Form 990-PF

eturn of Private Foundation

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

2006 Department of the Treasury Internal Revenue Service Treated as a Private Foundation Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements. For calendar year 2006, or tax year beginning 1, VOV 2006 and ending OCT 31, 2007 G Check all that apply: X I Initial return Final return Amended return X Address change Name change Name of foundation A Employer identification number Use the IRS CHARLES AND JOAN HERMANOWSKI label. FAMILY FOUNDATION, INC. Otherwise, 20-5744155 print Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number or type. P.O. BOX 403369 305-865-7450 See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions. MIAMI BEACH. 33140 D 1. Foreign organizations, check here FL Foreign organizations meeting the 85% test, check here and attach computation H Check type of organization: Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated I Fair market value of all assets at end of year | J Accounting method: Accrual under section 507(b)(1)(A), check here ... > (from Part II, col. (c), line 16) Other (specify) If the foundation is in a 60-month termination ▶\$ 2, 281, 357. (Part I, column (d) must be on cash basis.) under section 507(b)(1)(B), check here... Part | Analysis of Revenue and Expenses (b) Net investment (a) Revenue and (c) Adjusted net (d) Disbursements (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) for charitable purposes (cash basis only) expenses per books income income 1 Contributions, gifts, grants, etc., received 2,007,345. N/A 2 Check if the foundation is not required to attach Sch. 8 Interest on savings and temporary cash investments 21,158 21,158 STATEMENT Dividends and interest from securities 38,244 38,244 5a Gross rents b Net rental income or (loss) 7,125 6a Net gain or (loss) from sale of assets not on line 10 STATEMENT b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 055,225 8 Net short-term capital gain Income modifications... 10a Gross sales less returns and allowances b Less: Cost of goods sold c Gross profit or (loss) 11 Other income 5,109. 5,109 STATEMENT Total. Add lines 1 through 11 2,078,981 119.736. Compensation of officers, directors, trustees, etc. 0 O 0. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees STMT 5 1,782 1,782 0. 17 Interest 18 Taxes STMT 6 25,000 0 0. Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings Printing and publications 23 Other expenses 24 Total operating and administrative

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form 990-PF (2006)

OMB No. 1545-0052

Expenses

and Administrative

Operating

26.782

26,782

2,052,199

Add lines 24 and 25

27 Subtract line 26 from line 12:

expenses. Add lines 13 through 23

25 Contributions, gifts, grants paid

8 Excess of revenue over expenses and disbursements

c Adjusted net income (if negative, enter -0-)

b Net investment income (if negative, enter -0-)_____

26 Total expenses and disbursements.

N/A

1.782

782

117.954

	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End o	year
<u></u>	411	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		143,369.	143,369.
	2				
	3	Accounts receivable ►			• • • • • • • • • • • • • • • • • • • •
		Less; allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			:
	-	Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable	i		
		Less: allowance for doubtful accounts			
Ŋ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	102	Investments - U.S. and state government obligations			
		Investments - corporate stock STMT 7	0.	1,100,556.	1,312,834.
		Investments - corporate bonds STMT 8	0.		
	1,1	Investments - land, buildings, and equipment: basis		814,473.	821,181.
	''	Less: accumulated depreciation			
	12				
	13	Investments - mortgage loans			
	į.	Investments - other			
	'*				
	45	Less: accumulated depreciation		2 072	2 082
	13	Other assets (describe PROCEEDS RECEIVABLE)	0.	3,973.	3,973.
	4.0	Total accuse the bear applied by a D Stand		0.000.004	0 004 055
		Total assets (to be completed by all filers)	0.	2,062,371.	2,281,357.
		Accounts payable and accrued expenses			•
	18	Grants payable			-
Liabilities		Deferred revenue			
Ē Pi		Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable		40 470	
	22	Other liabilities (describe ► PURCHASES PAYABLES)	0.	10,172.	
				4.0 4.00	
_	23	Total liabilities (add lines 17 through 22)	0.	10,172.	
		Foundations that follow SFAS 117, check here			
တ္ဆ		and complete lines 24 through 26 and lines 30 and 31.			
ű		Unrestricted			
ala	25	Temporarily restricted			and the second of the second
Net Assets or Fund Balances	26	Permanently restricted		·	
ا جَ		Foundations that do not follow SFAS 117, check here			
7		and complete lines 27 through 31.			
ş	27	Capital stock, trust principal, or current funds	0.	0.	
SS		Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
اک	29	Retained earnings, accumulated income, endowment, or other funds	0.	2,052,199.	
ž	30	Total net assets or fund balances	0.	2,052,199.	
	31	Total liabilities and net assets/fund balances	0.	2,062,371.	
Pi	art	Analysis of Changes in Net Assets or Fund Ba	lances		
		net assets or fund balances at beginning of year - Part II, column (a), line 3			
(mus	t agree with end-of-year figure reported on prior year's return)	***************************************		0.
2 8	nter	amount from Part I, line 27a		2	2,052,199.
3 (Other	increases not included in line 2 (itemize)		3	0.
4 /	Add li	nes 1, 2, and 3	*************************************	4	2,052,199.
5 C	Decre	ases not included in line 2 (itemize)		5	0.
6 7	otal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu	ımn (b), line 30	6	2,052,199.
					Form 990-PF (2006)

