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## **EXTENSION ATTACHED**

Form 990-PF

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

OMB No 1545 0052

2010

Department of the Treasury Internal Revenue Service

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

				- 1	0 /01				1 1	1/2	0 0011	
For cal	endar	year 2010, or	tax year beginr	ning _	.2/01		, 2010	, and ending		L/3	0 , 2011	
G Che	ck all	that apply.	Initial return	n Initi	ial Return	of a	former p	ublic charity			Fina	al return
			Amended re	eturn			Address	change [	Na	me d	change	
			Amerided	- Curri		Ш′	1001033	ondingo [		IA	Employer identification nur	wher
arran.										^	• •	iibei
SHOR	SILI	N FAMILY	FOUNDATIO	N, INC							59-2473526	
		BERRY ROA								В	Telephone number (see the	instructions)
JACK	SONV	ILLE, FL	32256								904-739-1311	
										С	If exemption application is	ponduna chack horo
										_		· · · —
										ַם	1 Foreign organizations, chec	
H C	heck t	type of organiz	ation:  X Se	ection 50°	l(c)(3) exe	empt	private t	oundation		1	2 Foreign organizations meet	ang the 85% test, check 👝
Γ	$\exists Sec$	tion 4947(a)(1)	) nonexempt ch	naritable t	rust 🗆 O	ther	taxable :	private found	ation	i	here and attach computation	
I Fa		et value of all asse			ounting m				crual	ΪE	If private foundation status	was terminated
		t II, column (c), lin			_		u. <u>I-I-</u>	۵۵۱۱	o. aa.		under section 507(b)(1)(A)	•
,			•	_ 니	Other (speci	-	- <del>-                                  </del>	- <b></b>	. — — -	F	If the foundation is in a 60	
▶ \$			2,361.	(Part I,	. column (	<u>d) m</u>	ust be o	n cash basis.	<u>)                                     </u>	<u> </u>	under section 507(b)(1)(B)	, check here
Part I	. Ar	nalysis of Re	evenue and		(a) Rev	(OD)	a and	(b) Net inv	actma	ent	(c) Adjusted net	(d) Disbursements
	TEX	pénses (The	e total of amoui	nts ın	expense			incor		5111	income	for charitable
	col	lumns (b), (c),	and (d) may no	ot neces-	CAPCIISC	J PC	1 500113	1			11.001110	purposes
	sai	rily equal the a	imounts in colu	mn (a)								(cash basis only)
	(se	eé the instruction	ons))								<u> </u>	
<b>2</b>	1	Contributions, gifts	, grants, etc, receive	ed (att sch)		59	,266.	Say - A to to			12. 如二八四八金金 安華區	大块的复数中部的~
2012	2	Ck ► I if the	foundn is <b>not</b> req to	att Sch B				201 16 3 1	. بريد <sub>اي</sub> د		水鸡一 计专奏即准定	140 1 4 m 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			vings and temp		<u> </u>						1	187 18 18 18 18 18 18 18 18 18 18 18 18 18
0	•	cash investme		<u>,</u>		2	,969.		2,9	69.	N/A	海北海 黄山木 化烷
~	Δ		erest from securitie	2	-	56	,538.	-	$\frac{2}{6}, 5$	<u> </u>		N. 4 8 2 5 5 5 7 5 1 5 13 1
		Gross rents	55t 115ttt 50001106	-	<del></del>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<del></del>	<del> </del>	31843,7,18,45
=		Net rental income			如金融表,泰生	19.	دائد کا انجان ما ک	5/3 Co 10/18 10	6.78	F 3	CART STATE	
$\equiv$		or (loss)			3,15 3,12 3,130,1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*.	~ ~ ~		7 8 8 8 8 6 8 8 14 14 14 14 14 14 14 14 14 14 14 14 14
R			n sale of assets not			-64			<u>; 7</u>	1.4	THEN SABARA	Ed all his his
5	þ	Gross sales price f assets on line 6a	or all 264	4,364.	医邻苯甲		AT 121 1	J. B. C. K.	man der einer in Lange Lieber	XX		
¥u,	7		come (from Part IV,	line 2)	14. K 4.	<u> </u>	talini i		54,7	63.	Line of the said	大量有量的 2000 (1995)
2	8	Net short-term	•	/	30. 4. 7.		5 . T. 45°	* (* ) X . &				7.00 VIAV MY
SCARATED JUN					18 4 An				8,501 A.			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
É₹		Income modifi	l	•				<del></del>		<del></del>	1. 82 1 / 24 8/914 13 3	
$\mathcal{Q}$	iva	Gross sales less returns and			1044	The State of the State of						
(D)		allowances Less Cost of	<u> </u>		* 38 11 31 1	11 E	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 Margin 18 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	And the second s
	D	goods sold				Mr. I.		優多之一		31		
	c	Gross profit/(loss	(att sch)					2 (g) 3-50 S		Barner Barner		with the second second
			(attach schedu	(مار				W. 32		M+ X/41		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	• • •		SEE STATEN			2	,299.		3,2	۵۵		14
	10				<del> </del>			1.				1. 19
	12	Total. Add line	es 1 through 11			<u> 5/</u>	,627.	14	27,5	<u>. وه</u>	<del> </del>	
	13	Compensation of o	officers, directors tru	stees, etc ;			0.				<u> </u>	
	14	Other employee sa	alaries and wages 🛭	こんにこ								
			s, employee ber		T - 1	ध्रा						
		Legal fees (attach			200		61.					61.
A	104	Assausting fore (	attachlach)	inst &	<del>2012  </del>			<del></del>	-		<del> </del>	
M	D	Accounting fees (a Other prof fees (a	[ [ ] ]			쒼		<del> </del>			<del> </del>	
N						-						
_0	17	Interest		IDEN				<u></u> _				
PSTR	18	Taxes (attach schedule)	(see instruction SEE	<u> -STM3</u>	) <u> </u>		760.					
RR		Depreciation (									<u> </u>	S 50
A A		sch) and deple			İ							3
NV		Occupancy										
ĞĚ			ences, and me	etinas								
Δ E		Printing and p		etings							<u> </u>	
A E				41-1	<u> </u>			<del> </del>				
DP	23		es (attach sche		1		2			_		
AND EN			SEE STATE	MENT 4	ļ		2.			2.		
S	24	Total operatir	ng and adminis	trative	1		000			_		
Š			ld lines 13 throi				823.			2.	ļ	61.
į	25	Contributions, gift	ts, grants paid ${\sf PA}$	RT XV		71	.,887.	<u> </u>				71,887.
	26	Total expense	es and disburs	ements.								
	_~	Add lines 24 a	and 25		ľ	72	2,710.	1		2.		71,948.
	27		26 from line 12:	:	t			1				
			enue over expe		<b></b>			1				
	a	and disburse			1	-15	5,083.					1
	h		come (if negative, ei	nter .O.\			<u> </u>	11	27,5	67		
			· -	•		<del></del>	<del></del>	<del>                                     </del>	, -	<del></del>		<del> </del>
	C	Adjusted net incol	me (if negative, ente	:ı •U-)	1			t .			1	1

