15,650.
b		<u>.</u>			· 		-4,456.
c				ĺ			32,330.
d		· · · · · · · · · · · · · · · · · · ·			***		997.
e							13.
f							38.
<u>.</u>					··-	• •	
보 h	•			<u> </u>		······································	
<u>"</u>				<u> </u>			
' ,		· · · · · · · · · · · · · · · · · · ·					
k					· · · · · · · · · · · · · · · · · · ·		
<u>^</u>	_			 			
							··
m							-
<u>n</u>				 -			
0				-			
2	Capital gain net income or (net ca	pital loss) { If gain, also enter If (loss), enter "-0	in Part I, line 7 -" in Part I, line 7	2			44,572.
		s) as defined in sections 1222(5) an	•				
J	If gain, also enter in Part I, line 8,		· (-).				
	If (loss), enter "-0-" in Part 1, line 8		<u> </u>	3_		N/A	

Form 990-PF Dividence	ds and	Inter	est from	Secu	rities	Stateme	nt 1
Source		Gross	Amount		oital Gains Dividends	Column Amou	
ENERGY TRANSFER PARTNERS LP MERRILL LYNCH #99058 MERRILL LYNCH #99059	_		4. 7. 1,242.		0. 0. 38.		4. 7. 1,204.
Potal to Fm 990-PF, Part I,	ln 4 =		1,253.		38.		1,215.
Form 990-PF	Ot	her I	ncome			Stateme	nt 2
Description			(a) Revenue Per Books		(b) Net Invest- ment Income	(c Adju Net I	sted
				65.	-465		0.
ENERGY TRANSFER PARTNERS LP			-4	.05.	-405	•	
ENERGY TRANSFER PARTNERS LP Total to Form 990-PF, Part I	, line	11		65.	-465		0.
	, line	11	-4				
Fotal to Form 990-PF, Part I	(a Exper	Legal a) ases	-4 Fees	65.		Stateme	
Form 990-PF	(a Exper	Legal a) ases	Fees (b) Net Inve	65.	-465 (c) Adjusted Net Income	Stateme	nt 3 d) itable
Form 990-PF Description LEGAL	(a Exper	Legal a) uses Books	Fees (b) Net Inve	est-	-465 (c) Adjusted Net Income	Stateme (Char e Pur	nt 3 d) itable
Form 990-PF Description LEGAL To Fm 990-PF, Pg 1, ln 16a	(a Exper Per E	Legal a) nses sooks 333.	Fees (b) Net Inve	est- come	-465 (c) Adjusted Net Income	Stateme (Chare Pur	nt 3 d) itable poses 0.
Form 990-PF Description	Acc Exper	Legal a) ases Books 333. counti	Fees (b) Net Inve	est- come 0.	-465 (c) Adjusted Net Income	Stateme (Chare Pur 0. Stateme (Chare Pur	nt 3 d) itable poses 0.
Form 990-PF Description LEGAL Fo Fm 990-PF, Pg 1, ln 16a Form 990-PF	Acc Exper Per E	Legal a) nses 333. 333. counti	Fees (b) Net Invent Incoment	est- come 0.	(c) Adjusted Net Income	Stateme (Chare Pur 0. Stateme (Chare Pur	nt 3 d) itable poses 0. 0. nt 4 d) itable

Form 990-PF		Statement	5		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Incom		
MERRILL LYNCH #99059 INVESTMENT FEES	0.		0.	0.	
Fo Form 990-PF, Pg 1, ln 23	832.	0.		0.	0.
DIFFERENCE B/W FMV-CONTRIBUTIFEDERAL INCOME TAXES Total to Form 990-PF, Part II		s donor's bas:	[S -	23,889 800 24,689	
			=		9.
Form 990-PF	Corporat	e Stock		Statement	9.
Form 990-PF Description	Corporat	· · · · · · · · · · · · · · · · · · ·	ok Value	Statement Fair Market Value	
		· · · · · · · · · · · · · · · · · · ·	ok Value 99,173.	Fair Market	7