Part IV Capital Gains	and Losses for Tax on	Investment	Income				
	ribe the kind(s) of property sold (arehouse; or common stock, 200			(b) How acquir P - Purchase D - Donation	ed (c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a NORTHERN TRUST	-PUBLICLY TRADE	ED SECUR	ITIES			ARIOUS	VARIOUS
	-PUBLICLY TRADE					ARIOUS	VARIOUS
	-PUBLICLY TRADE	ED SECUR	ITIES		V	ARIOUS	VARIOUS
<u></u>				<u> </u>			
<u>e</u>	(f) Depreciation allowed	(a) Cos	t or other basis		L	(h) Gain or (loss)	\
(e) Gross sales price	(or allowable)		xpense of sale			(e) plus (f) minus (
a							7,125
b							961,334.
<u>c</u>							86,766.
_d							
e Complete and the control of the co		h	10/01/00				
Complete only for assets snowin	ng gain in column (h) and owned I		 			Bains (Col. (h) gain k), but not less thar	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any			osses (from col. (
a			······································				7,125.
b							961,334.
C							86,766.
d							
<u>e</u>							
0.0-7-1	r If gain, also en	ter in Part I, line 7 -0- in Part I, line 7	' 1				1 055 005
2 Capital gain net income or (net ca	ipital loss). If (loss), enter	-0- in Part I, line 7	7]	2			1,055,225 .
3 Net short-term capital gain or (los		and (6):		7			
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	Column (c).) 3		N/A	
	nder Section 4940(e) fo	or Reduced	Tax on Net	Investmen	t Inco		
(For optional use by domestic private	foundations subject to the sectio	n 4940(a) tax on	net investment in	come.)			N/A
If section 4940(d)(2) applies, leave th	nie nart hlank					•	
Was the foundation liable for the sect			•	iod?			Yes No
If "Yes," the foundation does not qual Tenter the appropriate amount in e							
(a)	(b)	sir delibrits belore i	making any count	(c)			(d)
Base periód years Calendar year (or tax year beginnir		distributions	Net value of no	ncharitable-use a	ssets	Distribi (col. (b) divi	ition ratio ded by col. (c))
2005							
2004							
2003							
2002							
2001							······································
2 Tetal of line 1 column (d)							
2 Total of line 1, column (d)3 Average distribution ratio for the 5						2	
the foundation has been in exister		•		-		3	
				. 			
	• 1000						
4 Enter the net value of noncharitab		X, line 5	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			4	
4 Enter the net value of noncharitab		X, line 5				4	
4 Enter the net value of noncharitab5 Multiply line 4 by line 3	le-use assets for 2006 from Part X			••••••••••••		5	
5 Multiply line 4 by line 3	le-use assets for 2006 from Part)				,	5	
	le-use assets for 2006 from Part)				,		
5 Multiply line 4 by line 3	le-use assets for 2006 from Part)					5	
 Multiply line 4 by line 3 Enter 1% of net investment incom Add lines 5 and 6 	le-use assets for 2006 from Part >					5	
 Multiply line 4 by line 3 Enter 1% of net investment incom Add lines 5 and 6 Enter qualifying distributions from 	le-use assets for 2006 from Part >					5	
 Multiply line 4 by line 3 Enter 1% of net investment incom Add lines 5 and 6 	le-use assets for 2006 from Part >					5 6 7	

	CHARLES AND OAN HERMANOWSKI m 990-PF (2006) FAMILY FOUNDATION, INC. art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	20-	57441	55	- A.:	Page 4
		940	- see in:	struc	CTIC	ns)
'	a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling letter: (attach copy of ruling letter if necessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	١.		~) F ()
			 			<u>359.</u>
	of Part I, line 27b	1				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)					^
		2		2.2		0. 359.
	Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	3 4		44	, ,	
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		22		<u>0.</u> 359.
6	- 11:	5			, ,	· 39 .
_	2 2006 estimated tax payments and 2005 overpayment credited to 2006					
	Exempt foreign organizations - tax withheld at source	W.N.				
	Tax paid with application for extension of time to file (Form 8868).					
	1 Backup withholding erroneously withheld 6d		pro d'al			
7	Total credits and payments. Add lines 6a through 6d	,		25		
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	7 8		23		78.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			4	70.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				63.
11	Enter the amount of line 10 to be: Credited to 2007 estimated tax	11				
	art VII-A Statements Regarding Activities	1 8 1	<u> </u>			0.
_	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	in		V	'es	No
	any political campaign?	147	-	a	-	X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	********	·····	ь		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ed or	·······	-		
	distributed by the foundation in connection with the activities.	00 0 .	1			
C	Did the foundation file Form 1120-POL for this year?			C		х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	••••••		*	\neg	
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .		1			ı
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			ı	.	ı
	managers. ▶\$ 0.		- 1			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	,		Х
	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		1			2 - 2
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		ı	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4			X
b	If "Yes," has it filed a tax return on Form 990-T for this year?					
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					X
	If "Yes," attach the statement required by General Instruction T.				_	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				ŀ	
	By language in the governing instrument, or		'	-	ļ	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state legislation.	aw	ŀ			
	remain in the governing instrument?		6	.		X
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7		ς	
	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) ▶					
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
v	of each state as required by General Instruction G2 If "No." attach explanation				.	

