Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

| men | al Rev | venue Service | 3.90 V/1 011113301 1 101 111311 U | Chons and the | e latest lillor | mation. | Open to Fublic inspection |
|----------------|----------|---|-----------------------------------|----------------|---------------------|--|---|
| For | alen | dar year 2023 or tax year beginning NOV | 1, 2023 | , and er | nding | OCT 31, 2024 | |
| Nai | ne of | foundation | | | | A Employer identification | number |
| | | RLES AND JOAN HERMANOWSI | KI | | | | |
| | | ILY FOUNDATION, INC. | | | | 20-5744155 | |
| | | nd street (or P.O. box number if mail is not delivered to street a | address) | | Room/suite | B Telephone number | ^- |
| | | . BOX 810005 | | | | 305-804-95 | 87 |
| | | own, state or province, country, and ZIP or foreign p | ostal code | | | C If exemption application is p | ending, check here |
| | | A RATON, FL 33481 | I mikini wakuwa af a fe | | la a uita . | D 4 Fausian augusiastian | a abaali basa |
| G (| песк | all that apply: Initial return Final return | Initial return of a fo | ormer public c | narity | D 1. Foreign organizations | s, cneck nere |
| | | Address change | Amended return Name change | | | Foreign organizations me check here and attach co | eeting the 85% test, |
| Н (| heck | type of organization: \mathbf{X} Section 501(c)(3) ex | <u></u> | | | | |
| | _ | ction 4947(a)(1) nonexempt charitable trust | | ation | | E If private foundation sta under section 507(b)(1) | |
| I Fa | | arket value of all assets at end of year J Accounti | | Accr | ual | F If the foundation is in a | |
| | | · I — | ther (specify) | | | under section 507(b)(1) | |
| | \$ | 1,949,050. (Part I, colur | | is.) | | | |
| Pa | ırt I | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not | (a) Revenue and | (b) Net in | | (c) Adjusted net | (d) Disbursements for charitable purposes |
| | | necessarily equal the amounts in column (a).) | expenses per books | inco | ome | income | (cash basis only) |
| | 1 | Contributions, gifts, grants, etc., received | 8,545. | | | N/A | |
| | 2 | Check if the foundation is not required to attach Sch. B Interest on savings and temporary | 1 | | 1 | | CONTRACTOR 1 |
| | 3 | cash investments | 62,582. | 6 | <u>1.</u> 2,582. | | STATEMENT 1 STATEMENT 2 |
| | 4 | Dividends and interest from securities | 02,302. | 0. | 4,304. | | STATEMENT Z |
| | | Gross rents Net rental income or (loss) | | | | | |
| | _ | Net gain or (loss) from sale of assets not on line 10 | 17,280. | | | | |
| ne | b | Gross sales price for all | | | | | |
| Revenue | 7 | | | 1' | 7,280. | | |
| æ | 8 | Net short-term capital gain | | | | | |
| | 9 | Income modifications | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | |
| | b | Less: Cost of goods sold | | | | | |
| | С | Gross profit or (loss) | | | | | |
| | 11 | Other income | 88,408. | 7 | 0 062 | | |
| | 12 | Total. Add lines 1 through 11 | 0. | 1 | 9,863. 0. | | 0. |
| | 13 14 | Compensation of officers, directors, trustees, etc. Other employee salaries and wages | 0. | | 0. | | 0. |
| | 15 | Pension plans, employee benefits | | | | | |
| S | l . | l egal fees | | | | | |
| nse. | b | Legal fees Accounting fees STMT 3 | 6,932. | | 3,466. | | 0. |
| Expenses | С | Other professional fees | , | | • | | |
| e E | 17 | Interest | | | | | |
| Administrative | 18 | Taxes STMT 4 | 2,507. | | 894. | | 0. |
| nist | 19 | Depreciation and depletion | | | | | |
| Ē | 20 | Occupancy | | | | | |
| | | Travel, conferences, and meetings | | | | | |
| and | 22 | Printing and publications | 5,935. | | 5,935. | | 0. |
| ina | 23 | Other expenses STMT 5 | 5,935. | | 3,933. | | 0. |
| Operating | 24 | Total operating and administrative expenses. Add lines 13 through 23 | 15,374. | 1 | 0,295. | | 0. |
| ô | 25 | Contributions, gifts, grants paid | 104,500. | | -, | | 104,500. |
| | l . | Total expenses and disbursements. | | | | | |
| | - | Add lines 24 and 25 | 119,874. | 1 | 0,295. | | 104,500. |
| | 27 | Subtract line 26 from line 12: | | | | | |
| | | Excess of revenue over expenses and disbursements | -31,466. | | | | |
| | b | Net investment income (if negative, enter -0-) | | 6: | 9,568. | / - | |
| | C | Adjusted net income (if negative, enter -0-) | | | | N/A | |

LHA For Paperwork Reduction Act Notice, see instructions.

