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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

For	calend	dar year 2022 or tax year beginning , a	ana enaing				
		foundation			A Empl	oyer identification nur	nber
		SHERMAN FAMILY FOUNDATION					
		BEVERLY SHERMAN				-0530498	
		and street (or P.O. box number if mail is not delivered to street a	address) F	Room/suite	1	hone number (see instr	uctions)
	ty or to	VILANTIC DRIVE wn, state or province, country, and ZIP or foreign postal code			207	7-219-8861	
		BOROUGH ME 04074			C If exe	emption application is pe	nding, check here .
			rn of a former public	charity	D 1 Fo	oreign organizations, che	ck here
•	OHECK (Final return Amended	•	Criainty			
		Address change Name cha				oreign organizations mee i% test, check here and	·
_		<u>_</u>					·
_		type of organization: X Section 501(c)(3) exempt privat				vate foundation status wa on 507(b)(1)(A), check h	
		n 4947(a)(1) nonexempt charitable trust Other taxab			1		
		rket value of all assets at J Accounting method:	X Cash Ac	crual		foundation is in a 60-more section 507(b)(1)(B), cl	
	-	rear (from Part II, col. (c), University)			under	3ection 307(b)(1)(b), ci	leck liefe
	ne 16)	\$ 1,401,988 (Part I, column (d), mus		1	C		(d) Disbursements
۲	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equ	(a) Revenue and al expenses per	(b) Net in		(c) Adjusted net	for charitable
		the amounts in column (a) (see instructions).)	books	incor	me	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					
	2	Check X if the foundation is not required to attach Sch. B		-0			
	3	Interest on savings and temporary cash investments		10			
	4	Dividends and interest from securities	50,977		50,977		
	5a	Gross rents		5			
Φ	b	Net rental income or (loss)					
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	-27,184				
	b	Gross sales price for all assets on line 6a 95,495					
	7	Capital gain net income (from Part IV, line 2)			0		
	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns and allowances	*				
	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	02 502				
ம	12	Total. Add lines 1 through 11	23,793		50,977	0	
Se	13	Compensation of officers, directors, trustees, etc.		<u>'</u>			
Expenses	14	Other employee salaries and wages					
×	15	Pension plans, employee benefits Legal fees (attach schedule) SEE STMT 1	85	;			85
	16a b	Accounting fees (attach schedule) STMT 2	1,650		825		825
Administrative	"	Other professional fees (attach schedule)		1	020		023
tra	17	Interest		1			
is	18	Taxes (attach schedule) (see instructions) STMT 3	2,868	3			
Ę	19	Depreciation (attach schedule) and depletion	_,,,,,				
₫	20	Occupancy					
	21	Travel, conferences, and meetings					
and	22	Printing and publications					
		Other expenses (att. sch.) STMT 4					
Operating	24	Total operating and administrative expenses.					
era		Add lines 13 through 23	4,603		825	0	910
ğ	25	Contributions, gifts, grants paid	75,000				75,000
_	26	Total expenses and disbursements. Add lines 24 and 25	79,603		825	0	75,910
	27	Subtract line 26 from line 12:					
	а	Excess of revenue over expenses and disbursements	-55,810				
	b	Net investment income (if negative, enter -0-)			50,152		
		Adjusted net income (if negative enter -0-)				0	

