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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2009

F	or ca	lendar	year 2009, (or tax year be				, and endin		, 20
G	Che	ck all t	hat apply:	Initial re			n of a former	public charit	- -	Final return
_			T	Amende	d return	X Addi	ress change		Name change	
			Name of fou		4TIV DC	VINDAMTON TNI	•		A Employer identifi	cation number
•		ne IRS				OUNDATION, INC	•		0.0	1395243
	lab	el. Wise,		TONE FAMI				D = == /= -14		
	pr	•	Number and	I Street (or PO	ox number if	mail is not delivered to str	et address)	Room/suite	B Telephone number (see	page 10 of the instructions)
	or t		PO BOX S	52047					1,40	4) 592-0180
5	See S	pecific							C If exemption applica	<u> </u>
ı	nstru	ctions.	City or town,	, state, and ZIP	code				pending, check here	
			አጥ፤ አእነጥ አ	, GA 3035	5				D 1 Foreign organizat	· -
_	<u> </u>	-l. 4				c)(3) exempt private	- foundation		2. Foreign organiza 85% test, check i	
H						Other taxable			computation .	
+				nexempt charitates assets at end		unting method: X			E if private foundation	. .
ı						ther (specify)	Casn Ac	cruai)(1)(A), check here . P
		ear (<i>iro</i> ▶ \$	m Part II, col	40,426.		column (d) must be	on cash basis		I	in a 60-month termination
				nue and Expe		Column (a) made bo	1	<u>'</u>	under section 50/(b	(d) Disbursements
لاء	er t	total o	f amounts in c	olumns (b), (c),	and (d)	(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net	for charitable
				equal the amou e 11 of the instr		books	incor	ne	income	purposes (cash basis only)
_	1		<u> </u>	etc , received (attach			-			(Cash basis Unity)
	2	Check I	If the f	foundation is not r	equired to		1			
	3	-	attacii	Sch B temporary cash in			1			
	4		-	est from securities		14,37	5.	14,353.		ATCH 1
	1							-		 : • :
	ŀ			ss)						· · · · · · · · · · · · · · · · · · ·
•			•	sale of assets not		15,64	4			
Revenue	Ъ	Gross s	ales pnce for all							
9	7			me (from Part I)	/. line 2) .			15,644.		
œ	8	•	•	algain	•				17,070.	
	9		•	s					-	
	10 a	Gross sa	iles less returns wances							
		Less Co	st of goods sold	<u> </u>						
	С	Gross	profit or (loss)	(attach schedule)	תי					
	11	Other i	ncome (attach	n-schedule)	<u>u</u>	7				ATCH 2
_	12	Total.	Add lines 1 thr	rough 11	;;,	30,08	5 .	29,997.	17,070.	
	13	Comper	sation of officer	rs, directors, truste	es, etc					
۰,	14	Other e	employee sala	ries and wages	<u> </u>					
Se	15	Pensio	n plans, emplo	oyee penetits	IT.					
pen	16a	Legal f	ees (áttach scl	hedule)	'! -					
Ex				ach schedule) .					· · · · · · · · · · · · · · · · · · ·	
8	С	•		es (attach sche	dule)					
rat	17	Interes	L ATTAC	HMENT 3			3.	3.		
ist	18	Taxes (a	ittach schedule)	(see page 14 of the	instructions)		 _	<u> </u>		
Ē	19	Deprec	iation (attach	schedule) and	depletion .					
ğ	20	•	•							
٦	21			and meetings .			 	-		
ā	22	Printing	g and publicat	tions		30		304.		
ij	23			ich schedule) A		30	<u>' </u>	304.	·-	
Operating and Administrative Expenses	24		-	administrative	-	30	,	307.		
ă			-	1 23	1	242,31		307.		242,31
-	25			grants paid		242, 31		307.	· · - ·	242,31
4	26			sements. Add line:	24 and 25	242,02		307.		242,31
	27		ct line 26 from			-212,54	<u>. 1</u>			
				penses and disburs		-212,540		29,690.		
				me (if negative,				23,030.	17,070.	<u> </u>
	С	Adjust	ed net income	e (if negative, er	ter -0-)				11,010.	L

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. $^{9E^{14}10\,2\,000}\,169450\,$ B85V $\,11/11/2010\,$ 9:06:12 AM