Part II Balance Sheets col		D 1 C1 1-	Attached schedules and amounts in the description	Beginning of year	Er	nd of	year
Pari		Balance Sheets	column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash - non-interest	-hearing				
	2	Savings and tempora	•	501,349.	231,75	6.	231,756.
		Accounts receivable	► •	.5.		-	*
		Less: allowance for a	doubtful accounts				**************************************
	4	Pledges receivable	•	, , , ,	.3	-	} /
	_	Less, allowance for	doubtful accounts	J <del></del>	<del>,,,,,,,,, _</del>	-	
	5	Grants receivable	doubtidi accoditis			_	
	_		land a land and ables				
	6	disqualified persons (attac	cers, directors, trustees, and other ch schedule) (see the instructions)				b. 4
	7	Other notes and loans reco	eıvable (attach sch)	* , t , t t, 2 " g "	* X & 1 *1.5		
Š		Less allowance for o	doubtful accounts ►			_	
S	8	Inventories for sale of	or use			ļ	
A S E T	9	Prepaid expenses ar	nd deferred charges				
Ś		obligations (attach s					
	b	Investments — corporate	stock (attach schedule) STATEMENT 5	624,459.	865,82	0.	862,417.
	c	: Investments — corporate	bonds (attach schedule) .				
	11	Investments – land, equipment basis	buildings, and		- 14 1 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		
		Less: accumulated depreci (attach schedule)	ation $\blacksquare$				
	12	Investments - morto	gage loans.	76,569.	69,42	8.	69,428.
	13	Investments - other		60,970.	81,26		78,760.
		Land, buildings, and e	· ·	24 5. K 43. W/4.	南北南南城 清溪	, A. S.	The man shows the
		Less. accumulated deprec (attach schedule)					
	15	Other assets (descri		)			
	16	Total assets (to be a see instructions Als	completed by all filers — o, see page 1, item I)	1,263,347.	1,248,26	4.	1,242,361.
Ļ	17	Accounts payable ar	nd accrued expenses				
Å	18	Grants payable					
В	19	Deferred revenue					
Ŀ	20	Loans from officers, direct	tors, trustees, & other disqualified persons				
Ţ	21	Mortgages and other notes	s payable (attach schedule) .				
	22	Other liabilities (descr	ribe. ►	)			A Tolk and the second
E S	23	Total liabilities (add	Linos 17 through 22)	0.		0.	
	23		llow SFAS 117, check here ►			<del>-</del>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		and complete lines	24 through 26 and lines 30 and 31.	-{			
N F	24	Unrestricted					· , , , , , , , , , , , , , , , , , , ,
ΕU	25	Temporarily restricted	ad.	-			·春秋 ( ) · · · · · · · · · · · · · · · · · ·
T N	26	Permanently restrict					the same of the same
A	20	•	o not follow SFAS 117, check here	7		$\neg$	Spe of the rest of the state of
A B A L A		and complete lines	27 through 31.	1			3 5
ĔĹ	27	-	principal, or current funds				
TA	27		, or land, building, and equipment fund				
С	28			1,263,347.	1,248,26	54	Section 1
O E R S	29 Retained earnings, accumulated income, endowment, or other funds 1, 263, 347. 1, 248, 2  30 Total net assets or fund balances (see the instructions) 1, 263, 347. 1, 248, 2					son s s s sex	
К 3	31		net assets/fund balances	1,263,347.	1,248,26		, \$4.
Pari	111		nges in Net Assets or Fund Balan		2,230,20		<u> </u>
	end-	of-year figure reporte	alances at beginning of year – Part II, co d on prior year's return)	iumn (a), line 30 (must a	agree with	1	1,263,347.
		r amount from Part I,			}-	2	-15,083.
3		increases not included in li	ine 2 (itemize).	<b></b>		3	1 240 264
4		lines 1, 2, and 3			<u> </u> -	4	1,248,264.
5		ases not included in line 2				5	1 040 064
6	Fotal	I net assets or fund b	alances at end of year (line 4 minus line !	5) — Part II, column (b),	iine 30	6	1,248,264.