Form **990-PF** (2006)

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

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

year 2006 or the taxable year beginning in 2006 (see instructions for Part XIV)? If "Yes," complete Part XIV

Part VII-A Statements Regarding Activities Continued	: 4 1 7 7	·	
11a At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)?		1	T
Mark and the state of the state	11a		x
b If "Yes," did the foundation have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and		 	<u> </u>
annuities described in the attachment for line 11a? N/A	446	İ	
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract?	11b		37
42. Did the foundation comply with the cubic increasing requirements for its accordance contracts.	. 12		X
Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	. 13	X	
Web site address ► N/A			
14 The books are in care of ► JOAN A. HERMANOWSKI Telephone no. ► 305-8)
Located at ► P.O. BOX 403369, MIAMI BEACH, FL ZIP+4 ►3	3140		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		, 🕨	•
and enter the amount of tax-exempt interest received or accrued during the year	N	<u>/A</u>	
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required			,
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a During the year did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
a disqualified person? Yes X No			
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
(5) Transfer any income or assets to a disqualified person (or make any of either available			
for the benefit or use of a disqualified person)?	A		
(6) Agree to pay money or property to a government official? (Exception. Check "No"	(50%)		
if the foundation agreed to make a grant to or to employ the official for a period after			
termination of government service, if terminating within 90 days.)			
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		i	
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? N/A	1.1		
	1b		
Organizations relying on a current notice regarding disaster assistance check here			
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1.1		**
before the first day of the tax year beginning in 2006?	1c		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
defined in section 4942(j)(3) or 4942(j)(5)):			
a At the end of tax year 2006, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
before 2006? Yes X No			
If "Yes," list the years -,,,,,,,			
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		1	
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		İ	
statement - see instructions.) N/A	2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
· , , , ,	1		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the year? Yes X No			
b If "Yes," did it have excess business holdings in 2006 as a result of (1) any purchase by the foundation or disqualified persons after			
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	1231		E.C.
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
Form 4720, to determine if the foundation had excess business holdings in 2006.) N/A	Зъ		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		, i .	
had not been removed from jeopardy before the first day of the tax year beginning in 2006?	4b		X
	m 990 -	PF 12	

CHARLES AND JOAN HERMA	NOWSKT					
FAMILY FOUN TION, INC		× .	20-5744	155	F	age 6
Part VII-B Statements Regarding A .vities for Which		Rec ed Contil				
5a During the year did the foundation pay or incur any amount to:						
(1) Carry on propaganda, or otherwise attempt to influence legislation (se	ction 4945(e))?	🔲 Ү	es X No		1	
(2) Influence the outcome of any specific public election (see section 495	* * *				ĺ	
any voter registration drive?						
(3) Provide a grant to an individual for travel, study, or other similar purp		🗀 Ү	es X No			
(4) Provide a grant to an organization other than a charitable, etc., organization						
509(a)(1), (2), or (3), or section 4940(d)(2)?			es 🗶 No	j	1	
(5) Provide for any purpose other than religious, charitable, scientific, liter	-, , , ,					
the prevention of cruelty to children or animals?			es X No		. }	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify	•	•				
section 53.4945 or in a current notice regarding disaster assistance (see in	structions)?		N/A	5b		
Organizations relying on a current notice regarding disaster assistance che	ck here		▶└			
c If the answer is "Yes" to question 5a(4), does the foundation claim exempti						
expenditure responsibility for the grant?		I/.A	es L No		·	
If "Yes," attach the statement required by Regulations section 53.4	• •			. [
6a Did the foundation, during the year, receive any funds, directly or indirectly				1	- 1	
a personal benefit contract?		L Y	es LX_INo			
b Did the foundation, during the year, pay premiums, directly or indirectly, or	a personal benefit contract?			6b		X
If you answered "Yes" to 6b, also file Form 8870.	av abaltas tannas tinaO	г.,	(.			
7a At any time during the tax year, was the foundation a party to a prohibited to		Y		76		
b If yes, did the foundation receive any proceeds or have any net income attr Part VIII Information About Officers, Directors, Tra		nagere Highl	N/A	7b		
Part VIII Paid Employees, and Contractors	istees, i oundation me	magers, rngm	У			
1 List all officers, directors, trustees, foundation managers and th	eir compensation.					
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expe	nse
List all officers, directors, trustees, foundation managers and th (a) Name and address		(If not paid.	(d) Contributions to employee benefit plans and deferred compensation	(e acc	ount, c	other
	(b) Title, and average hours per week devoted		(d) Contributions to employee benefit plans and deterred compensation	(e acc al	Expe Sount, o llowance	other
	(b) Title, and average hours per week devoted	(If not paid.	(d) Contributions to employee benefit plans and deterred compensation	(e acc al	ount, c	other
	(b) Title, and average hours per week devoted	(If not paid.	compensation	aı	ount, c	other ces
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	compensation	aı	ount, c	other
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	compensation	aı	ount, c	other ces
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	compensation	aı	ount, c	other ces
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	compensation	aı	ount, c	other ces
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	compensation	aı	ount, c	other ces
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	compensation	aı	ount, c	other ces
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	compensation	aı	ount, c	other ces
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	compensation	aı	ount, c	other ces
(a) Name and address SEE STATEMENT 10	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	compensation	aı	ount, c	other ces
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	COMPENSADOR O .	al	bunt, c	O.
(a) Name and address SEE STATEMENT 10	(b) Title, and average hours per week devoted to position included on line 1). If none, (b) Title and average hours per week	(If not paid, enter -0-) O .	COMPENSATION O	(e)	Exper	O.
(a) Name and address SEE STATEMENT 10 2 Compensation of five highest-paid employees (other than those (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	compensation	(e)	ount, c	O.
(a) Name and address SEE STATEMENT 10 2 Compensation of five highest-paid employees (other than those	(b) Title, and average hours per week devoted to position included on line 1). If none, (b) Title and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	(e)	Exper	O.
(a) Name and address SEE STATEMENT 10 2 Compensation of five highest-paid employees (other than those (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position included on line 1). If none, (b) Title and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	(e)	Exper	O.
(a) Name and address SEE STATEMENT 10 2 Compensation of five highest-paid employees (other than those (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position included on line 1). If none, (b) Title and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	(e)	Exper	O.
(a) Name and address SEE STATEMENT 10 2 Compensation of five highest-paid employees (other than those (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position included on line 1). If none, (b) Title and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	(e)	Exper	O.
(a) Name and address SEE STATEMENT 10 2 Compensation of five highest-paid employees (other than those (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position included on line 1). If none, (b) Title and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	(e)	Exper	O.
(a) Name and address SEE STATEMENT 10 2 Compensation of five highest-paid employees (other than those (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position included on line 1). If none, (b) Title and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	(e)	Exper	O.
(a) Name and address SEE STATEMENT 10 2 Compensation of five highest-paid employees (other than those (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position included on line 1). If none, (b) Title and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	(e)	Exper	O.