| P | art | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End of | year |
|---------------------------|----------|---|-------------------|-------------------------|---------------------------|
| _ | <u> </u> | column should be for end-of-year amounts only. | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 96,502. | 39,928. | 39,928. |
| | | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 4 | Pledges receivable | | | |
| | | Less; allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons | | | |
| | 7 | Other notes and loans receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| Ŋ | 8 | Inventories for sale or use | | | |
| ssets | 9 | Prepaid expenses and deferred charges | | | |
| As | | Investments - U.S. and state government obligations | | | |
| | b | Investments - corporate stock STMT 6 | 785,700. | 884,928. | 1,028,447. |
| | C | Investments - corporate bonds STMT 7 | 862,807. | 750,334. | 767,704. |
| | | Investments - land, buildings, and equipment: basis | | | |
| | | Less: accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other STMT 8 | 60,901. | 99,482. | 112,971. |
| | 14 | Land, buildings, and equipment: basis | | | |
| | | Less: accumulated depreciation | | | |
| | 15 | Other assets (describe) | | | |
| | 16 | Total assets (to be completed by all filers - see the | | | |
| | | instructions. Also, see page 1, item I) | 1,805,910. | 1,774,672. | 1,949,050. |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| Ş | | Deferred revenue | | | |
| abilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| iabi | 21 | Mortgages and other notes payable | | | |
| = | 22 | Other liabilities (describe) | | | |
| | | | 0 | , | |
| _ | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | | Foundations that follow FASB ASC 958, check here | | | |
| es | | and complete lines 24, 25, 29, and 30. | | | |
| and | 24 | Net assets without donor restrictions | | + | |
| Bal | 25 | Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here X | | | |
| 5 | | | | | |
| ŕ | 26 | and complete lines 26 through 30. Capital stock, trust principal, or current funds | 0. | 0. | |
| S | 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| set | 28 | Retained earnings, accumulated income, endowment, or other funds | 1,805,910. | 1,774,672. | |
| Net Assets or Fund Balanc | 29 | Total net assets or fund balances | 1,805,910. | 1,774,672. | |
| Š | | | | = 7 · · = 7 · · = · | |
| | 30 | Total liabilities and net assets/fund balances | 1,805,910. | 1,774,672. | |
| D | art | Analysis of Changes in Net Assets or Fund Bal | • | | |
| | | - | | | |
| | | net assets or fund balances at beginning of year - Part II, column (a), line 2 | 9 | | 4 60= 616 |
| | • | | | | 1,805,910. -31,466. |
| | | amount from Part I, line 27a | | | -31,466. |
| | | increases not included in line 2 (itemize) BASIS ADJUSTMEN | | 3 | 228. |
| | | ines 1, 2, and 3 | | | 1,774,672. |
| | | pases not included in line 2 (itemize) | umn (h) lina 00 | 5 6 | 1,774,672. |
| 6 | rutal | net assets or fund balances at end of year (line 4 minus line 5) - Part II, col | umm (D), mie 29 | | Form 990-PF (2023) |
| | | | | | · ····· · (LULU) |

CHARLES AND JOAN HERMANOWSKI

| FORM 990-PF (2023) FAM | ILY FOUNDATION, | INC. | | | | 20-5/4 | 4133 | Page 3 |
|--|--|--|--------------|--|--------------------------|---|----------------------------|----------------------|
| Part IV Capital Gains a | and Losses for Tax on In | vestment Incor | ne | | | | | |
| | the kind(s) of property sold (for exa arehouse; or common stock, 200 sha | | (1 | b) How ac P - Purc D - Dona | equired hase ation | (c) Date acquired (mo., day, yr.) | (d) Dat (mo., d | te sold lay, yr.) |
| 1a PUBLICLY TRADE | | | | | P | | | |
| b PUBLICLY TRADE | D SECURITIES | | | | P | | | |
| c CAPITAL GAINS I | DIVIDENDS | | | | | | | |
| d | | | | | | | | |
| e | | _ | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or oth plus expense | | | | (h) Gain or (loss ((e) plus (f) minus | (g)) | |
| a 260,060. | | | 2,607 | | | | 7 | ,453. |
| <u>ь</u> 57,993. | | 6 | 5,393 | • | | | <u>-7</u> | ,400. |
| c 17,227. | | | | | | | <u>17</u> | ,227. |
| d | | | | | | | | |
| e | | | | | | | | |
| Complete only for assets showing | ng gain in column (h) and owned by | the foundation on 12/3 | 1/69. | _ | (I) | Gains (Col. (h) gain | minus | |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of over col. (j), | | | col. | (k), but not less that Losses (from col. (| h)) | |
| a | | | | | | | 7 | ,453. |
| b | | | | | | | <u>-7</u> | ,400. |
| С | | | | | | | 17 | ,227. |
| d | | | | | | | | |
| е | | | | | | | | |
| 2 Capital gain net income or (net ca | $ \begin{cases} \text{If gain, also ente} \\ \text{If (loss), enter -} \end{cases} $ | er in Part I, line 7 O- in Part I, line 7 | | } _2_ | | | 17 | ,280. |
| 3 Net short-term capital gain or (los If gain, also enter in Part I, line 8, | ss) as defined in sections 1222(5) ar column (c). See instructions. If (los | \ / | ~ | $I \mid I$ | | | | |
| Part I, line 8 | | | | <u> 3</u> | | N/A | | |
| | sed on Investment Incom | | • • • | • • • | | see instructio | ns) | |
| 1a Exempt operating foundations | described in section 4940(d)(2), che | | | | | | | |
| Date of ruling or determination | | | | see instru | ctions) | 1 | | 967. |
| | enter 1.39% (0.0139) of line 27b. Ex | | | | | | | |
| | . (b) | | | | | J _ | | _ |
| | tic section 4947(a)(1) trusts and tax | | | | | | | 0. |
| | | | | | | 3 | | 967. |
| | stic section 4947(a)(1) trusts and tax | | others, ente | r -0-) | | | | 0. |
| | me . Subtract line 4 from line 3. If ze | ero or less, enter -0- | | | | 5 | | 967. |
| 6 Credits/Payments: | | ı | ı | | | | | |
| | and 2022 overpayment credited to 20 | | | | 2,480 | | | |
| | tax withheld at source | | | | 0 | <u> </u> | | |
| | tension of time to file (Form 8868) | | | | 0 | | | |
| ' | y withheld | | | | 0 | | 2 | 400 |
| 7 Total credits and payments. Ad | • | | | | | | | <u>,480.</u> |
| | ment of estimated tax. Check here | if Form 2220 is a | attached | | | | | 0. |
| | and 8 is more than line 7, enter amo | | | | | | | E12 |
| | than the total of lines 5 and 8, enter | - | | 1 3 | | 10 | | ,513. |
| | | | | | | | | |

CHARLES AND JOAN HERMANOWSKI

Form 990-PF (2023)

FAMILY FOUNDATION, INC.