01-0530498 Form 990-PF (2022) THE SHERMAN FAMILY FOUNDATION Page 2 End of year Part II Balance Sheets Attached schedules and amounts in the description column Beginning of year should be for end-of-year amounts only. (See instructions (c) Fair Market Value (a) Book Value (b) Book Value Cash – non-interest-bearing 1 54,779 20,785 20,785 Savings and temporary cash investments 2 Accounts receivable 3 Less: allowance for doubtful accounts Pledges receivable Less: allowance for doubtful accounts ______ 5 Grants receivable Receivables due from officers, directors, trustees, and other 6 disqualified persons (attach schedule) (see instructions) Other notes and loans receivable (att. schedule) 7 Less: allowance for doubtful accounts 0 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Investments – U.S. and state government obligations (attach schedule) Investments – corporate stock (attach schedule) SEE STMT 5 201,542 179,732 1,379,753 Investments - corporate bonds (attach schedule) C Investments – land, buildings, and equipment: basis 11 Less: accumulated depreciation (attach sch.) Investments – mortgage loans 12 Investments – other (attach schedule) 13 Land, buildings, and equipment: basis 14 Less: accumulated depreciation (attach sch.) Other assets (describe SEE STATEMENT 6 1,450 1,450 1,450 15 Total assets (to be completed by all filers - see the 16 257,771 201,967 1,401,988 instructions. Also, see page 1, item I) Accounts payable and accrued expenses 17 18 Grants payable Liabilities 19 Deferred revenue Loans from officers, directors, trustees, and other disqualified persons 20 Mortgages and other notes payable (attach schedule) 21 Other liabilities (describe 22 0 23 Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. **Fund Balances** Net assets without donor restrictions 257,771 201,967 25 Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. Capital stock, trust principal, or current funds 26 Assets or Paid-in or capital surplus, or land, bldg., and equipment fund 27 Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see instructions) 257,771 201,967 29 Set 30 Total liabilities and net assets/fund balances (see 257,771 201,967 instructions) Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) 257,771 2 Enter amount from Part I, line 27a
3 Other increases not included in line 2 (itemize) SEE STATEMENT 7 -55,810 201,967 **4** Add lines 1, 2, and 3 4 5 Decreases not included in line 2 (itemize) 5 201,967 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29

1,063

Refunded

11

Form **990-PF** (2022)

Enter the amount of line 10 to be: Credited to 2023 estimated tax

Pa	art VI-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers.\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
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 law 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	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	ME			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		37	
•	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See instructions for Part XIII. If "Yes,"			v
40	complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	40		х
44	names and addresses	10		
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	44		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	11		- 21
12	person had advisory privileges? If "Yes," attach statement. See instructions	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	21
15	Website address NT/N			
14	The heads are in age of DENEDLY CHEDMAN Telephone to 207-2	19-	886	i
	5 ATLANTIC DRIVE		Y.Y.Y.	
	Leasted at GGAPPOPOYGE	Ŀ		
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			
16	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			
	-	00	Λ DE	(0000)

the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning

foundation had excess business holdings in 2022.)

purposes?

Form **990-PF** (2022)

Х

X

3b

4a

N/A

orm	990-PF (2022) THE SHERMAN FAMILY FOUNDATION	01-0	<u>530498</u>			<u>Pa</u>	age 6
Pa	art VI-B Statements Regarding Activities for Which Forn	n 4720 May Bo	e Required (d	continued)			
5a	During the year did the foundation pay or incur any amount to:					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?			5a(1)		X
	(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, direct	ly or				
	indirectly, any voter registration drive?				5a(2)		X
	(3) Provide a grant to an individual for travel, study, or other similar purposes'	•			5a(3)		X
	(4) Provide a grant to an organization other than a charitable, etc., organization						
	(4)(A)? See instructions				5a(4)		X
	(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational pur	ooses, or for		`		
	the prevention of cruelty to children or animals?	•	,		5a(5)		Х
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify u	nder the exceptions	s described		,,,		
	in Regulations section 53.4945 or in a current notice regarding disaster assist			N/A	5b		
С	Organizations relying on a current notice regarding disaster assistance, check						
d	If the answer is "Yes" to question 5a(4), does the foundation claim exemption			······ 🎞 📗			
	1.11.1			N/A	5d		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).				-		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to	nav premiums on a	a nersonal				
Ju	benefit contract?	pay promisino on c	a poroonar		6a		X
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a	nersonal henefit co	ntract?		6b		X
	If "Yes" to 6b, file Form 8870.	ocisonal benefit co	illact:		0.5		
72	At any time during the tax year, was the foundation a party to a prohibited tax	chalter transaction			7a		Х
	If "Yes," did the foundation receive any proceeds or have any net income attril				7b		
ь 8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$				10		
0	excess parachute payment(s) during the year?				8		Х
D	art VII Information About Officers, Directors, Trustees,				_		
Г	and Contractors	i outidation ivi	anagers, mg	illy Fald Lilip	loye	c 3,	
1 1	ist all officers, directors, trustees, and foundation managers and their c	ompensation Sec	instructions				
•	List all officers, directors, trustees, and foundation managers and their o			(d) Contributions to			
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit	(e) Exp	pense ac	count,
	(a) Name and address	devoted to position	enter -0-)	plans and deferred compensation	othe	r allowar	nces
	VID S. SHERMAN SCARBOROUGH	PRESIDENT		compensation			
	ATLANTIC DRIVE ME 04074	0.00	0	0			0
	TUEDI V. CUEDMAN. CCADDODOUGU	VICE PRESIDE	•	•			
		0.00	0	0			0
	UTD G GUIDNIN TD GGIDDOGUGU	TREASURER	0	0			
		•					^
		0.00 SECRETARY	0	0			- 0
		•					
	ATLANTIC DRIVE ME 04074		•				_
2	Commenced in a first bink and unit developed (athen then the a include	0.00	0	0			0
	Compensation of five highest-paid employees (other than those include "NONE"						0
	Compensation of five highest-paid employees (other than those include "NONE."			none, enter			0
	"NONE."	d on line 1 – see (b) Title, and average	instructions). If		(e) Exp	pense ac	
		d on line 1 – see		none, enter (d) Contributions to employee benefit plans and deferred		pense ac	ccount,
	"NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	instructions). If	none, enter (d) Contributions to employee benefit			ccount,
NC	"NONE."	(b) Title, and average hours per week	instructions). If	none, enter (d) Contributions to employee benefit plans and deferred			ccount,
ŅĊ	"NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	instructions). If	none, enter (d) Contributions to employee benefit plans and deferred			ccount,
NC	"NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	instructions). If	none, enter (d) Contributions to employee benefit plans and deferred			ccount,
NC	"NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	instructions). If	none, enter (d) Contributions to employee benefit plans and deferred			ccount,
NC	"NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	instructions). If	none, enter (d) Contributions to employee benefit plans and deferred			ccount,
NC	"NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	instructions). If	none, enter (d) Contributions to employee benefit plans and deferred			ccount,
NC	"NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	instructions). If	none, enter (d) Contributions to employee benefit plans and deferred			ccount,
NC	"NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	instructions). If	none, enter (d) Contributions to employee benefit plans and deferred			ccount,
	"NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	instructions). If	none, enter (d) Contributions to employee benefit plans and deferred			ccount,
	"NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	instructions). If	none, enter (d) Contributions to employee benefit plans and deferred			ccount,