Form **990-PF** (2006)

0

Total number of other employees paid over \$50,000

Form 990-PF (2006) FAMILY FOUN. TION. TNC.	1	ETAATE Pone 7
	on Managers, Highly	5744155 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors Continued	······································	
3 Five highest-paid independent contractors for professional services. 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 Part IX-A Summary of Direct Charitable Activities		▶ 0
<u> </u>	l information auch on the	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistics number of organizations and other beneficiaries served, conferences convened, research papers produc	ed, etc.	Expenses
1 NONE		· · · · · · · · · · · · · · · · · · ·
2		
3		
<u> </u>		
4		
DestIV Discours		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on line	ne 1 and 2	Amount
1 N/A	55 1 dilu 2.	Anjount
1		
2		
	•	
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.
		Form 990-PF (2006)

F	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а		1a	1,370,207
b		1b	481,490.
C		10	
d		1d	1,851,697
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	1,851,697.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	27,775.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,823,922.
6	Minimum investment return. Enter 5% of line 5	6	91,196.
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	Minimum investment return from Part X, line 6	1	91,196.
2a			
b	Income tax for 2006. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	22,359.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	68,837.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	68,837.
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	68,837.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
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:	Y	
a	Suitability test (prior IRS approval required)	3a	
þ	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	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		···
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	foundatio	n qualifies for the section
	4940(e) reduction of tax in those years.		

Form **990-PF** (2006)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2005	(c) 2005	(d) 2006
1 Distributable amount for 2006 from Part XI,				68,837.
line 7 2 Undistributed income, if any, as of the end of 2005:				00,007.
a Enter amount for 2005 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2006:				
a From 2001				
b From 2002				
e From 2003				
d From 2004	·			
e From 2005	·			
f Total of lines 3a through e	0.			<u> </u>
4 Qualifying distributions for 2006 from	*	•		
Part XII, line 4: ►\$0.				
a Applied to 2005, but not more than line 2a			0.	
b Applied to undistributed income of prior		_		
years (Election required - see instructions)		0,		
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.			
d Applied to 2006 distributable amount				0.
e Remaining amount distributed out of corpus	0.		***	
5 Excess distributions carryover applied to 2006 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract				· · · · · · · · · · · · · · · · · · ·
line 4b from line 2b		0.		
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 assessed	1	0.		•
assessed d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2005. Subtract line	-		i	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2006. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2007				68,837.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by			환경 경기 시간 시간	
section 170(b)(1)(E) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2001				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2007.				
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9:				
a Excess from 2002				
b Excess from 2003		•		
c Excess from 2004		İ		
d Excess from 2005]		
e Excess from 2006				Form 990-PF (2006)