.Fįai	(a) List and describe	the kind(s) of property sold (e.g., ree, or common stock, 200 shares ML	eal estate,	(b) How acc P — Purch D — Dona	ase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 2	PUBLICLY TRADED SEC	TRITTES		P		<del></del> -	
k		JAL TERRO				-	
(	:						
	1						
€							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal	sis e		(h) Gain or (e) plus (f) m	(loss) inus (g)
a	264,364.		19	9,601.			64,763.
	)						<u> </u>
_ (	:						
•	l					<del></del>	
€						-	····
		ng gain in column (h) and owned by			a:	i) Gains (Coli) ain minus column (l	
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a			n -0-) or Losses (fr	
							64,763.
						<del></del>	04,703.
			<del></del>				
	Capital gain net income or (net	capital loss).	enter in Part I, line 7 ter -0- in Part I, line 7		2		64,763.
3	Net short-term capital gain or (	loss) as defined in sections 1222(5)		Ì			
_							
	if gain, also enter in Part I, line in Part I, line	8, column (c) (see the instructions)	). II (loss), eliter -0-	-	3		0.
Pai		Section 4940(e) for Reduce	d Tax on Net Investm	ent Inco	me	<u> </u>	
lf 'Ye	es,' the foundation does not qual	tion 4942 tax on the distributable and the under section 4940(e). Do not co	mplete this part.			Yes	X No
		n each column for each year; see th		ig any ent	ies	(4)	
	(a)  Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	( <b>c)</b> Net value of noncharitable-use as	sets	(col	<b>(d)</b> Distributior umn (b) divided	
	2009	61,742.	1,20	1,934.			0.051369
	2008	101,034.	1,12	5,095.			0.089800
	2007	51,666.		1,958.			0.041938
	2006	54,312.		2,663.			0.045160
	2005	49,508.	1,05	8,758.		<del></del>	0.046760
2	Total of line 1, column (d)				2		0.275027
		e 5-year base period - divide the to	stal on line 2 by 5, or by the	<b>.</b>	<del></del>		
3	number of years the foundation	has been in existence if less than	5 years	-	3		0.055005
4	Enter the net value of nonchar		X. line 5		4		1,269,101.
5	Multiply line 4 by line 3	table-use assets for 2010 from Part	, , c				
		table-use assets for 2010 from Part	, , c		5		-
6	Enter 1% of net investment inc		, , , , , , , , , , , , , , , , , , ,		6		69,807.
6 7	Enter 1% of net investment inco						69,807. 1,276.
		ome (1% of Part I, line 27b)			6		69,807. 1,276. 71,083. 71,948.

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Form 990-PF (2010)

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Form 990-PF (2010) SHORSTEIN FAMILY F	OUNDATION, INC	•	59-247	3526 Page <b>6</b>
Part VII-B   Statements Regarding Activiti	es for Which Form	4720 May Be Requ	ired (continued)	
5a During the year did the foundation pay or incu-			_ =	
(1) Carry on propaganda, or otherwise attemp	t to influence legislatio	n (section 4945(e))?	Yes X	No :
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registra	ic election (see section tion drive?	4955); or to carry		No =
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	ıan a charıtable, etc, or 4940(d)(2)? (see ınstru	ganization described uctions)	Yes X	No -
(5) Provide for any purpose other than religious educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes X	No
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in (see instructions)?	he transactions fail to a current notice regard	qualify under the except ding disaster assistance	ions	5b N/A
Organizations relying on a current notice regal	rding disaster assistand	ce check here	▶ 🗌	~ y
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response	he foundation claim ex sibility for the grant?	emption from the	N/A Yes	No Time to the second s
If 'Yes,' attach the statement required by Regu	- ·	5-5(d).		
6a Did the foundation, during the year, receive ar on a personal benefit contract?			∐Yes X	
<b>b</b> Did the foundation, during the year, pay premi	ums, directly or indirec	tly, on a personal benef	it contract?	6b X
If 'Yes' to 6b, file Form 8870.	lation a parti to a acce	ibited tay chelter traces	ction? Yes X	No Property Control of the Control o
<b>7a</b> At any time during the tax year, was the found <b>b</b> If yes, did the foundation receive any proceed.				I/A 7b
Part VIII. Information About Officers, Di	rectors. Trustees.	Foundation Manag	ers. Highly Paid E	.,
and Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).	
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SAMUEL R. SHORSTEIN	PRES/TRUSTEE	0.	0.	0.
8265 BAYBERRY RD	0			
JACKSONVILLE, FL 32256				<u> </u>
_JACK_FSHORSTEIN 8265 BAYBERRY RD	VP/SEC/TTEE 0	0.	0.	0.
JACKSONVILLE, FL 32256				
MARK J. SHORSTEIN 8265 BAYBERRY RD	VP/TREA/TTEE 0	0.	0.	0.
JACKSONVILLE, FL 32256				
2 Compensation of five highest-paid employee	es (other than those inc	cluded on line 1 – see it	nstructions). If none, e	nter 'NONE.'
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,00	)			<u> </u>
BAA	TEEA0306L	07/23/10		Form <b>990-PF</b> (2010)

PairtVIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid I and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	0
Partix A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 <u>N/A</u>	
2	
3	
4	
Partix B Summary of Program-Related Investments (see instructions)	<del></del>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3  BAA	0 . Form <b>990-PF</b> (2010)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes
a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26
b Program-related investments — total from Part IX-B
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes
3 Amounts set aside for specific charitable projects that satisfy the:
a Suitability test (prior IRS approval required)
b Cash distribution test (attach the required schedule)
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4
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 (see instructions)
5
6 Adjusted qualifying distributions. Subtract line 5 from line 4
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

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

Form **990-PF** (2010)

71,948.