| Pa | art VI-A Statements Regarding Activities | | | | |
|----|---|-----------------|---------|-----------|---------------|
| 1a | a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | | | Yes | No |
| | any political campaign? | | 1a | | Х |
| b | b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definiti | on | 1b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or | | | | |
| | distributed by the foundation in connection with the activities. | | | | |
| C | c Did the foundation file Form 1120-POL for this year? | | 1c | | X |
| d | d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | |
| | (1) On the foundation. \$ (2) On foundation managers. \$ | | | | |
| е | e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | |
| | managers. \$0 • | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2 | | X |
| | If "Yes," attach a detailed description of the activities. | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | | | | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | 3 | | <u> X</u> |
| | a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4a | | Х |
| b | b If "Yes," has it filed a tax return on Form 990-T for this year? | | 4b | | <u> </u> |
| 5 | , | | 5 | | X |
| | If "Yes," attach the statement required by General Instruction T. | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | |
| | By language in the governing instrument, or | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state legislation. | | | | |
| | remain in the governing instrument? | | 6 | X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV | | 7 | Х | |
| | | | | | |
| 8a | a Enter the states to which the foundation reports or with which it is registered. See instructions. | | | | |
| | <u>FL</u> | | | | |
| b | b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | | ** | |
| | of each state as required by General Instruction G? If "No," attach explanation | | 8b | Х | |
| 9 | | | | | 77 |
| | year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII | | 9 | | X |
| | | | 10 | | X |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | | ,, |
| | section 512(b)(13)? If "Yes," attach schedule. See instructions | | 11 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory priv | ileges? | | | ., |
| | If "Yes," attach statement. See instructions | | 12 | 37 | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | | 13 | Х | <u> </u> |
| | Website address WWW.HERMANOWSKIFOUNDATION.ORG | 20E 00 | 4 0 | F 0 7 | |
| 14 | | | | 201 | |
| 4- | Located at P.O. BOX 810005, BOCA RATON, FL | ZIP+4 <u>33</u> | | | $\overline{}$ |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | | / 7 | |
| 40 | | 15 | N | /A Yes | No |
| 16 | At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank, | | 40 | 162 | No X |
| | securities, or other financial account in a foreign country? | | 16 | | <u> </u> |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | | | |
| | foreign country | | 00/ |)_DE | (2023) |
| | | For | III 336 |)-LL | (2023) |

323531 12-20-23

CHARLES AND JOAN HERMANOWSKI

Form 990-PF (2023)

FAMILY FOUNDATION, INC.

| Part VI-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) Engag | e in the sale or exchange, or leasing of property with a disqualified person? | | 1a(1) | | X |
| (2) Borrov | money from, lend money to, or otherwise extend credit to (or accept it from) | | | | |
| a disqı | ialified person? | | 1a(2) | | Х |
| (3) Furnis | n goods, services, or facilities to (or accept them from) a disqualified person? | | 1a(3) | | Х |
| (4) Pay co | mpensation to, or pay or reimburse the expenses of, a disqualified person? | | 1a(4) | | X |
| (5) Transf | er any income or assets to a disqualified person (or make any of either available | | | | |
| for the | benefit or use of a disqualified person)? | | 1a(5) | | X |
| | to pay money or property to a government official? (Exception. Check "No" | | | | |
| if the f | oundation agreed to make a grant to or to employ the official for a period after | | | | |
| termin | ation of government service, if terminating within 90 days.) | | 1a(6) | | X |
| b If any answ | er is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | | |
| section 53. | 4941(d)-3 or in a current notice regarding disaster assistance? See instructions | N/A | 1b | | |
| c Organizatio | ns relying on a current notice regarding disaster assistance, check here | | | | |
| d Did the fou | ndation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | | |
| before the | irst day of the tax year beginning in 2023? | | 1d | | X |
| 2 Taxes on fa | ilure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | | | |
| defined in s | ection 4942(j)(3) or 4942(j)(5)): | | | | |
| a At the end | of tax year 2023, did the foundation have any undistributed income (Part XII, lines | | | | |
| 6d and 6e) | for tax year(s) beginning before 2023? | | 2a | | _X_ |
| If "Yes," list | the years , , , , , | | | | |
| | ny years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | | | |
| | assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | | | |
| | see instructions.) | N/A | 2b | | |
| c If the provi | sions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | | |
| | , <u> </u> | | | | |
| | ndation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | | |
| during the | | | 3a | | _X_ |
| | it have excess business holdings in 2023 as a result of (1) any purchase by the foundation or disqualified persons after | | | | |
| | 69; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to disp | ose | | | |
| | acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, | 37 / 3 | | | |
| | , to determine if the foundation had excess business holdings in 2023.) | | 3b | | |
| | ndation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | 4a | | X |
| | ndation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose the | ıat | | | |
| had not be | en removed from jeopardy before the first day of the tax year beginning in 2023? | | 4b | | X |

Form 990-PF (2023) FAMILY FOUNDATION, INC. 20
Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