	and Contributions During the Year	State	ement 8
Recipient Name and Address	Recipient Relationship and Purpose of Grant	Recipient Status	Amount
LEUKEMIA & LYMPHOMA SOCIETY	PUBLIC GENERAL PURPOSE	501 (C)(3)	500.
JNITED WAY OF DADE COUNTY	PUBLIC GENERAL PURPOSE	501 (C)(3)	50,000.
MICHAEL J FOX FDN FOR PARKINSON	PUBLIC GENERAL PURPOSE	501 (C)(3)	600.
IJМ	PUBLIC GENERAL PURPOSE	501 (C)(3)	1,000.
W LRN	PUBLIC GENERAL PURPOSE	501 (C)(3)	250.
THE DECATHLON	PUBLIC GENERAL PURPOSE	501 (C)(3)	100.
HOUSE OF HOPE IIAET	PUBLIC GENERAL PURPOSE	501 (C)(3)	1,000.
ST ANN'S MISSION	PUBLIC GENERAL PURPOSE	501 (C)(3)	500.

CHIAVACCI FAMILY FOUNDATI	ON,	INC.
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65-1033909

INDIANA UNIVERSITY KELLY SCHOOL OF BUSINESS

PUBLIC GENERAL PURPOSE 501 (C)(3) 8,214.

fotal to Form 990-PF, Part XV, line 3a

62,164.

CHIAVACCI FAMILY FOUNDATION

2010 ANNUAL STATEMENT SUMMARY

Your Tax Reporting Statement information that follows is a personal summary of your account activity and is not reported to the IRS.

securities may not have been adjusted on your statement to reflect such reclassifications. Please refer to information provided by the RIC and discuss with your tax advisor. Securities distributed from a retirement account reflect the tax basis on the date of distribution. Other methods for calculating gain (loss) are available. The cost basis for most Original Issue Discount (OID obligations includes the accretion of OID. For purposes of allocating original purchase price to the components of an equity unit consisting of a purchase contract and a debt security subject to a remarketing event, we assumed that the fair market value of the debt security on purchase date was equal to its adjusted issue price. The difference between your original cost and the amount allocable to the debt component was allocated to the purchase contract. In making adjustments to the cost basis of the purchase contract, it was assumed that the unit holder included contract adjustments The Capital Gain and Loss Transaction section is provided to facilitate your review and the preparation of your tax return. In calculating gain (loss), unless otherwise noted, it was assumed that the oldest position was liquidated first, and that an election was in effect to amortize the premium paid on the purchase of taxable bonds. The gain (loss) information may not include return of capital, sales load deferral or wash sales adjustments. RICs (which may include mutual funds and unit investment trusts) may reclassify principal distributions as capital gains. The Cost Basis for these in income when received. Data from Forms 1099 (reportable Dividend and Interest) is also repeated in this summary for your convenience. Addıtionally, we have included items such as margin interest and select account fees if applicable. Please discuss the deductibility of these items with your tax advisor. For select clients, we have also included a summary of Visa charges and checking activity.

Merrill Lynch is neither a tax return preparer nor tax advisor. Please see your tax advisor for more information.

2010 CAPITAL GAIN AND LOSS TRANSACTIONS

Security Description	Quantity	Date Acquired Cover of Short	Date Liquidated Short Sale	Amortizatio Year-to-Date	Amortization/Accretion to-Date Life-to-Date	Sales Price	Cost Basis	Gain or (Loss)
SHORT TERM CAPITAL GAINS								
AMERISOURCEBERGEN CORP	240.0000	12/10/09	12/09/10			7,597.17	5,992.42	1,604.75
DEERE CO	112.0000	12/10/09	12/09/10			9,038.78	5,954.87	3,083.91
FLUOR CORP NEW DEL COM	148.0000	12/10/09	12/09/10			9,184.84	5,976,23	3,208.61
FREIGHTCAR AMERICA	312.0000	12/10/09	12/09/10			8,777.47	6,002.85	2,774.62
JOS A BANK CLOTHIERS INC	225,0000	12/10/09	12/09/10			9,134.85	5,968.44	3,166.41
RALCORP HLDGS INC NEW	103.0000	12/10/09	12/09/10			6,467.67	6,010.05	457.62
STURM RUGER&CO INC	245,0000	12/10/09	12/09/10			3,846.63	2,492.09	1,354,54
	•	Short Term Capital	Gains Subtotal			54,047.41	38,396.95	15,650.46
SHORT TERM CAPITAL LOSSES								
ANNALY CAP MGMT INC	320.0000	12/10/09	12/09/10			5,745.53	5,951.71	(206.18)
JINPAN INTERNATIONAL LTD	114.0000	12/10/09	12/09/10			1,223.36	2,456.70	(1,233.34)
LENDER PROCESSING SERV-	149.0000	12/10/09	12/09/10			4,414.80	5,984.93	(1,570.13)
MEMC ELECTR MATLS INC	463.0000	12/10/09	12/09/10			5,590.82	5,995.62	(404.80)