<u>1,276.</u> 70,672.

### Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	<b>(c)</b> 2009	<b>(d)</b> 2010
Distributable amount for 2010 from Part XI, line 7				62,179.
2 Undistributed income, if any, as of the end of 2010	y' 1	ſ		'' 3'
a Enter amount for 2009 only	ξ,		0.	
<b>b</b> Total for prior years 20 , 20 , 20	<u> </u>	0.	* * *	
3 Excess distributions carryover, if any, to 2010:	李文 2 美 一 1 三 5	, ,	* *	* * * * * * * * * * * * * * * * * * * *
a From 2005	李司专为""""	à 2, 5	, , ,	
<b>b</b> From 2006			* / * *	
<b>c</b> From 2007				11 22 2
<b>d</b> From 2008 35, 565				
e From 2009 2, 973		5		0, 8 6 4 7
f Total of lines 3a through e	38,538.		4 - 1 1 4 4 .	
4 Qualifying distributions for 2010 from Part	2 45 4 7 17 18 4	× 18 -		8 2 3 3 4 3
XII, line 4: ► \$ 71,948.		4 - 4 - 14	at y b ~ 一直	10 4 3 1 19 ·
a Applied to 2009, but not more than line 2a		1 4 3 , 1 4 4 4 4 4	0.	,*; (* ( , · )
	TE A WIND MA		不受物 医色色点	等, 5000000000000000000000000000000000000
<b>b</b> Applied to undistributed income of prior year (Election required – see instructions)	5	0.		Sold of the state
<ul> <li>Treated as distributions out of corpus (Election required — see instructions)</li> </ul>	0.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A GO TO SECOND
d Applied to 2010 distributable amount	则是《饮食》等。			62,179.
e Remaining amount distributed out of corpus	9,769.	- 1 7 7 8 8		
5 Excess distributions carryover applied to 2010	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a).				
Same amount must be shown in column (a).			13年的海中美国	·····································
6 Enter the net total of each column as			H. J. March J. Compt.	14. 安徽· 18. 18. 18. 18. 18.
indicated below:				
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	48,307.	Million Both Son	1 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-	新维·沙宁特·索尔德		A Company of the state of the s	<b>国际教育的第二人</b>
ed income for which a notice of deficiency has been issued, or on which the section	The state of the	<b>*</b>	「	
4942(a) tax has been previously assessed	· · · · · · · · · · · · · · · · · · ·	0.		
d Subtract line 6c from line 6b Taxable amount — see instructions	· 新聞 · · · · · · · · · · · · · · · · · ·	0.		
		1 Mars 1 12 - 1 1 1 1 2 1 1 1	1	114
e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount — see instructions	The state of the s	in the true of the spin of	0.	新聞記述 1 四 (第二) 11 年 (11 年)
f Undistributed income for 2010 Subtract lines	و الما و ﴿ وَاللَّهُ مِنْ اللَّهُ مِنْ اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّهِ	4 -2	y to be in the second	•
4d and 5 from line 1. This amount must be	The state of the s	1 - 1 1 1 2 2 3 3		`
distributed in 2011	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed		A T & hat s		
by section 170(b)(1)(F) or 4942(g)(3)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-,- 1 .3 . · · · · · · · · · · · · · · · · ·	
(see instructions)	0.	* * * .	<u> </u>	<u> </u>
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	0.	-		
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	48,307	,	,	`
10 Analysis of line 9				
a Excess from 2006				
<b>b</b> Excess from 2007	7			
c Excess from 2008 35, 565	.]			
<b>d</b> Excess from 2009 2,973	<del></del> 1			
e Excess from 2010 9, 769	<del></del>			

Form 990-PF (2010) SHORSTEIN FAMILY			/!! A	39-24/3326	
Rant XIV Private Operating Foundation					N/A
1a If the foundation has received a ruling or d is effective for 2010, enter the date of the	etermination letter ruling	that it is a private of	operating foundation	n, and the ruling	
<b>b</b> Check box to indicate whether the foundat	•	erating foundation d	escribed in section	4942(j)(3) or	4942(j)(5)
2a 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 year listed	<b>(a)</b> 2010	<b>(b)</b> 2009	(c) 2008	(d) 2007	(e) Total
<b>b</b> 85% of line 2a.	<u> </u>				
<ul> <li>Qualifying distributions from Part XII, line 4 for each year listed</li> </ul>					
d Amounts included in line 2c not used directly for active conduct of exempt activities					<u></u>
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon.					
a 'Assets' alternative test — enter.					
(1) Value of all assets			<del> </del>		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)  b 'Endowment' alternative test — enter 2/3 of	<del></del>				
minimum investment return shown in Part X, line 6 for each year listed					
<b>c</b> '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		1 1 26 41 -		d 65 000 an man	
Rant XV Supplementary Information assets at any time during th	(Complete this e year — see in	part only if the structions.)	organization na	ia \$5,000 or moi	e in
Information Regarding Foundation Managa List any managers of the foundation who had close of any tax year (but only if they have SEE STATEMENT 7	nave contributed m	ore than 2% of the than \$5,000) (See	total contributions r section 507(d)(2).)	eceived by the foun	dation before the
<b>b</b> List any managers of the foundation who ca partnership or other entity) of which the NONE	own 10% or more of foundation has a 1	of the stock of a cor 10% or greater inter	rporation (or an equ est	ally large portion of	the ownership of
2 Information Regarding Contribution, Gran Check here ► X if the foundation only n requests for funds If the foundation make complete items 2a, b, c, and d	nakes contributions	s to preselected cha	aritable organization	s and does not acce anizations under oth	ept unsolicited ner conditions,
a The name, address, and telephone number	r of the person to	whom applications	should be addresse	d.	
<b>b</b> The form in which applications should be	submitted and info	rmation and materi	als they should inclu	ude	
c Any submission deadlines.					
d Any restrictions or limitations on awards,	such as by geogra	phical areas, charita	able fields, kinds of	institutions, or other	factors.