| | | | 1 (COITIII) | ucu) | | | |
|----------|---|---|-----------------------------------|---|----------|--------------------|---------------|
| | uring the year, did the foundation pay or incur any amount to: | | | | | Yes | No |
| | 1) Carry on propaganda, or otherwise attempt to influence legislation (section 49 | | | | 5a(1) | | _X_ |
| | 2) Influence the outcome of any specific public election (see section 4955); or to | • • | • • | | - (2) | | 37 |
| | any voter registration drive? | | | | 5a(2) | | <u> </u> |
| | 3) Provide a grant to an individual for travel, study, or other similar purposes? | | | | 5a(3) | | |
| | 4) Provide a grant to an organization other than a charitable, etc., organization de | | | | 5a(4) | | Х |
| | 4945(d)(4)(A)? See instructions 7) Provide for any purpose other than religious, charitable, scientific, literary, or e | | | | Ja(4) | | |
| | the prevention of cruelty to children or animals? | | | | 5a(5) | | Х |
| b | any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under | the exceptions described i | n Regulations | | 52(5) | | |
| | ection 53.4945 or in a current notice regarding disaster assistance? See instruction | | - | N/A | 5b | | |
| | rganizations relying on a current notice regarding disaster assistance, check here | | | | | | |
| | the answer is "Yes" to question 5a(4), does the foundation claim exemption from | | | | | | |
| | xpenditure responsibility for the grant? | | | N/A | 5d | | |
| | "Yes," attach the statement required by Regulations section 53.4945-5(d). | | | | | | |
| | id the foundation, during the year, receive any funds, directly or indirectly, to pay | | | | | | |
| ; | personal benefit contract? | | | | 6a | | <u> </u> |
| | lid the foundation, during the year, pay premiums, directly or indirectly, on a person | onal benefit contract? | | | 6b | | <u>X</u> |
| | "Yes" to 6b, file Form 8870. | | | | 7. | | v |
| | t any time during the tax year, was the foundation a party to a prohibited tax shelt "Yes," did the foundation receive any proceeds or have any net income attributabl | | | | 7a 7b | | _X_ |
| | s the foundation subject to the section 4960 tax on payment(s) of more than \$1,00 | | | !\ /. | 70 | | |
| | | | | | 8 | | Х |
| | VII Information About Officers, Directors, Trustees | s, Foundation Mar | agers, Highly | | | | |
| | Paid Employees, and Contractors | | | | | | |
| 1 Li | t all officers, directors, trustees, and foundation managers and their | | | (4) | | | |
| | (a) Name and address | (b) Title, and average hours per week devoted | (c) Compensation (If not paid, | (d) Contributions t employee benefit pla and deferred compensation | o a | (e) Exp ccount, | ense other |
| | (a) numb and address | 'to position | `enter'-0-)' | compensation | + | allowar | nces |
| | | | | | | | |
| C E. | E STATEMENT 9 | | 0. | 0 | | | 0. |
| OL. | STATEMENT 9 | | 0. | U | + | | <u> </u> |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | and any live and the | | | | | |
| <u> </u> | mpensation of five highest-paid employees (other than those includ | (b) Title, and average | enter "NONE." | (d) Contributions t | <u> </u> | (e) Exp | ense |
| | (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | (d) Contributions t employee benefit pla and deferred | is a | ccount, | other |
| | NONE | devoted to position | | compensation | + | allowar | ices |
| | HOME | | | | | | |
| | | | | | \top | | |
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| | | | | | \bot | | |
| | | | | | | | |
| | | | | | \perp | | |
| ota | number of other employees paid over \$50,000 | | | <u></u> | 000 |) DE | (2022) |

| F ΔMTT.∇ | FOUNDATION. | TNC |
|----------|-------------|-----|
| | | |

| (e) Compensa NONE NONE Total number of others receiving over \$50,000 for professional services Part VIII-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. **NONE** Part VIII-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount All other program-related investments. See instructions. 3 All other program-related investments. See instructions. | Paid Employees, and Contractors (continued) | | |
|--|--|----------------------------|------------------|
| NONE Total number of others receiving over \$50,000 for professional services | 3 Five highest-paid independent contractors for professional services. If none, enter "NONE. | | |
| Fotal number of others receiving over \$50,000 for professional services Part VIII-A Summary of Direct Charitable Activities List the foundations 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. NONE | | (b) Type of service | (c) Compensation |
| 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. NONE | NONE | | |
| 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. NONE Part VIII-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions. | | | |
| Part VIII-B 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. NONE Part VIII-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions. | | | |
| 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. NONE Part VIII-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions. | | | |
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| 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. NONE | Fotal number of others receiving over \$50,000 for professional services | | (|
| NONE Part VIII-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions. | Part VIII-A Summary of Direct Charitable Activities | | |
| NONE NONE | List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inforr | nation such as the | |
| Part VIII-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions. | $number\ of\ organizations\ and\ other\ beneficiaries\ served,\ conferences\ convened,\ research\ papers\ produced,\ etc.$ | | Expenses |
| Part VIII-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions. | NONE | | |
| Part VIII-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions. | | | |
| Part VIII-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions. | | | 0. |
| Part VIII-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions. | 2 | | |
| Part VIII-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions. | | | |
| Part VIII-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions. | | | |
| Part VIII-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | 3 | | |
| Part VIII-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | | | |
| Part VIII-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions. 3 | 4 | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions. 3 | | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions. 3 | | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions. 3 | Part VIII-B Summary of Program-Related Investments | | |
| All other program-related investments. See instructions. | | d 2. | Amount |
| All other program-related investments. See instructions. | ı N/A | | |
| All other program-related investments. See instructions. 3 | | | |
| All other program-related investments. See instructions. 3 | | | |
| All other program-related investments. See instructions. 3 | | | |
| | | | |
| | | | |
| | All other program-related investments. See instructions | | |
| | | | |
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| | | | |
| Fatal Add Dagget Albumush O | Total. Add lines 1 through 3 | | 0. |

Form 990-PF (2023)

| P | Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign for | ındations | , see instructions.) |
|----|---|-------------|----------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| а | Average monthly fair market value of securities | 1a | 1,883,632. |
| | Average of monthly cash balances | 1b | 1,883,632. |
| C | Fair market value of all other assets (see instructions) | 1c | |
| | Total (add lines 1a, b, and c) | 1d | 1,945,714. |
| 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 | 1,945,714. |
| 4 | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) | 4 | 29,186. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 | 5 | 1,916,528. |
| 6 | Minimum investment return. Enter 5% (0.05) of line 5 | 6 | 95,826. |
| P | Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a | ınd certain | |
| | foreign organizations, check here and do not complete this part.) | | |
| 1 | Minimum investment return from Part IX, line 6 | 1 | 95,826. |
| 2a | Tax on investment income for 2023 from Part V, line 5 | | |
| b | | | |
| C | Add lines 2a and 2b | 2c | 967. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 94,859. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 94,859. |
| 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 XII, line 1 | 7 | 94,859. |
| P | Part XI Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 104,500. |
| b | Program-related investments - total from Part VIII-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4 | 4 | 104,500. |