JSA

Form 990-PF (2009) PAGE 2

Part II		Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of year			
	للكمين	<u> </u>	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bear	ing	32,465.	35,135.	35,135.		
	2		cash investments					
	3	Accounts receivable -		1				
		Less allowance for dou	btful accounts ▶					
	4							
		Less. allowance for dou	btful accounts					
	5							
	6		fficers, directors, trustees, and other					
			ach schedule) (see page 16 of the instructions)					
	7		receivable (attach schedule)					
	•		btful accounts					
								
ets.	8					·		
Assets	9	•	eferred charges					
₹			e government obligations (attach schedule)					
			stock (attach schedule)					
	11 C	Investments - corporate Investments - land, building:	bonds (attach schedule)					
	٠.							
		Less accumulated deprecia (attach schedule)	ation >					
	12	Investments - mortgage	loans					
	13	Investments - other (atta	ach schedule),ATCH,5....[384,019.	205,291.	205,291.		
	14	Land, buildings, and equipment basis	>					
		Less accumulated deprecia	ation					
	15	Other assets (describe)					
	16		pleted by all filers - see the					
				416,484.	240,426.	240,426.		
	17		annual amanana					
	18							
s	19							
Liabilities	20		ors, trustees, and other disqualified persons					
Ξ	!		otes payable (attach schedule)					
Lia	21		e >)					
	22	Other liabilities (describe	* - /					
	22	Total liabilities (add line	es 17 through 22)					
\dashv				 				
			low SFAS 117, check here					
s		and complete lines	not follow SFAS 117, plete lines 27 through 31. Lipal, or current funds land, bldg, and equipment fund lated income, endowment, or other funds I balances (see page 17 of the					
2	24	Unrestricted						
ā	25	Temporarily restricted .						
8	26	Permanently restricted ,						
2		Foundations that do	not follow SFAS 117,					
리		check here and com	plete lines 27 through 31. ▶ 🔀					
6	27	Capital stock, trust prince	cipal, or current funds					
\$	28	Paid-in or capital surplus, or	land, bldg , and equipment fund					
55	29	Retained earnings, accumi	ulated income, endowment, or other funds	416,484.	240,426.			
Ž	30	Total net assets or fund	i balances (see page 17 of the					
휜		instructions)		416,484.	240,426.			
_	31	Total liabilities and net	assets/fund balances (see page 17					
- }				416,484.	240,426.			
P			inges in Net Assets or Fund E					
			lances at beginning of year - Part II,		agree with			
				• • • • • •	-	416,484.		
						-212,540.		
2	⊏u(e)	r amount from Part I, I	ine 27a ed in line 2 (itemize) ▶ATTACHI		2	36,482.		
						240,426.		
		lines 1, 2, and 3			1 1			
5	Decr	eases not included in	line 2 (itemize)		5			
6	Total	net assets or fund ba	lances at end of year (line 4 minus li	ne 5) - Part II, column (b),	line 30 6	240,426.		

	describe the kind(s) of property sold (acquired P-Purchase	acquired	(d) Date sold (mo , day, yr)
CDD DADE TH COURT	ck warehouse, or common stock, 200	shs MLC Co j	D-Donation	(mo , day, yr)	, ,,,,,
					