3 Grants and Contributions Paid During the	If recipient is an industrial	are rayinen	i -	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or	
	any foundation manager or	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year				
SEE STATEMENT 8				
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Total			► 3a	71,887.
<b>b</b> Approved for future payment		<u> </u>		
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Total			<b>▶</b> 3b	

Part X	VI-A	Analysis	of Inc	ome-Prod	lucina A	Activities

Enter gross amounts unless otherwise indicated	Unrelated	business income	Excluded by	section 512, 513, or 514	(e)
Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	Related or exempt function income (see the instructions
•		-			
ab		<del></del>			
c		<del></del>	T		
d	1				
e					
f	1	·			
g Fees and contracts from government agencies			<del>  -  </del>		
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	2,969.	
4 Dividends and interest from securities		· · · · · · · · · · · · · · · · · · ·	14	56,538.	
5 Net rental income or (loss) from real estate:	2000 C	Marina 42 41		1,075 . 29 Full W. S.	新身 · 安全 第二次 1000 1000 1000 1000 1000 1000 1000 10
a Debt-financed property	*** / 2 \ (1) / -	173. No. 13	***		
<b>b</b> Not debt-financed property		<del></del>	<del>                                     </del>		
6 Net rental income or (loss) from personal property					
7 Other investment income		<del></del>	1	* *	
8 Gain or (loss) from sales of assets other than inventory			18	-64,445.	
9 Net income or (loss) from special events				,	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue	表議的基礎等		GEARLES AND	5.98 - 1.664, Z. 108 /	Windowski v
a MORTGAGE INTEREST INCOME	333 231 2 2 2 2 2		14	3,299.	
b				•	
С				-	
d					
e		<del></del> -			
12 Subtotal. Add columns (b), (d), and (e)	SET LIKE		\$ 77.5	-1,639.	
13 Total. Add line 12, columns (b), (d), and (e)	2 74 07 2 35000		[ 1 X X 2 1 X 2 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1 X 3 1	13	-1,639
See worksheet in line 13 instructions to verify calcula	itions )				•
Part:XVI-B Relationship of Activities to the	ne Accomplis	hment of Exem	pt Purpose	es	
Line No. Explain below how each activity for which accomplishment of the foundation's exem	income is report pt purposes (oth	ed in column (e) of er than by providing	Part XVI-A of funds for su	ontributed importan	tly to the the instructions)
N/A					
				-	<del> </del>
		<del></del>			
l					

# Form 990-PF (2010) SHORSTEIN FAMILY FOUNDATION, INC. 59-2473526 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

	Exempt Organ	izations		_		<del> </del>	
descri	e organization directly bed in section 501(c) on the granization organization	of the Code (other	age in any of the following ir than section 501(c)(3) org	with any othe ganizations)	er organization or in section 527,	TOPE Y	es No
a Transfers from the reporting foundation to a noncharitable exempt organization of.							
(1) Cash							
<b>(2)</b> O	ther assets					1a (2)	X
<b>b</b> Other	transactions.						, ,
(1) S	ales of assets to a non-	charitable exemp	ot organization			1 b (1)	X
	urchases of assets fron	•	_			1b(2)	X
	ental of facilities, equip		· <del>-</del>			1b (3)	X
• •	eimbursement arrangei	•	33013			1b (4)	X
	oans or loan guarantee					1b (5)	X
	~		or fundraising solicitations			1b (6)	X
		•	other assets, or paid empl	OVERS		1c	- X
O Ondin	ig or racinges, equipme	stit, maining lists,	other assets, or paid empi	oyees			
the ac	ods, other assets, or s	services given by	the reporting foundation. I	f the foundat	(b) should always show the fair ion received less than fair mark other assets, or services receiv	et value in	of
(a) Line no.	(b) Amount involved	(c) Name of n	oncharitable exempt organization	( <b>d)</b> D	Description of transfers, transactions, and	d sharing arrangei	ments
	0.	N/A					
			<del></del>				
						- <del></del>	
	foundation directly or ibed in section 501(c) cs,' complete the following		ed with, or related to, one or er than section 501(c)(3)) o	r more tax-e r in section 5	exempt organizations 527?	Yes	XNo
	(a) Name of organizati		(b) Type of organizat	ion	(c) Description of re	elationship	
N/A							
Unde	er penalties of perjury, I declar	e that I have examine	d this return, including accompanying	g schedules and	statements, and to the best of my knowle f which preparer has any knowledge	dge and belief, it is	s true,
Sign Here	ect, and complete Declaration	of preparer corner that	Triaxpayer or ilductary) is based on	all information o	~15-17 Vies /	Paride	J
	Signature of afficer or trustee	•	<del></del>	Date	Title	econo-	<b>Z</b>
	rint/Type preparer's nar	me	Preparer's signature		Date Check if if	PTIN	
Paid	JACK . SHOP	RSTEIN	JACK F. SHORS	rein	self-employed	N/A	
		HORSTEIN &			Firm's EIN ► N/A		
Preparer	.   78	265 BAYBER					
Use Only	Firm's address	ACKSONVILL			Phone no (90	4) 739-13	311
BAA			_,		1	Form <b>990</b> -	
						_	/