Part XII Undistributed Income (see instructions)

| | (a) | (b) | (c) | (d) |
|---|--------|---------------------|---------|---------|
| 1 Distributable amount for 2023 from Part X, | Corpus | Years prior to 2022 | 2022 | 2023 |
| line 7 | | | | 94,859. |
| 2 Undistributed income, if any, as of the end of 2023: | | | | 3170031 |
| a Enter amount for 2022 only | | | 79,546. | |
| b Total for prior years: | | | , , | |
| , | | 0. | | |
| 3 Excess distributions carryover, if any, to 2023: | | | | |
| a From 2018 | | | | |
| b From 2019 | | | | |
| c From 2020 | | | | |
| d From 2021 | | | | |
| e From 2022 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2023 from | | | | |
| Part XI, line 4: \$ 104,500. | | | | |
| a Applied to 2022, but not more than line 2a | | | 79,546. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | 0 | | | |
| (Election required - see instructions) | 0. | | | 24 054 |
| d Applied to 2023 distributable amount | 0 | | | 24,954. |
| e Remaining amount distributed out of corpus | 0. | | | |
| Excess distributions carryover applied to 2023 (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 | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2022. Subtract line | | | 0 | |
| 4a from line 2a. Taxable amount - see instr | | | 0. | |
| f Undistributed income for 2023. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | 69,905. |
| be distributed in 2024 7 Amounts treated as distributions out of | | | | 05,505. |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | | | | |
| may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2018 | | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2024. | | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2019 | | | | |
| b Excess from 2020 | | | | |
| c Excess from 2021 | | | | |
| d Excess from 2022 | | | | |
| e Excess from 2023 | | | | |

| Pa | art XII | Private Operating Fo | oundations (see ins | structions and Part VI-A | A, question 9) | N/A | |
|-----|------------------|---|-----------------------------|------------------------------|-----------------------------|--|----------------------|
| 1 8 | If the f | oundation has received a ruling or | determination letter that | it is a private operating | | | |
| | founda | tion, and the ruling is effective for | 2023, enter the date of t | he ruling | | | |
| t | Check | box to indicate whether the found | ation is a private operatin | ng foundation described in | section | 4942(j)(3) or 49 | 942(j)(5) |
| 2 8 | a Enter t | he lesser of the adjusted net | Tax year | | Prior 3 years | | |
| | incom | e from Part I or the minimum | (a) 2023 | (b) 2022 | (c) 2021 | (d) 2020 | (e) Total |
| | investr | nent return from Part IX for | | | | | |
| | each y | ear listed | | | | | |
| t | 85% (0 | 0.85) of line 2a | | | | | |
| (| , | ring distributions from Part XI, | | | | | |
| | line 4, | for each year listed | | | | | |
| (| d Amour | nts included in line 2c not | | | | | |
| | | irectly for active conduct of | | | | | |
| | | t activities | | | | | |
| 6 | , | ring distributions made directly | | | | | |
| | | ive conduct of exempt activities. | | | | | |
| 3 | Subtra | ct line 2d from line 2c ete 3a, b, or c for the | | | | | |
| J | | tive test relied upon: | | | | | |
| â | a "Assets | s" alternative test - enter: | | | | | |
| | (1) Va | alue of all assets | | | | | |
| | | alue of assets qualifying nder section 4942(j)(3)(B)(i) | | | | | |
| t | "Endov | vment" alternative test - enter | | | | | |
| | shown | minimum investment return in Part IX, line 6, for each year | | | | | |
| (| | ort" alternative test - enter: | | | | | |
| | (1) To | otal support other than gross | | | | | |
| | | vestment income (interest, | | | | | |
| | | vidends, rents, payments on curities loans (section | | | | | |
| | | 12(a)(5)), or royalties) | | | | | |
| | | upport from general public | | | | | |
| | | nd 5 or more exempt ganizations as provided in | | | | | |
| | | ection 4942(j)(3)(B)(iii) | | | | | |
| | (3) La | rgest amount of support from | | | | | |
| | ar | exempt organization | | | | | |
| _ | | oss investment income | | | | | |
| Pa | art XI\ | / Supplementary Infor | | | the foundation | had \$5,000 or mo | re in assets |
| | | at any time during th | ie year-see instri | uctions.) | | | |
| 1 | Inforn | nation Regarding Foundation | ո Managers: | | | | |
| â | | y managers of the foundation who | | | butions received by the | foundation before the clos | e of any tax |
| | , | out only if they have contributed m | ore man \$5,000). (See Se | ection 507(a)(2).) | | | |
| | | A. HERMANOWSKI | | | | | |
| t | | y managers of the foundation who entity) of which the foundation has | | | or an equally large portion | on of the ownership of a pa | artnership or |
| | | andly) of willon the foundation has | a 10 % of greater filteres | ol. | | | |
| | NE | | | | | | |
| 2 | | nation Regarding Contribution | | • • • • | _ | | |
| | Check the fou | nere if the foundation indation makes gifts, grants, etc., | • | • | • | s not accept unsolicited red b, c, and d. | quests for funds. If |
| â | The na | me, address, and telephone numb | er or email address of th | e person to whom applica | itions should be address | ed: | |
| SI | EE S | TATEMENT 10 | | | | | |
| t | The fo | rm in which applications should be | submitted and informat | tion and materials they sh | ould include: | | |
| (| : Any su | bmission deadlines: | | | | | |
| (| d Any re | strictions or limitations on awards | , such as by geographica | al areas, charitable fields, | kinds of institutions, or | other factors: | |

CHARLES AND JOAN HERMANOWSKI

Form 990-PF (2023)

FAMILY FOUNDATION, INC.