Account No. 84N-99059

Taxpayer No. 65-1033909

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CHIAVACCI FAMILY FOUNDATION

2010 ANNUAL STATEMENT SUMMARY

2010 CAPITAL GAIN AND LOSS TRANSACTIONS

		10000						
Security Description	Quantity	Date Acquired Cover of Short	Date Liquidated Short Sale	Amortizatio Year-to-Date	Amortization/Accretion to-Date Life-to-Date	Sales Price	Cost Basis	Gain or (Loss)
WRIGHT MEDICAL GROUP INC	341.0000	12/10/09	12/09/10			4,966.11	6,008.39	(1,042.28)
	•	Short Term Capital	Losses Subtotal			21,940.62	26,397,35	(4.456.73)
NET SHORT TERM CAPITAL GAIN (LOSS)	N (LOSS)							11,193.73
LONG TERM CAPITAL GAINS								•
GYMBOREE CORP CALIF COM	147.0000	12/10/09	12/15/10			9,613.80	5,985,84	3.627.96
ISHARES RUSSELL 3000	0000'99	11/24/08	12/09/10			5,488.47	3,734,95	1.753.52
INGERSOLL-RAND PLC	1000.0000	12/29/08	11/29/10			40,895.11	16,005.20	24,889.91
STEEL DYNAMICS INC COM	191,0000	12/11/08	12/09/10			3,199.89	2,229.77	970.12
WASTE CONNECTIONS INC	169.0000	12/11/08	12/09/10			4,450.89	3,361.97	1,088.92
	-	Long Term Capital	Gains Subtotal			63,648.16	31,317.73	32,330.43
NET LONG TERM CAPITAL GAIN (LOSS)	(ross)							32,330.43
OTHER TRANSACTIONS								
ENERGY TRANSFER PTNRS LP WASTE CONNECTIONS INC	138,0000	12/10/09 11/29/10	12/09/10 11/29/10			6,993,73	5,997.48 N/A	N/C
	J	Other Transactions				7.006.66		
SOLUTION STRUCT								
IOTAL CAPITAL GAINS AND LOSSES TOTAL REPORTABLE GROSS PROCEEDS DIFFERENCE	SSES OCEEDS					146,642.85 146,642.85 0.00 **	102,109.51	43,524.16

Note: Capital gains and losses in this statement are not reported to the Internal Revenue Service.

^{**} Difference reflects items that are included in the reportable gross proceeds section of your statement but are not included in the gain/loss section (e.g., liquidation of fractional shares and the proceeds from certain tender offers). It also reflects items that are included in the gain/loss section of your statement but not in the reportable gross proceeds section (e.g., option premium received).