#### 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
SHORSTEIN FAMILY FOUNDATION,	INC.	59-2473526
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a 527 political organization	a private foundation
Form 990-PF	X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a pri 501(c)(3) taxable private foundation	vate foundation
Check if your organization is covered by the Gi Note. Only a section 501(c)(7), (8), or (10) org	eneral Rule or a Special Rule. anization can check boxes for both the General Rule and a	Special Rule See instructions
General Rule		
	Z, or 990-PF that received, during the year, \$5,000 or more	(in money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi), and receive	Form 990 or 990-EZ, that met the 33-1/3% support test of the differm any one contributor, during the year, a contribution to VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I a	of the greater of (1) \$5,000 or
For a section 501(c)(7), (8), or (10) organizaggregate contributions of more than \$1,00 the prevention of cruelty to children or anir	cation filing Form 990 or 990-EZ, that received from any on- 00 for use exclusively for religious, charitable, scientific, lite nals Complete Parts I, II, and III	e contributor, during the year, rary, or educational purposes, or
contributions for use <i>exclusively</i> for religiou	cation filing Form 990 or 990-EZ, that received from any on us, charitable, etc, purposes, but these contributions did no contributions that were received during the year for an <i>excl</i> unless the <b>General Rule</b> applies to this organization becau	it aggregate to more than \$1,000 lusively religious, charitable, etc.
religious, charitable, etc, contributions of \$	5,000 or more during the year	<b>▶</b> \$
990-PF) but it <b>must</b> answer 'No' on Part IV lin	y the General Rule and/or the Special Rules does not file S e 2 of their Form 990, or check the box on line H of its For ng requirements of Schedule B (Form 990, 990-EZ, or 990-F	m 990-EZ, or on line 2 of its form
BAA For Paperwork Reduction Act Notice, s	ee the Instructions for Form 990, Schedu	<b>lle B</b> (Form 990, 990-EZ, or 990-PF) (2010

Schedule B	(Form 990,	990-EZ, o	r 990-PF)	(2010)

of Part I

Name of organization

SHORSTEIN FAMILY FOUNDATION, INC.

Employer identification number 59-2473526

Pantil	Contributors	(see instructions)	į
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(a)	(b)	(c)	(d)
Number	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1	JACK F. SHORSTEIN		Person
	8265 BAYBERRY RD	\$28,008.	Payroll Noncash X
	JACKSONVILLE, FL 32256		(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	SAMUEL R. SHORSTEIN		Person
	8265 BAYBERRY RD	\$28,008.	Payroll X
	JACKSONVILLE, FL 32256	-	(Complete Part II if there is a noncash contribution.)
(a) Number	(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) Number	(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) Number	(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) Number	(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.)

Page Employer identification number

of 1

of Part II

Name of organization

SHORSTEIN FAMILY FOUNDATION, INC.

59-2473526

#### Partill 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	450 JOHNSON & JOHNSON		
1			
		\$ 28,008.	12/23/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	450 JOHNSON & JOHNSON		
2			
		\$ 28,008.	12/23/10
(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
		1	
		\$	

BAA

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

BAA

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

(e) Transfer of gift

STATEMENT 1   FORM 990-PF, PART  , LINE 11	2010	FEDERAL STATEMENTS	PAGE 1
FORM 990-PF, PART I, LINE 11 OTHER INCOME  (A)  REVENUE INVESTMENT ADJUSTED NET INCOME  MORTGAGE INTEREST INCOME  TOTAL  S 3,299.\$ 3,299.\$ 3,299.\$  TOTAL  STATEMENT 2 FORM 990-PF, PART I, LINE 16A LEGAL FEES  (A)  EXPENSES INVESTMENT ADJUSTED CHARITAE FER BOOKS INCOME  STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES  (A)  EXPENSES INVESTMENT ADJUSTED CHARITAE PURPOSE STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES  (A)  EXPENSES INVESTMENT ADJUSTED CHARITAE PURPOSE STATEMENT 3 FORM 990-PF, PART I, LINE 18 TOTAL  EXPENSES INVESTMENT ADJUSTED CHARITAE PURPOSE STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES  (A)  EXPENSES INVESTMENT ADJUSTED CHARITAE PURPOSE STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES  (A)  EXPENSES INVESTMENT ADJUSTED CHARITAE PORM 990-PF, PART I, LINE 23 OTHER EXPENSES  (B)  EXPENSES INVESTMENT ADJUSTED CHARITAE PURPOSE STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES  (A)  EXPENSES INVESTMENT ADJUSTED CHARITAE PURPOSE STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES  (A)  EXPENSES INVESTMENT ADJUSTED CHARITAE PURPOSE STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES  (A)  EXPENSES INVESTMENT ADJUSTED CHARITAE OTHER PURPOSE PURPOSE STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES  (A)  EXPENSES INVESTMENT ADJUSTED CHARITAE OTHER PURPOSE PURPOSE STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES  (A)  EXPENSES INVESTMENT ADJUSTED CHARITAE OTHER PURPOSE PURPOS	·	SHORSTEIN FAMILY FOUNDATION, INC.	59-2473526
REVENUE   INVESTMENT   ADJUSTED   NET INCOME   NET INCOME	FORM 990-PF, PART I, LINE 11	· (D) NEW	(C)
CA	MORTGAGE INTEREST INCOME	REVENUE INVESTMENT PER BOOKS INCOME  \$ 3,299.\$ 3,299.	ADJUSTED NET INCOME
EXPENSES   INVESTMENT   ADJUSTED   CHARITAE	FORM 990-PF, PART I, LINE 16	A	
Ca	ANNUAL FILING FEE	EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME  \$ 61.	CHARITABLE PURPOSES
EXCISE TAX    EXPENSES   INVESTMENT   ADJUSTED   PURPOSE	FORM 990-PF, PART I, LINE 18		
FORM 990-PF, PART I, LINE 23 OTHER EXPENSES  (A) (B) NET (C) (D  EXPENSES INVESTMENT ADJUSTED CHARITA  PER BOOKS INCOME NET INCOME PURPOS  BANK CHARGES \$ 2. \$ 2.	EXCISE TAX	EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME  \$ 760.	CHARITABLE
EXPENSES INVESTMENT ADJUSTED CHARITA PER BOOKS INCOME NET INCOME PURPOS  BANK CHARGES . \$ 2	FORM 990-PF, PART I, LINE 23		
	BANK CHARGES	EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 2. \$ 2.	