Part XIV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor a Paid during the year AMERICAN ASSOCIATION OF CAREGIVING N/A PUBLIC CHARITY IN-HOME TUTORING FOR CHILDREN YOUTH 6401 CONGRESS AVENUE #200 BOCA RATON, FL 33487 5,000. ADVANCING EQUITY BATON ROUGE YOUTH COALITION, INC. N/A PUBLIC CHARITY THROUGH ACCESS TO 460 NORTH 11TH STREET BATON ROUGE, LA 70802 HIGHER EDUCATION 3,000. CENTER FOR TRAUMA COUNSELING N/A PUBLIC CHARITY GENERAL OPERATIONS 6801 LAKE WORTH ROAD, #307 GREEN ACRES, FL 33467 8,000. COASTAL HERITAGE SOCIETY N/A PUBLIC CHARITY PROVIDING EDUCATIONAL 303 MARTIN LUTHER KING JR. BLVD. EXPERIENCES FOR THE SAVANNAH, GA 31401 PUBLIC THROUGH PRESERVATION AND PRESENTATION OF THE 6,000. ELEVEN PICTURES LIMITED N/A PUBLIC CHARITY SERVING MARGINALIZED 1166 MORTON LANE AND UNDERSERVED KEYSVILLE, VA 23947 CHILDREN IN VIRGINIA 5,000. SEE CONTINUATION SHEET(S) 104,500. Total 3a **b** Approved for future payment NONE Total

323611 12-20-23

Form 990-PF (2023)

Part XV-A **Analysis of Income-Producing Activities**

| Enter gross amounts unless otherwise indicated. | Unrelate | d business income | | ded by section 512, 513, or 514 | (e) |
|---|-----------------|----------------------|-----------------------|---------------------------------|-----------------------------------|
| | (a) Business | (b) Amount | (C) Exclu- sion | (d) Amount | Related or exempt function income |
| 1 Program service revenue: | code | Amount | code | Aillouilt | Tunction income |
| a | | | | | |
| D | | | | | |
| C | | | | | |
| 0 | | | | | |
| e | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | | | 14 | 1. | |
| 4 Dividends and interest from securities | | | 14 | 62,582. | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 18 | 17,280. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | _ |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0 | | 79,863. | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 79,863. |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | |

| Line No. | Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). |
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Form 990-PF (2023)

FAMILY FOUNDATION, INC. Information Regarding Transfers to and Transactions and Relationships With Noncharitable Part XVI

| | | Exempt Organi | izations | | | | | | | | |
|-------|-----------|--|---------------------------------------|-----------------|------------------|----------------|----------------------|-----------------------------------|---------------|-----------|--------|
| 1 | Did th | e organization directly or indir | rectly engage in any | of the followin | g with any oth | er organizatio | on described in sect | ion 501(c) | | Yes | No |
| | (other | than section 501(c)(3) organi | izations) or in sectio | n 527, relating | to political or | ganizations? | | | | | |
| а | Transf | ers from the reporting founda | ation to a noncharita | ble exempt org | ganization of: | | | | | | |
| | (1) C | ash | | | | | | | 1a(1) | | X |
| | | ther assets | | | | | | | 1a(2) | | Х |
| b | | transactions: | | | | | | | | | |
| | (1) S | ales of assets to a noncharitat | ble exempt organizat | tion | | | | | 1b(1) | | Х |
| | | urchases of assets from a nor | | | | | | | 1b(2) | | Х |
| | | ental of facilities, equipment, | | | | | | | 1b(3) | | X |
| | | eimbursement arrangements | | | | | | | 1b(4) | | Х |
| | (5) Lo | oans or loan guarantees | | | | | | | 1b(5) | | Х |
| | | erformance of services or me | | | | | | | 1b(6) | | Х |
| C | Sharin | g of facilities, equipment, mai | iling lists, other asse | ets, or paid em | ployees | | | | 1c | | X |
| | | answer to any of the above is | | | | | | | | ets, | |
| | | vices given by the reporting fontion of the goods, on (d) the value of the goods, or | | | ed less than fai | r market valu | e in any transaction | or sharing arrangement, s | show in | | |
| (a) L | ine no. | (b) Amount involved | · · · · · · · · · · · · · · · · · · · | | e exempt organ | ization | (d) Description | n of transfers, transactions, and | sharing arra | ngemen | ts |
| (-/ | | (2) : | (6) | N/A | | | (2) | | | | |
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| 22 | ls the | foundation directly or indirect | L tly affiliated with or | related to one | or more tay-ey | vemnt organi | zations described | | | | |
| | | tion 501(c) (other than section | • | | | | | ſ | Yes | X | No |
| h | | ," complete the following sche | | | | | | ۰ ۲ | | | |
| | | (a) Name of org | | | (b) Type of o | rganization | | (c) Description of relation | ship | | |
| | | N/A | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| c: | | Under penalties of perjury, I declare and belief, it is true, correct, and cor | | | | | | haa anu kaasudadaa M | ay the IRS of | iscuss th | nis |
| Si | gn ere | | | | 1 | | | sh | own below? | See ins | tr. |
| • | _ | Cianatura of officer or tructoo | | | Data | | | ESIDENT | X Yes | | No |
| | | Signature of officer or trustee | | Dropororio oi | Date | | Title | Check if PTIN | | | |
| | | Print/Type preparer's na | une | Preparer's si | iyilature | | Date | self- employed | | | |
| Pa | iid | D. MORRISON | CDA | D MOB | RISON, | CDV | 03/13/25 | | 0280 | 372 | |
| | epare | | | | | CFA | 03/13/23 | Firm's EIN 59-18 | | | |
| | se On | | KODDI | _, | · / L • A • | | | THIN SEIN JJ IO | ±000 | _ | |
| | | - | 0 MARY ST | REET. | SUITE 5 | 01 | | | | | |
| | | | MI, FL 33 | | | | | Phone no. 30585 | 8560 |) | |
| | | • | | | | | | | orm 990 | | (0000) |