Results may not be calculated for transactions which involve the amortization of premium, the repayment of principal, the sale of partnership interest, derivative products purchased in the secondary market, or the determination of ordinary income and/or capital items for discount and zero-coupon issues. NC

Results which cannot be calculated because of insufficient data in the Capital Gain (or Loss) Column and are not included in the Realized Capital Gain and Loss summary. Ν

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

nternal Revenue		arate applic	ation for each return.		1			
If you are fi	ling for an Automatic 3-Month Extension, c	omplete o	nly Part I and check this box					▶ 🔯
	ling for an Additional (Not Automatic) 3-Mo							
Do not com	plete Part Il unless you have already been g	ranted an a	automatic 3-month extension on a pr	eviously	file	d Form	า 8868	
Electronic fi	iling (e-file). You can electronically file Form	8868 if voi	ı need a 3-month automatic extensi	on of tin	ne to	o file (f	6 mon	ths for
a comoration	required to file Form 990-T), or an addition	al (not auto	matic) 3-month extension of time. Y	ou can	elec	ronic:	ally file	Form
3868 to real	uest an extension of time to file any of the f	orms listed	in Part I or Part II with the except	ion of F	orm	8870	. Infor	mation
	Transfers Associated With Certain Personal							
nstructions).	For more details on the electronic filing of th	is form, vis	it www.irs.gov/efile and click on e-fi	le for Ch	arit	ies & N	Vonpro	ofits.
	Automatic 3-Month Extension of Time							
	on required to file Form 990-T and reques			this bo	OX 8	and co	mplet	<u>-</u> —
Part I only								▶ □
All other cor	porations (including 1120-C filers), partnersh	ips, REMIC	s, and trusts must use Form 7004 to	o reques	st a	າ exter	nsion (of time
to file incom	e tax returns.							
Type or	Name of exempt organization		E	Employe	r ide	ntificat	tion nu	ımber
print	Chiavacci Family Foundati	lon		6	5-	1033	3909	,
File by the	Number, street, and room or suite no. If a P.O. bo		ctions.					
due date for	10/0 del son riescon Robinson & company, in, odd bevency filbe befeet						eet	
filing your return See	City, town or post office, state, and ZIP code. For							
nstructions	Miami Beach, Florida 331							
•	· · · · · · · · · · · · · · · · · · ·							
Enter the Re	Enter the Return code for the return that this application is for (file a separate application for each return)							
	,,,	`					-	
Application	n	Return	Application				Re	eturn
ls For		Code	is For				C	ode
Form 990		01	Form 990-T (corporation)					07
Form 990-BL 02 Form 1041-A							08	
Form 990-EZ 03 Form 4720							09	
Form 990-PF 04 Form 5227							10	
10111100011						11		
	(trust other than above)	06	Form 8870					12
• The books	are in the care of ▶							
Telephone	No. ► 305-868-3600	F.	AX No.►305-864-6740					
•	nization does not have an office or place of bu	 Isiness in th	ne United States, check this box .		 -			
	a Group Return, enter the organization's fou					. If t	his is	
	e group, check this box			>	· [and a	attach	
	e names and EINs of all members the extensi							
	uest an automatic 3-month (6 months for a co		equired to file Form 990-T) extension	of time				
until	August 15 , 20 11 , to file the exer	npt organiz	ation return for the organization nan	ned abov	ve ·	The ex	tensio	n is
	e organization's return for:							
►₩	calendar year 20 10 or		GERSON, PRESTON	I, ROBIN	SON	& CO.	, P.A.	
▶□	tax year beginning	. 20	, and ending CERTIFIED PUB	LIC ACC	OUI	ITANZ	j	
			000 - 1	121 01111				
2 If the	tax year entered in line 1 is for less than 12 r	nonths, che	eck reason: 🔲 Initial readWI BEAG	HaFleRS	IP A	33141	J	
□Ct	nange in accounting period	•	5 9 ₋ 1	2629	47			
	ango m accoming pomes							
3a If this	application is for Form 990-BL, 990-PF, 990)-T, 4720, c	or 6069, enter the tentative tax, less	any				· · · · · ·
	efundable credits. See instructions.				3a	\$		
b If this	s application is for Form 990-PF, 990-T, 4	1720, or 60	069, enter any refundable credits					
	nated tax payments made. Include any prior y				3b	\$		
c Balar	nce due. Subtract line 3b from line 3a. Include yo	our payment	with this form, if required, by using EF					
	tronic Federal Tax Payment System) See instruc		• •		3c	\$		0.00
•	you are going to make an electronic fund v		with this Form 8868, see Form 845					
payment ins			·					