OAN HERMANOWSKI

CHARLES AND

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to any foundation manager Amount Name and address (home or business) or substantial contributor a Paid during the year NONE 0. **▶** 3a Total b Approved for future payment NONE 0. Total 623611/01-29-07

Part XVI-A	A I •	Income-Producing	A
Part Avi-4	TO SISVIKED	Income-Producing	ACTIVITIAS
1. 661 6 7 5 7 1 7 3	THINITUD OF	IIIOOIIIC'I IOGGOIIG	AUDITIOS

Enter gross amounts unless otherwise indicated.	Unrelated t	ousiness income		y section 512, 513, or 514	(e)
•	(a) Business	(b)	(c) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
8					
<u> </u>					
Ç					• • ·· ·
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash				İ	
investments			14	21,158.	
4 Dividends and interest from securities			14	38,244.	
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				i	
7 Other investment income			14	5,109.	
8 Gain or (loss) from sales of assets other					
than inventory			18	7,125.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
¢					
d					
e i					
12 Subtotal. Add columns (b), (d), and (e)		() .	71,636.	0.
13 Total. Add line 12, columns (b), (d), and (e)		 			71,636
(See worksheet in line 13 instructions to verify calculations.)	•••••				, = , , , , , ,
					
Part XVI-B Relationship of Activities to	tne Accom	plishment of	Exempt Pu	rposes	

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).
623621 01-29-07	Form 990-PF (2006

20-5744155 6) FAMILY FOUN. TION, INC. 20-5744155

rait	VAII	Exempt Organ	izations	ila mansaotione t			_		
Di	d the oroa		ectly engage in any of the following	g with any other organization	on described in section	501(c) of		Yes	No
th	e Code (ot	her than section 501(c)	(3) organizations) or in section 52	- 7, relating to political orgar	nizations?				_
			ation to a noncharitable exempt org						
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1a(1)		X
							1a(2)		X
	her transa								
			ble exempt organization				1b(1)		X
			ncharitable exempt organization				1b(2)		X
•	•		or other assets				1b(3)		<u> </u>
•	•						1b(4)		X
							1b(5)		<u>X</u>
			mbership or fundraising solicitation				1b(6)		X
c SI	naring of fa	acilities, equipment, ma	iling lists, other assets, or paid emp	oloyees			10		X
d if	the answe	r to any of the above is	"Yes," complete the following sche-	dule. Column (b) should al	ways show the fair ma	rket value of the goods, ot	ner ass	ets,	
01	services (given by the reporting fo	oundation. If the foundation receive	d less than fair market valu	ue in any transaction o	r sharing arrangement, sh	ow in		
CC	lumn (d) t	he value of the goods,	other assets, or services received.						
a) Line	no. (b) Amount involved	(c) Name of noncharitable	exempt organization	(d) Description o	transfers, transactions, and sh	aring ar	rangeme	nts
			N/A						
						·			
									
							,		
							,		
									
					<u> </u>				
2a Is	the found	ation directly or indirect	tly affiliated with, or related to, one	or more tax-exempt organ	izations described		-		7
in	section 50	01(c) of the Code (other	r than section 501(c)(3)) or in sect	ion 527?			Yes	X] No
b If	"Yes," com	plete the following sch							
		(a) Name of org	panization	(b) Type of organization	(c	Description of relationship)		
		<u> N/A</u>				.,			
				· · · · · · · · · · · · · · · · · · ·					
						knowledge and heliaf it is to	D COTTO	<u>~</u>	
Un	der penalties i complete. I	of perjury, I declare that I h Declaration of preparer (othe	nave examined this return, including acco or than taxpayer or fiduciary) is based on	mpanying schedules and states all information of which prepare	nents, and to the best of h has any knowledge.	iy kilowledge alld beller, it is tic	i o , como	U 1,	
"		TAXPAYE		1					
a L		KALIFMAN D	OSSIN & CO.		— Tal-				
	Signatur	e GEALLE GA PARELL	C ACCOUNTANTS A	Date	Title Chec	k if Preparer's	SSN o	PTIN	
-,	, Prep	arer's	11000	<u> </u>	self-			•	
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Paid	Firm's r	name (or yours KAUF			, ,	EIN ►			
8	E⊅ If self-e	mployed), 2699			1	Dhaman /30E\	0 E	8-5	60 n
	address	s, and ZIP code MIAM	II, ALORIDA 3313	3	<u> </u>	Phone no. (305)		<u>8 − ⊃</u> - PF (
			•			Forn	1 シュハ	-rj ()	ZUU0}

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

Schedule of Contributors

OMB No. 1545-0047

2006

Name of organization

CHARLES AND JOAN HERMANOWSKI

Employer identification number

FAMILY FOUNDATION, INC. 20-5744155 Organization type (check one): Section: Filers of: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 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 organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990 EZ, that received from any one contributor, during the year, some 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, charitable, etc., contributions of \$5,000 or more during the year.) Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

623451 03-19-07

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, Form 990-EZ, and Form 990-PF.

Name of organization
CHARLES AND JOAN HERMANOWSKI
FAMILY FOUNDATION, INC.