Part XIV Supplementary Information

| Part XIV Supplementary Information | 1 | | | |
|--|--|--------------------------------------|--|---------|
| 3 Grants and Contributions Paid During the Y | | _ | | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| EQUINE ASSISTED THERAPIES OF SOUTH FLORIDA, INC. P.O. BOX 273542 | N/A | · | PROVIDE HORSE RIDING FOR CHILDREN | |
| BOCA RATON, FL 33427 | | | | 5,000. |
| LIGHTHOUSE OF BROWARD COUNTY INC. 650 N. ANDREWS AVENUE FORT LAUDERDALE, FL 33311 | N/A | PUBLIC CHARITY | SERVICES AND ADVOCACY FOR PEOPLE WHO ARE BLIND AND VISUALLY IMPAIRED | 10,000. |
| MIAMI DADE COLLEGE FOUNDATION 300 NE 2ND AVE, BLDG 1, ROOM 11423-1 MIAMI, FL 33132 | N/A | PUBLIC CHARITY | OPENING DOORS OF OPPORTUNITY TO ALL WHO SEEK AN EDUCATION | 5,000. |
| MILAGRO CENTER FOUNDATION, INC. 695 AUBURN AVENUE DELRAY BEACH, FL 33444 | N/A | PUBLIC CHARITY | MENTORING DISADVANTAGED YOUTH | 5,000. |
| PACIFIC BATTLESHIP CENTER 250 SOUTH HARBOR BLVD. BERTH 87 SAN PEDRO, CA 90731 | N/A | PUBLIC CHARITY | ENHANCING UNDERSTANDING OF AMERICA'S ROLE IN MARITIME PEACE AND | |
| READY KIDS | N/A | PUBLIC CHARITY | PROSPERITY COUNSELING FOR | 7,500. |
| 1000 E. HIGH STREET CHARLOTTESVILLE, VA 22902 | | | CHILDREN | 5,000. |
| SAVANNAH COUNTRY DAY SCHOOL 824 STILLWOOD DR. SAVANNAH, GA 31419 | N/A | PUBLIC CHARITY | SUPPORTING TRADITIONAL AND PROGRESSIVE EDUCATION FOR STUDENTS | 5,000. |
| THE CITY MISSION 5310 CARNEGIE AVE | N/A | PUBLIC CHARITY | PATHWAYS YOUTH PROGRAM | |
| CLEVELAND, OH 44103 TRAVIS MANION FOUNDATION | N/A | PUBLIC CHARITY | EMPOWERING VETERANS | 5,000. |
| PO BOX 1485 DOYLESTOWN, PA 18901 | | | AND FAMILIES OF THE FALLEN TO DEVELOP CHARACTER IN YOUNG PEOPLE | 10,000. |
| UNITED SPECTRUM CORP 500 NE SPANISH RIVER BLVD BOCA RATON, FL 33431 | N/A | PUBLIC CHARITY | PROVIDING PHYSICAL, COGNITIVE AND BEHAVIORAL TREATMENT | 10,000. |
| Total from continuation sheets | | | | 77,500. |

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient YOUTH HAVEN N/A PUBLIC CHARITY PROVIDING TOOLS FOR 5867 WHITAKER ROAD ABUSED AND NEGLECTED NAPLES, FL 34112 CHILDREN 10,000. Total from continuation sheets

CHARLES AND JOAN HERMANOWSKI FAMILY FOUNDATION INC.

| FAMILY FOUNDATION, INC. | 20-5/44155 |
|---|--------------|
| Part XIV Supplementary Information | |
| 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution | |
| NAME OF RECIPIENT - COASTAL HERITAGE SOCIETY | |
| PROVIDING EDUCATIONAL EXPERIENCES FOR THE PUBLIC THROUGH | PRESERVATION |
| AND PRESENTATION OF THE HISTORIC RESOURCES OF GEORGIA | |
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Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization **Employer identification number** CHARLES AND JOAN HERMANOWSKI FAMILY FOUNDATION, INC. 20-5744155

| Organiz | ation type (check or | ne): |
|-----------|---|---|
| Filers of | : | Section: |
| Form 99 | 0 or 990-EZ | 501(c)() (enter number) organization |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | | 527 political organization |
| Form 99 | 0-PF | X 501(c)(3) exempt private foundation |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | | 501(c)(3) taxable private foundation |
| | nly a section 501(c)(7 | s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. |
| | property) from any | n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. |
| Special | Rules | |
| | sections 509(a)(1) a contributor, during | n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II. |
| | contributor, during literary, or educatio | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one they year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) instead of the contributor name and address), II, and III. |
| | year, contributions is checked, enter he purpose. Don't com | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seculusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year\$ |
| answer " | No" on Part IV, line | nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify g requirements of Schedule B (Form 990). |

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Pag

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

Employer identification number

20-5744155

| Part I | Contributors (see instructions). Use duplicate copies of Part I if | additional space is needed. | |
|------------|--|-----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | JOAN A. HERMANOWSKI P.O. BOX 810005 BOCA RATON, FL 33481 | \$\$ 8,454. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | Hame, address, and Zn ++ | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash Complete Part II for noncash contributions.) |

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

Employer identification number

20-5744155

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if a | dditional space is needed. | |
|------------------------------|---|---|-------------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| — | | \$ | |
| (a) No. from Part I | (b) Description of 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 |
| | | \$ | Cabadala P. (Farm 000) (0000) |