	0530498	Page 7
Part VII Information About Officers, Directors, Trustees, Foundation	Managers, Highly Paid	Employees,
and Contractors (continued)	mustians If none outer "	NONE "
3 Five highest-paid independent contractors for professional services. See inst		
(a) Name and address of each person paid more than \$50,000 NONE	(b) Type of service	(c) Compensation
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 informations and other beneficiaries served, conferences convened, research papers produced, etc.	mation such as the number of	Expenses
1 N/A		
2	S.)	
)	
3		
4		
Part VIII-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 a	nd 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		

Form **990-PF** (2022)

Amounts set aside for specific charitable projects that satisfy the:

Cash distribution test (attach the required schedule)

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4 ...

Suitability test (prior IRS approval required)

Form **990-PF** (2022)

75,910

3a

3b

4

3

The form in which applications should be submitted and information and materials they should include: REQUEST IN LETTER c Any submission deadlines: NONE Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other NO RESTRICTIONS OR LIMITATIONS

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BOYS & GIRLS CLUBS OF SOUTHERN ME P.O. BOX 7830 N/A PUBLIC PORTLAND ME 04112 GENERAL ANNUAL APPEAL 10,000 CAMP SUNSHINE N/A 35 ACADIA ROAD PUBLIC CASCO ME 04015 **GENERAL** 2,500 CAMPAIGN FOR JUSTICE PUBLIC 40 WATER ST N/A HALLOWELL ME 04347 GENERAL 1,000 FRIENDS OF PORTLAND ADULT **EDUCATION** 14 LOCUS STREET N/A PUBLIC PORTLAND ME 04101 GENERAL 10,000 GULF OF MAINE RESEARCH INSTITUTE 350 COMMERCIAL STREET N/A PUBLIC **GENERAL** PORTLAND ME 04101 10,000 KONBIT SANTE 362 US ROUTE 1 N/A PUBLIC FALMOUTH ME 04105 2,500 GENERAL MY PLACE TEEN CENTER 755 MAIN ST N/A PUBLIC WESTBROOK ME 04092 GENERAL 3,000 OPPORTUNITY ALLIANCE N/A 50 LYDIA STREET PUBLIC SOUTH PORTLAND ME 04106 GENERAL 1,000 PREBLE STREET PO BOX 1459 N/A PUBLIC 10,000 PORTLAND ME 04101 GENERAL SOUTH PORTLAND FOOD CUPBOARD 130 THADEUS STREET N/A PUBLIC SOUTH PORTLAND ME 04106 **GENERAL** 2,500 75,000 Total 3a **b** Approved for future payment N/A Total 3b