2010

#### **FEDERAL STATEMENTS**

PAGE 2

SHORSTEIN FAMILY FOUNDATION, INC.

59-2473526

#### STATEMENT 5 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE STOCKS

CORPORATE STOCKS	VALUATION METHOD		BOOK VALUE	FAIR MARKET VALUE
BRISTOL MYERS SQUIBB JANUS FUND PFIZER INC MERCK AND CO INC SHS ZIMMER HOLDINGS INC AT&T INC INTERNATIONAL GAME TECHNOLOGY CORNING INC ANNALY CAP MGMT INC WELLS FARGO & CO NEW DEL BANK OF AMERICA 8.625% WELLS FARGO & CO NEW 7.5% CENTURYLINK INC JOHNSON & JOHNSON VODAFONE GROUP PLC SP ADR BANK OF AMERICA 6.375% BANK OF AMERICA 6.625% VERIZON COMMUNICATIONS	COST COST COST COST COST COST COST COST	\$	4,476. 20,233. 4,415. 8,876. 7,167. 72,133. 30,111. 9,707. 46,705. 51,860. 190,095. 104,460. 39,041. 6,224. 45,670. 95,296. 2,292. 38,049. 89,010.	\$ 6,544. 18,621. 2,007. 3,575. 6,066. 78,246. 13,648. 5,308. 41,782. 51,720. 188,700. 137,020. 35,644. 6,472. 54,300. 84,350. 2,089. 32,000. 94,325.
	TOTAL	<u> </u>	865,820.	\$ 862,417.

#### STATEMENT 6 FORM 990-PF, PART II, LINE 13 INVESTMENTS - OTHER

	VALUATION METHOD	 BOOK VALUE	FA	IR MARKET VALUE
OTHER PUBLICLY TRADED SECURITIES	_			
POWERSHARES FIN PFD POWERSHARES GLOBAL SPDR BARCLY CAPTL HIGH	COST COST COST	\$ 33,090. 27,880. 20,290.	\$	32,500. 27,320. 18,940.
	TOTAL	\$ 81,260.	\$	78,760.

STATEMENT 7 FORM 990-PF, PART XV, LINE 1A FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

SAMUEL R. SHORSTEIN JACK F. SHORSTEIN MARK J. SHORSTEIN

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Zυ	1	U

#### **FEDERAL STATEMENTS**

PAGE 3

SHORSTEIN FAMILY FOUNDATION, INC.

59-2473526

#### STATEMENT 8 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
UNIV OF FLORIDA FDN PO BOX 14425 GAINESVILLE, FL 32604	N/A	PUBLIC	EDUCATION	\$ 7,500.
RIVER GARDEN FDN 11401 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32258	N/A	PUBLIC	CARE FOR THE ELDERLY	1,065.
JACKSONVILLE JEWISH CTR 3662 CROWN PT RD JACKSONVILLE, FL 32257	N/A	PUBLIC	RELIGIOUS	54,480.
MAZON INC 10495 SANTA MONICA BLVD STE 100 LOS ANGELES, CA 90025	N/A	PUBLIC	FEED THE HUNGRY	100.
JEWISH FAMILY & COMM SVCS 6261 DUPONT STATION CT E. JACKSONVILLE, FL 32217	N/A	PUBLIC	COMMUNITY SERVICES	2,100.
CONGREGATION AHAVATH CHESED 8727 SAN JOSE BLVD JACKSONVILLE, FL 32217	N/A	PUBLIC	RELIGIOUS	400.
JEWISH THEOLOGICAL SEMINARY 3080 BROADWAY NEW YORK, NY 10027	N/A	PUBLIC	RELIGIOUS EDUCATION	300.
JACKSONVILLE JEWISH FEDER 8505 SAN JOSE BLVD JACKSONVILLE, FL 32217	N/A	PUBLIC	RELIGIOUS	1,700.
JEWISH MUSEUM OF FLORIDA 301 WASHINGTON AVE MIAMI BEACH, FL 33139	N/A	PUBLIC	SUPPORT MUSEUM	200.
JACKSONVILLE SYMPHONY ORCHESTRA 300 WATER ST STE 200 JACKSONVILLE, FL 32202	N/A	PUBLIC	SUPPORT SYMPHONY	1,667.
SLABODKA YESHIVA KNESSETH 169 PARKVILLE AVE BROOKLYN, NY 11230	N/A	PUBLIC	RELIGIOUS EDUCATION	100.
LEUKEMIA & LYMPHOMA SOCIETY 9143 PHILLIPS HWY, SUITE 130 JACKSONVILLE, FL 32256	N/A	PUBLIC	HEALTH	100.