Employer identification number

20-5744155

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JOAN A. HERMANOWSKI P.O. BOX 403369 MIAMI BEACH, FL 33140	sssss	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	JOAN A. HERMANOWSKI P.O. BOX 403369 MIAMI BEACH, FL 33140	\$\$, 1,485,740.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
22452 01 40		\$	Person Payroll Poncash Complete Part II if there is a noncash contribution.)

CHARLES AND JOAN HERMANOWSKI FAMILY FOUNDATION, INC.

Employer identification number

20-5744155

No. from Description of noncash property given (a) MISCELLANEOUS PUBLICLY TRADED SECURITIES (b) No. from Description of noncash property given (a) No. from Description of noncash property given (a) No. from Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (ee instructions) (d) Date received (e) FMV (or estimate) (ee instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (f) Date received (g) No. from Description of noncash property given (e) FMV (or estimate) (see instructions) (f) Date received (g) No. from Description of noncash property given (g) No. from Description of noncash property given (g) No. from Description of noncash property given (g) No. from Description of noncash property given (g) No. from Description of noncash property given (g) No. from Description of noncash property given (g) Date received (g) Date received (g) Date received (g) Date received (g) Date received (g) Date received (g) Date received (g) Date received (g) Date received (g) Date received (g) Date received	(a)			
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	art I		(see instructions)	Pare i endiaca
\$				
			s	
	3453 01-1	3-07	Schedule B (Form 990)	QQN_F7 Ar QQN_DE\ /4

FORM 990	RM 990-PF GAIN OR (LOSS) FROM SALE OF ASSETS STATEMENT 1 (A) SCRIPTION OF PROPERTY ACQUIRED DATE SOLD RTHERN TRUST-PUBLICLY TRADED SECURITIES VARIOUS (B) GROSS COST OR EXPENSE OF DEPREC. GAIN OR LOSS O. O. O. O. O. 7,125. PITAL GAINS DIVIDENDS FROM PART IV FAL TO FORM 990-PF, PART I, LINE 6A RM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS CREE TEREST INCOME ON CHECKING TEREST INCOME ON INVESTMENTS TALL TO FORM 990-PF, PART I, LINE 3, COLUMN A 21,158.									
DESCRIPT	• •								DATE :	SOLD
NORTHERN	TRUST-PUBLICLY	TRADED SEC	CURIT	IES			VARI	ous	VARI	ous
					0.77	(E)			(F)	
					O.F.	DEPRE	c.	GAIN	OR LOS	SS
	0.		0.		0.		0.		7,3	125.
CAPITAL (GAINS DIVIDENDS	FROM PART	ıv		***					0.
TOTAL TO	FORM 990-PF, P	ART I, LINE	E 6A				_		7,1	125.
							=		···	
FORM 990-	-PF INTEREST O	n savings <i>i</i>	AND TI	EMPORARY	CASI	H INVEST	MENTS	STA:	PEMENT	2
SOURCE								2	TUUOMA	
									21,1	
TOTAL TO	FORM 990-PF, P.	ART I, LINE	3, 0	COLUMN A					21,1	.58.
										
FORM 990-	-PF DI	VIDENDS AND	INTE	REST FRO	M SE	CURITIES	3	STAT	PEMENT	3
SOURCE		•	GROS	S AMOUNT		CAPITAL (JUMN (A MOUNT	.)
DIVIDEND	INCOME			38,244	•		0.		38,2	44.
TOTAL TO	FM 990-PF, PAR	r I, LN 4		38,244	•		0.		38,2	44.
					= ==					

FORM 990-PF	OTHER 1	INCOME		STATEMENT
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
MISCELLANEOUS INVESTMENT INC	OME	5,109.	5,109	•
TOTAL TO FORM 990-PF, PART I	, LINE 11	5,109.	5,109	•
FORM 990-PF	OTHER PROFES	SIONAL FEES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
NORTHERN TRUST INVESTMENT EXPENSE	1,782.	1,782.		0.
TO FORM 990-PF, PG 1, LN 16C	1,782.	1,782.		0.
FORM 990-PF	TAX	ES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	(D) CHARITABLE PURPOSES
	EXPENSES	NET INVEST-	ADJUSTED NET INCOM	CHARITABLE
FEDERAL TAXES	EXPENSES PER BOOKS	NET INVEST- MENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
FEDERAL TAXES TO FORM 990-PF, PG 1, LN 18	EXPENSES PER BOOKS 25,000.	NET INVEST- MENT INCOME 0.	ADJUSTED NET INCOME	CHARITABLE PURPOSES 0.
DESCRIPTION FEDERAL TAXES TO FORM 990-PF, PG 1, LN 18 FORM 990-PF DESCRIPTION	EXPENSES PER BOOKS 25,000.	NET INVEST- MENT INCOME 0. 0. E STOCK	ADJUSTED NET INCOME	CHARITABLE PURPOSES 0. 0.
FEDERAL TAXES TO FORM 990-PF, PG 1, LN 18 FORM 990-PF	EXPENSES PER BOOKS 25,000.	NET INVEST- MENT INCOME 0. 0. E STOCK	ADJUSTED NET INCOM	CHARITABLE PURPOSES 0. 0. STATEMENT 7 FAIR MARKET