01-0530498

	Part XV-A	Analysis of Income-Producing		1	Funkadad bu		
⊨nι	ter gross amo	ounts unless otherwise indicated.	Unrelated	business income		section 512, 513, or 514	(e)
			(a) Business code	(b)	(c) Exclusion	(d) Amount	Related or exempt function income
1	Program ser	vice revenue:	busiliess code	Amount	code	Amount	(See instructions.)
•	a						
	f						
	g Fees an	d contracts from government agencies					
2		dues and assessments					
3	Interest on s	savings and temporary cash investments					
4	Dividends ar	nd interest from securities			14	50,977	
	Net rental in	come or (loss) from real estate:					
	a Debt-fina	anced property					
	b Not debt	t-financed property					
		come or (loss) from personal property					
7	Other investi	ment income			122		
8	Gain or (loss	s) from sales of assets other than inventory			18	-27,184	
9	Net income	or (loss) from special events			9		
		or (loss) from sales of inventory)T		
11	Other revenu		_	-0			
			-	-117			
			-				
	d e		-				
12		d columns (b), (d), and (e)			0	23,793	
12	Total Add li	ine 12, columns (b), (d), and (e)				12	23,793
		in line 13 instructions to verify calculations.)					
	Part XV-B	Relationship of Activities to the	Accomplish	nent of Exem	pt Purpos	 es	
	Line No.	Explain below how each activity for which inco	ome is reported in	column (e) of Part	XV-A contrib	uted importantly to th	e accomplishment
	37 / 3	of the foundation's exempt purposes (other th	an by providing fui	nds for such purpo	ses). (See in:	structions.)	
_	N/A					,	
						,	
						,	
						,	
						,	
		40/10/2				,	
						,	
						,	
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					

ı art		Organizations	aranig ii		ina mansact	ions and relationships	With Nonchan	tabic		,IIIP
1 Did			directly engag	ge in any of the f	ollowing with any	other organization described			Yes	No
in	section 50	01(c) (other than secti	on 501(c)(3)	organizations) or	in section 527,	relating to political				
•	ganization									
		om the reporting found			. •					
` '								1a(1)		X
(2)	Other as	ssets						1a(2)		X
	her trans		table avers	t organization				16/1		v
		f assets to a nonchari						1b(1)		X
(2)	Pontal o	of facilities equipment	or other as	exempt organiza				1b(2) 1b(3)		X
(4)	Reimbur	rsement arrangement	, ui uiilei as					1b(3)		X
(5)	Loans o							1b(5)		X
			nembership o	or fundraising soli	citations			1b(6)		X
		acilities, equipment, m			oid amplayaga			1c		Х
	-		-	· · · · · · · · · · · · · · · · · · ·		umn (b) should always show the				
				-	-	If the foundation received less the				
va	lue in any	transaction or sharin	g arrangeme	ent, show in colum	nn (d) the value	of the goods, other assets, or se	rvices received.			
	ine no.	(b) Amount involved	(c) Name	of noncharitable exem	npt organization	(d) Description of transfers, tra	ansactions, and sharing a	rrangem	ents	
N/A										
						0				
					$\overline{}$					
					70					
				. (1					
)					
				20						
2a Is	the found	ation directly or indire	ctly affiliated	with, or related to	o, one or more to	ax-exempt organizations	_			
de	scribed in	section 501(c) (other	than section	1 501(c)(3)) or in	section 527?			Ye	s X	No
b If '	"Yes," con	nplete the following so	chedule.							
	` '	Name of organization		(b) Type of o	organization	(c) Descrip	tion of relationship			
N/	<u> </u>									
		-/.0								
$\overline{}$	Under pen	nalties of perjury, I declare the	nat I have exam	ined this return, includ	ling accompanying so	hedules and statements, and to the best	of my knowledge and be	elief, it is	true,	
	correct, an	nd complete. Declaration of	preparer (other	than taxpayer) is base	ed on all information	of which preparer has any knowledge.	May the IRS disc			
Sign							with the preparer	shown I		_
Here							See instructions.	X	Yes	No
						TREASURER				
	Signature	of officer or trustee			Date	Title			_	
	Print/Tyr	pe preparer's name			Preparer's signatu	re	Date		Check	
Dail:									self-em	
Paid	RYAN	W. DAWSON				AWSON	11/13			
Prepare Use Onl	l Firm'e n		-		JTER, LLO			L 51 5		
USE UN	Firm's a		BROADW				Firm's EIN 92-			
		SOUTH	I PORTI	LAND, ME	04106-2	952	Phone no. 207	-87	9-7	000