Schedule B (Form 990) (2023) Name of organization **Employer identification number** CHARLES AND JOAN HERMANOWSKI FAMILY FOUNDATION, INC. 20-5744155 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

| | | | | CASH IN | VESTMENTS | STATEMENT 1 |
|---|-----------------|---|-----------------------------|---|---------------------------------|---|
| SOURCE | | - | .) NUE OOKS | NET IN | (B) VESTMENT COME | (C) ADJUSTED NET INCOME |
| NORTHERN TRUST COMPA | ANY #8266 | | 1. | | 1. | |
| TOTAL TO PART I, LII | NE 3 | | 1. | | 1. | |
| FORM 990-PF | DIVIDENDS | S AND INTER | EST FRO | M SECUR | ITIES | STATEMENT 2 |
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDEND | RE | (A) VENUE BOOKS | (B) NET INVEST MENT INCOM | |
| THE NORTHERN TRUST COMPANY THE NORTHERN TRUST COMPANY - OTHER | 79,807 | 17,22 | 7. | 62,580. | 62,580 |). |
| INCOME | 2 | • | 0. | 2. | | 2. — — |
| | | 45.00 | | 60 500 | 60 500 | |
| TO PART I, LINE 4 | 79,809 | 17,22 | | 62,582. | 62,582 | |
| · = | 79,809 | ACCOUNTI | | | 62,582 | STATEMENT 3 |
| TO PART I, LINE 4 = | 79,809 | | NG FEES |) VEST- | (C) ADJUSTED NET INCOME | STATEMENT 3 (D) CHARITABLE |
| FORM 990-PF | 79,809 | ACCOUNTI (A) EXPENSES | NG FEES (B NET IN MENT I |) VEST- | (C) ADJUSTED | STATEMENT 3 (D) CHARITABLE |
| FORM 990-PF DESCRIPTION ACCOUNTING FEES | | ACCOUNTI (A) EXPENSES PER BOOKS | NG FEES (B NET IN MENT I |) VEST- NCOME | (C) ADJUSTED | STATEMENT 3 (D) CHARITABLE PURPOSES |
| FORM 990-PF DESCRIPTION ACCOUNTING FEES TO FORM 990-PF, PG | | ACCOUNTI (A) EXPENSES PER BOOKS 6,932. | NG FEES (B NET IN MENT I |) VEST- NCOME | (C) ADJUSTED | STATEMENT 3 (D) CHARITABLE PURPOSES 0. |
| FORM 990-PF DESCRIPTION | | ACCOUNTI (A) EXPENSES PER BOOKS 6,932. | NG FEES (B NET IN MENT I |) VEST- NCOME 3,466. 3,466. | (C) ADJUSTED | STATEMENT 3 (D) CHARITABLE PURPOSES 0. 0. STATEMENT 4 (D) CHARITABLE |
| FORM 990-PF DESCRIPTION ACCOUNTING FEES TO FORM 990-PF, PG | | ACCOUNTI (A) EXPENSES PER BOOKS 6,932. 6,932. TAX (A) EXPENSES | NG FEES (B NET IN MENT I |) VEST- NCOME 3,466. 3,466. | (C) ADJUSTED NET INCOME | STATEMENT 3 (D) CHARITABLE PURPOSES 0. 0. STATEMENT 4 (D) CHARITABLE |

112,971.

112,971.

| FORM 990-PF | OTHER E | XPENSES | | STATEMENT 5 | |
|---|------------------------------|--------------------|------------------------------|----------------------|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | | (C) ADJUSTEI NET INCOM | | |
| NORTHERN TRUST - INVESTMENT FEES | 5,935. | 5,935 | | 0. | |
| TO FORM 990-PF, PG 1, LN 23 | 5,935. | 5,935 | | 0. | |
| FORM 990-PF | CORPORAT | E STOCK | | STATEMENT 6 | |
| DESCRIPTION | | Е | OOK VALUE | FAIR MARKET VALUE | |
| NORTHERN TRUST - EQUITY SECUI NORTHERN TRUST - COMMODITIES | RITIES | | 843,899. 41,029. | 988,776. 39,671. | |
| TOTAL TO FORM 990-PF, PART I | I, LINE 10B | | 884,928. | 1,028,447. | |
| FORM 990-PF | CORPORAT | E BONDS | | STATEMENT 7 | |
| DESCRIPTION | | Е | SOOK VALUE | FAIR MARKET VALUE | |
| NORTHERN TRUST - BOND FUNDS | | | 750,334. | 767,704. | |
| TOTAL TO FORM 990-PF, PART I | I, LINE 10C | | 750,334. | 767,704. | |
| FORM 990-PF | OTHER INV | ESTMENTS | | STATEMENT 8 | |
| DESCRIPTION | | LUATION ETHOD B | OOK VALUE | FAIR MARKET VALUE | |

COST

99,482.

99,482.

NORTHERN TRUST - REAL ESTATE FUNDS

TOTAL TO FORM 990-PF, PART II, LINE 13

| | OF OFFICERS, DIF | STATEMENT 9 | | |
|---|--------------------------|-------------|---------------------------------|----|
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | | EMPLOYEE BEN PLAN CONTRIB | |
| JOAN A. HERMANOWSKI P.O. BOX 810005 BOCA RATON, FL 33481 | VICE-PRESIDENT 2.00 | 0. | 0. | 0. |
| CHARLES A. HERMANOWSKI P.O. BOX 810005 BOCA RATON, FL 33481 | PRESIDENT 0.50 | 0. | 0. | 0. |
| JOY ANN SMITH P.O. BOX 810005 BOCA RATON, FL 33481 | TREASURER 1.00 | 0. | 0. | 0. |
| JEAN ALICE CASE P.O. BOX 810005 BOCA RATON, FL 33481 | DIRECTOR 0.50 | 0. | 0. | 0. |
| KIM ELLEN HERMANOWSKI P.O. BOX 810005 BOCA RATON, FL 33481 | SECRETARY 1.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6 | , PART VII | 0. | 0. | 0. |

FORM 990-PF

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

STATEMENT 10

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

KIM HERMANOWSKI P.O. BOX 810005 BOCA RATON, FL 33481

TELEPHONE NUMBER

305-804-9587

FORM AND CONTENT OF APPLICATIONS

2-3 PAGE LETTER OF INQUIRY; PROOF OF IRS 501(C)(3) EXEMPTION, PROJECT DESCRIPTION AND BUDGET. REQUIREMENTS MAY BE FOUND AT WWW.HERMANOWSKIFOUNDATION.ORG

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