·	CORPORATE BONDS		STAT	EMENT
DESCRIPTION		BOOK VALU		MARKET ALUE
NORTHERN TRUST	•	814,4	73.	821,181
TOTAL TO FORM 990-PF, PART II,	LINE 10C	814,4	73.	821,181
	SUBSTANTIAL CONTRIB	UTORS	STAT	EMENT
NAME OF CONTRIBUTOR	ADDRESS			
JOAN A. HERMANOWSKI	P.O. BOX 4033	69, MIAMI B	EACH, FL	33140
	LIST OF OFFICERS, DE AND FOUNDATION MANAGE	GERS	STAT	EMENT 1
		CONTRACT		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	BEN PLAN	EXPENSE ACCOUNT
JOAN A. HERMANOWSKI P.O. BOX 403369 MIAMI BEACH, FL 33140		SATION	BEN PLAN	
JOAN A. HERMANOWSKI P.O. BOX 403369 MIAMI BEACH, FL 33140 CHARLES A. HERMANOWSKI P.O. BOX 403369	AVRG HRS/WK PRESIDENT/DIREC	SATION CTOR	BEN PLAN CONTRIB	ACCOUNT
JOAN A. HERMANOWSKI P.O. BOX 403369 MIAMI BEACH, FL 33140 CHARLES A. HERMANOWSKI P.O. BOX 403369 MIAMI BEACH, FL 33140 JOY ANN SMITH P.O. BOX 403369	AVRG HRS/WK PRESIDENT/DIRECTION 1.00 VICE-PRESIDENT	SATION CTOR 0.	BEN PLAN CONTRIB	ACCOUNT 0.
JOAN A. HERMANOWSKI P.O. BOX 403369 MIAMI BEACH, FL 33140 CHARLES A. HERMANOWSKI P.O. BOX 403369 MIAMI BEACH, FL 33140 JOY ANN SMITH P.O. BOX 403369 MIAMI BEACH, FL 33140 JEAN ALICE CASE P.O. BOX 403369	AVRG HRS/WK PRESIDENT/DIRECTION 1.00 VICE-PRESIDENT 0.50 TREASURER	SATION CTOR 0.	CONTRIB 0.	O.
JOAN A. HERMANOWSKI P.O. BOX 403369 MIAMI BEACH, FL 33140 CHARLES A. HERMANOWSKI	AVRG HRS/WK PRESIDENT/DIRECTOR 1.00 VICE-PRESIDENT 0.50 TREASURER 1.00 DIRECTOR	SATION CTOR 0.	O. O.	O.

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FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

J. HERMANOWSKI PO BOX 403369 MIAMI BEACH, FL 33140

TELEPHONE NUMBER

305-865-7450

FORM AND CONTENT OF APPLICATIONS

2-3 PAGE LETTER OF INQUIRY; PROOF OF IRS 501(C)(3) EXEMPTION, PROJECT DESCRIPTION AND BUDGET.

ANY SUBMISSION DEADLINES

MARCH 31 OF EACH YEAR

RESTRICTIONS AND LIMITATIONS ON AWARDS

NO POLITICAL ORGANIZATIONS OR LARGE PUBLIC CHARITIES - - ONLY UNITED STATES CHARITIES WHICH BENEFIT CHILDREN UNDER AGE 21

Underpayment of Estimated Tax by Corporations

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the

► See separate instructions.	-	-	
ch to the corporation's tax retur	n_	FORM	0.0

OMB No. 1545-0142 2006

Department of the Treasury Internal Revenue Service

CHARLES AND JOAN HERMANOWSKI

FAMILY FOUNDATION, INC.