2010

#### **FEDERAL STATEMENTS**

PAGE 4

SHORSTEIN FAMILY FOUNDATION, INC.

59-2473526

#### STATEMENT 8 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
NATIONAL MS SOCIETY 4237 SALISBURY RD BLDG 4 STE 406 JACKSONVILLE, FL 32216	N/A	PUBLIC	MULTIPLE SCLEROSIS PATIENT SUPPORT	\$ 300.
CENTER FOR JEWISH HISTORY 15 WEST 16TH ST NEW YORK, NY 10011	N/A	PUBLIC	HISTORICAL AND CULTURAL	50.
MEMORIES OF LOVE 4932 SUNBEAM RD STE 200 JACKSONVILLE, FL 32257	N/A	PUBLIC	PROVIDE DREAM VACATIONS FOR PARENTS WITH LIFE-THREATENING ILLNESSES	200.
ST VINCENT'S HEALTHCARE FDN 1 SHIRCLIFF WAY JACKSONVILLE, FL 32203	N/A	PUBLIC	HEALTH CARE	1,000.
WOMEN'S LEAGUE FOR CONSERVATIVE JUDAISM 475 RIVERSIDE DR STE 820 NEW YORK, NY 10115	N/A	PUBLIC	SUPPORT SYNAGOGUE WOMEN'S GROUPS	35.
FLORIDA STATE COLLEGE FDN 501 WEST STATE ST JACKSONVILLE, FL 32202	N/A	PUBLIC	EDUCATION	150.
MARTIN J GOTTLIEB DAY SCHOOL 3662 CROWN POINT RD JACKSONVILLE, FL 32257	N/A	PUBLIC	EDUCATION	100.
SEVA FDN 1786 FIFTH ST BERKELEY, CA 94710	N/A	PUBLIC	PREVENT BLINDNESS	240.
ST JOHNS PRESBYTERIAN CHURCH 4275 HERSCHEL ST JACKSONVILLE, FL 32210	N/A	PUBLIC	RELIGIOUS	100.
			TOTAL	L \$ 71,887.

# 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

Form 8868 (Rev 1-2011)

If you are	e filing for an Automatic 3-Month Extension, com	plete only	Part I and check this box		<b>►</b> X
	e filing for an Additional (Not Automatic) 3-Month				
Do not comp	plete Part II unless you have already been granted	d an autom	atic 3-month extension on a previously f	ıled Form 8868	
corporation r request an e Associated V	ting (e-file). You can electronically file Form 8868 equired to file Form 990-T), or an additional (not extension of time to file any of the forms listed in with Certain Personal Benefit Contracts, which ming of this form, visit www.irs gov/efile and click of	automatic) Part I or Pa ust be sent	3-month extension of time You can ele art II with the exception of Form 8870, In to the IRS in paper format (see instructi	ctronically file Form formation Return for	8868 to Transfers
Partil A	utomatic 3-Month Extension of Time. O	nly subm	ut original (no copies needed).		
	required to file Form 990-T and requesting an a			complete Part I only	▶
All other corp income tax r	porations (including 1120-C filers), partnerships, eturns	REMICS, ai	nd trusts must use Form 7004 to request	t an extension of tim	e to file
	Name of exempt organization		•	Employer identification r	number
Type or					
print	SHORSTEIN FAMILY FOUNDATION, I	INC.		59-2473526	
File by the due date for	Number, street, and room or suite number if a P O box, see in	structions			
filing your return See	8265 BAYBERRY ROAD				
instructions	City, town or post office, state, and ZIP code. For a foreign add	ress, see instru	ctions		
	JACKSONVILLE, FL 32256				
Enter the Re	turn code for the return that this application is fo	r (file a sep	parate application for each return)		04
Application Is For		Return Code	Application Is For		Return Code
Form 990		01	Form 990-T (corporation)		07
Form 990-BL		02	Form 1041-A		08
Form 990-E2		03	Form 4720		09
Form 990-PF		04	Form 5227		10
	(section 401(a) or 408(a) trust)	05	Form 6069		11
	(trust other than above)	06	Form 8870		12
Telephon  If the org  If this is check the exter  1 I requesion until  The ex	e No  904-739-1311  ganization does not have an office or place of bus for a Group Return, enter the organization's four is box  If it is for part of the group, check is an automatic 3-month (6 months for a corporation is for the organization's return for calendar year 20 or tax year beginning 12/01, 20 10 ax year entered in line 1 is for less than 12 months.	FAX No siness in the digit Group k this box ation require ganization re	e United States, check this box Exemption Number (GEN) If and attach a list with the names a ed to file Form 990-T) extension of time eturn for the organization named above	this is for the whole and EINs of all memi	•
Ch	ange in accounting period application is for Form 990-BL, 990-PF, 990-T, 47				
nonref	application is for Form 990-BL, 990-PF, 990-1, 4.  application is for Form 990-PF, 990-T, 4720, or 6			3a \$	1,276.
payme	nts made. Include any prior year overpayment al	llowed as a	credit	30 Ş	2,571.
	te due. Subtract line 3b from line 3a Include you (Electronic Federal Tax Payment System) See you are going to make an electronic fund withdra			8c \$ rm 8879-EO for	0.
payment ins			, <u></u>		

FIFZ0501L 11/15/10

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