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year STRIVE 28 FODEN RD N/A PUBLIC SOUTH PORTLAND ME 04076 GENERAL 2,500 **SWEETSER** 50 MOODY STREET N/A PUBLIC **SACO ME 04072 GENERAL** 2,500 THE TELLING ROOM 255 COMMERCIAL ST. #201 N/A PUBLIC PORTLAND ME 04101 GENERAL 3,000 THORTON ACADEMY 438 MAIN STREET N/A PUBLIC **SACO ME 04072** GENERAL 2,500 UNIVERSITY OF SOUTHERN MAINE PO BOX 9300 N/A PUBLIC PORTLAND ME 04104 **GENERAL** 1,000 WAYNFLETE 360 SPRING STREET N/A PUBLIC PORTLAND ME 04102 1,000 GENERAL WAYSIDE FOOD PROGRAM PO BOX 1278 PUBLIC PORTLAND ME 04104 GENERAL 10,000 Form Total 3a **b** Approved for future payment N/A Total 3b

SHERMFOU The Sherman Family Foundation
Federal Statements

FYE: 12/31/2022

Total Net Ne	
Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees	
Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees	8
Description	8
Net Net	
Total Investment Net Purpose	
Statement 3 - Form 990-PF, Part I, Line 18 - Taxes Description	
Statement 3 - Form 990-PF, Part I, Line 18 - Taxes	82
Description Total Net Adjusted Purpose Sexcise TAX PAID - PY EXCISE TAX PAID - CY ESTIMATES TOTAL \$ 1,108 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	82
Total Net Adjusted Net Purpos EXCISE TAX PAID - PY STATEMENT OF TOTAL STATES Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses Description Total Net Adjusted Net Purpos Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses Total Investment Net Net Purpos \$ \$ \$ \$ \$ \$ \$ \$	
Total Investment Net Purpose	
Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses Description	
1,760	
Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses Description Net Adjusted Charital Investment Net Purpos \$	
Description Total Net Adjusted Charital Investment Net Net Purpos \$ \$ \$	
Total Net Adjusted Charital Investment Net Purpos	
Total Investment Net Purpos	
· ·	
MISCELLANEOUS	

FYE: 12/31/2022

Description								
	_	Beginning of Year		End c Year		Basis of Valuation	_	Fair Market Value
FIDELITY INVESTMENTS	\$	201,542	\$	179	. 732	COST	\$	1,379,753
TOTAL	\$ <u></u>	201,542	\$ <u></u>		,732	0001	\$_ \$_	1,379,753
Statement 6 -	- Form	990-PF, Part	II, Lir	ne 15 -	Othe	r Assets		
Description			jinnin Year		I	End of Year		Fair Market Value
PREPAID EXCISE TAX		\$	1,	450	5	1,450	\$_	1,450
TOTAL		\$	1,	450		1,450	\$	1,450
Statement 7 -	Form 9	90-PF, Part II	l, Lin	e 3 - O	ther	Increases		
Descripti	ion			~C		Amount		
OTHER CHANGES IN NET ASSETS					\$_		6	
TOTAL			~		\$_		6	
Form 990-PF, Part XIV	, Line 2	<u>b - Applicati</u>	on Fo	ormat a	nd R	equired Co	nte	<u>nts</u>
Des	scription	0						
REQUEST IN LETTER	•	W.				_		
<u>Form 990-Pl</u>	F, Part	XIV, Line 2c	- Suk	missio	n De	<u>adlines</u>		
Des	scription							
NONE						_		
Form 990-PF, Par	t XIV, L	ine 2d - Awa	rd R	estriction	ons o	r Limitation	<u>1S</u>	
Des	scription					_		
NO RESTRICTIONS OR LIMITATION	ONS					-		

11/13/2023 11:11 AM