Employer identification number

20-5744155

	corporation. However, the corporation may still use Form penalty line of the corporation's income tax return, but do	2220 not) to figure the penalty. If so attach Form 2220.	o, enter the amount from	page 2, line 34 on the	esti	mated tax
	Part I Required Annual Payment		· · · · · · · · · · · · · · · · · · ·				
1	1 Total tax (see instructions)					1	22,359
•	De Deroccel halding comments to (Oake dule DI) (Faces 4400).		ov 1: ()	1.1	t d	63.	
	2 a Personal holding company tax (Schedule PH (Form 1120), li			2a			
	b Look-back interest included on line 1 under section 460(b)(2				j ·		
	contracts or of section 167(g) for depreciation under the inc	ome	torecast method	<u>2b</u>			
	c Credit for Federal tax paid on fuels (see instructions)			2c			
	d Total. Add lines 2a through 2c				2	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do		•	•			
	does not owe the penalty				·····	3	22,359
4	Enter the tax shown on the corporation's 2005 income tax re						
	or the tax year was for less than 12 months, skip this line a	and e	inter the amount from lin	e 3 on line 5	······	4	
_	. Beguined annual resonant Enter the smalles of line O as lie	. 4 1	fab	14 17 19 4			
J	 Required annual payment. Enter the smaller of line 3 or line enter the amount from line 3 		•	* *			
1	enter the amount from line 3 Part II Reasons for Filing - Check the boxes bel	 a a					22,359.
	even if it does not owe a penalty (see instructions).	IOW E	nat apply, it any boxes are	cnecked, the corporation	n must file Form 2220		
6			t mathad				
7							
8				an the arior constants.			
	Part III Figuring the Underpayment	SUIE	quired installment based (on the prior year's tax.			
•	Tart in 11 igaring the Onderpayment		(a)	/ b)	(-)		
9	installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the		\a)	(b)	(c)		(d)
	corporation's tax year	9	03/15/07	04/15/07	07/15/07	,	10/15/07
10						7	
	above is checked, enter the amounts from Sch A, line 38. If						
	the box on line 8 (but not 6 or 7) is checked, see instructions				•		
	for the amounts to enter. If none of these boxes are checked,						
	enter 25% of line 5 above in each col. Special rules apply to			•			
	corporations with assets of \$1 billion or more (see instr)	10	5,590.	5,590.	5,589		5,590.
1	Estimated tax paid or credited for each period (see						
	instructions). For column (a) only, enter the amount						
	from line 11 on line 15	11					25,000.
	Complete lines 12 through 18 of one column before						
	going to the next column.						
	Enter amount, if any, from line 18 of the preceding column	12					
3	Add lines 11 and 12	13					25,000.
	Add amounts on lines 16 and 17 of the preceding column	14		5,590.	11,180	•	16,769.
5	Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0		8,231.
6	If the amount on line 15 is zero, subtract line 13 from line					1	
	14. Otherwise, enter -0-	16		5,590.	11,180		
7	Underpayment. If line 15 is less than or equal to line 10,		-				
	subtract line 15 from line 10. Then go to line 12 of the next		!				•
	column. Otherwise, go to line 18	17	5,590.	5,590.	5,589		
8	Overpayment. If line 10 is less than line 15, subtract line 10		ļ				
	from line 15. Then go to line 12 of the next column	18					
	Go to Part IV on page 2 to figure the penalty	y. Do	not go to Part IV if there	are no entries on line 17	7 - no penalty is owed		

JWA For Paperwork Reduction Act Notice, see separate instructions. 612801 01-15-07

Form 2220 (2006)

D-4 11/	Figuring	44	D
Pant IV	Fiaurina	tne	Penaity

		(a)	(b)	(c)		(d)
Enter the date of payment or the 15th day of the 3rd month						
after the close of the tax year, whichever is earlier (see						
instructions). (Form 990-PF and Form 990-T filers; Use 5th						
month instead of 3rd month.)	19					
Number of days from due date of installment on line 9 to the						
date shown on line 19	20					
Number of days on line 20 after 4/15/2006 and before 7/1/2006	21					
Underpayment on line 17 x Number of days on line 21 x 7%	22 \$		\$	s	s	
365	1214		<u> </u>			
Number of days on line 20 after 6/30/2006 and before 4/1/2007	23					
Underpayment on line 17 x Number of days on line 23 x 8% 365	24 \$		\$	\$	\$	
Number of days on line 20 after 3/31/2007 and before 7/1/2007	25					
Underpayment on line 17 x Number of days on line 25 X *%	26 \$		\$	\$	\$	
Number of days on line 20 after 6/30/2007 and before 10/1/2007	27	SEE	ATTACHED	WORKSHEET		
Number of days on life 20 alies 0/30/2007 and belote 10/1/2007	-					
Underpayment on line 17 x Number of days on line 27 x *%	28 \$		\$	\$	\$	
365						
Number of days on line 20 after 9/30/2007 and before 1/1/2008	29					
Underpayment on line 17 x Number of days on line 29 x *%	30 \$		\$	\$	\$	
Number of days on line 20 after 12/31/2007 and before 2/16/2008	31					
Underpayment on line 17 x Number of days on line 31 x *%	32 \$		\$	\$	\$	
Add the on the on the suide	33 \$		\$	\$	\$	
Add lines 22, 24, 26, 28, 30, and 32	1 00 1 Φ		ΙΨ	LY		
Penalty. Add columns (a) through (d), of line 33. Enter the to	otal here ar	id on Form 1120; li	ne 33,			
Form 1120-A, line 29; or the comparable line for other income	e tax return	s			34 \$	4

^{*} For underpayments paid after March 31, 2007: For lines 26, 28, 30, and 32, use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

JWA

Form 2220 (2006)

UNDER AYMENT OF ESTIMATED TAX WORKS

ne(s) HARLES AND	JOAN HERMANO	WSKI		Identifying Numl	761
	DATION, INC.			20-5744	155
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
3/15/07	5,590.	5,590.	31	.000219178	
4/15/07	5,590.	11,180.	91	.000219178	2:
7/15/07	5,589.	16,769.	59	.000219178	2:
9/12/07	<18,750.>	<1,981.>			
0/11/07	<6,250.>	<8,231.>			
0/15/07	5,590.	<2,641.>			
2/31/07	0.	<2,641.>	75	.000191257	·
			······································		
					
	Ì				

^{*} Date of estimated tax payment, withholding credit date or installment due date.

612511 05-01-06