<u>b</u>			 		
<u>c</u>			 		
<u>d</u>					
<u>e</u>		/ Cost or other basis			<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
a					
b					
с	 				<u> </u>
d			ļ		
e		<u> </u>			
Complete only for assets sh	owing gain in column (h) and owi	ned by the foundation on 12/31/69	(1)	Gains (Col (h) g	ain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less t Losses (from co	
a		•			
b					
С					
d					·······
e					
	(If	gain, also enter in Part I, line 7			
Capital gain net income or (not canital local	(loss), enter -0- in Part I, line 7	2		15,644.
Net short-term capital gain	or (loss) as defined in sections 12	· · · · ·			
, ,	line 8, column (c) (see pages 13				
•	ne 8		3		17,070.
Part V Qualification Un	der Section 4940(e) for Red	uced Tax on Net Investment In		_ 	
	he section 4942 tax on the distrib not qualify under section 4940(e)	outable amount of any year in the b	ase perio	d?	Yes X No
	`	, see page 18 of the instructions be	oforo mok	una nau entries	
(a)			lore mar	(d)	 -
Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution r	
	540,480.	546,255.		(col (b) divided by	0.989428
2008	384,963.	698,195.	ļ.—-		0.551369
2007	573,703.	938,749.	 -		0.611136
2006	656,725.	1,265,716.	 		0.518857
2005	385,514.	1,515,705.			0.254346
2004	303,314.	1,313,703.	 		0.234340
Takal aklima 4 and min (d)					2 02E126
			2		2.925136
•	- · · · · · · · · · · · · · · · · · · ·	e the total on line 2 by 5, or by the			0 505003
number of years the found	ation has been in existence if less	s than 5 years	3		0.585027
					211 500
Enter the net value of nonc	charitable-use assets for 2009 fro	om Part X, line 5	4		311,588.
					100 007
Multiply line 4 by line 3			5		182,287.
			1 1		
Enter 1% of net investmen	t income (1% of Part I, line 27b)		6		297.
Add lines 5 and 6			7		182,584.
Enter qualifying distribution	s from Part XII, line 4		8		242,318.
If line 8 is equal to or great Part VI instructions on page	ater than line 7, check the box i	in Part VI, line 1b, and complete	hat part	using a 1% ta:	k rate. See th

Pai	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18	of the ins	structions)	<u>_</u>
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1		·	_
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		297	·
	here ► X and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			
	of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			_
3	Add lines 1 and 2		297	_
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4		0	<u> </u>
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		297	÷
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 964 .			
b				
	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
d	Backup withholding erroneously withheld		0.64	
7	Total credits and payments Add lines 6a through 6d		964	÷
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached			_
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		667	_
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		007	÷
11 Do	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 667 - Refunded ▶ 11 rt VII-A Statements Regarding Activities			_
		$\overline{}$	T., T.	_
та	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	4-	Yes No	_
_	participate or intervene in any political campaign?	· . 1a		_
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19		l x	
	of the instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	· · 1b	 ^	-
			1	
	published or distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year?	4.0	_x	
di		1c	 	-
٠	(1) On the foundation (1) any) or tax on political experiorities (section 4933) imposed during the year	·		
е				
٠	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?		X	_
ь	If "Yes," has it filed a tax return on Form 990-T for this year?		A/A	_
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	Х	_
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 XV	7	Х	_
8 a				
	instructions) > CT,			
b				
	(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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9	X	_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10	X	_

Par	t VII-A Statements Regarding Activities (continued)			
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 page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	L
	Website address ► N/A			
14	The books are in care of ▶ PATHSTONE FAMILY OFFICE Telephone no Located at ▶ 191 PEACHTREE, STE 3980 ATLANTA, GA ZIP+4 ▶ 30303	2-01	80	
	Located at ▶191 PEACHTREE, STE 3980 ATLANTA, GA ZIP+4 ▶ 30303	- 	- -	
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	N/A.	▶	-
	and enter the amount of tax-exempt interest received or accrued during the year	•		
Par	t 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.	L	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? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	ł		
	the benefit or use of a disqualified person)?Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" 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) Yes X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	l		1.
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b	"/	A _
	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	1.		х
	were not corrected before the first day of the tax year beginning in 2009?	1 c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	1		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	ł		
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e. Part XIII) for tax year(s) beginning before 2009?			
	co, rat Ally is taryes (c) regiment 2000			
	If "Yes," list the years Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	1		
D				
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	2b	اررا	/
_	to all years listed, answer "No" and attach statement - see page 20 of the instructions)		1.7	17
C	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	ļ		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
Ja	enterprise at any time during the year?			
h	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or			
U	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 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 2009)	3ь		Х
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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 in 2009?	4b		Х

Form **990-PF** (2009)

Pa	rt VII-B	Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)			
5 a	During t	he year did the foundation pay or incur any amou	nt to					
	(1) Carr	y on propaganda, or otherwise attempt to influer	nce legislation (section	4945(e))?	Yes X N	o	1	
		ence the outcome of any specific public election				1		
	direc	ctly or indirectly, any voter registration drive?			Yes X N	0		
	(3) Prov	ide a grant to an individual for travel, study, or oth	ner similar purposes?		Yes X N	•		
	(4) Prov	ide a grant to an organization other than a chari	table, etc , organizatio	n described in				1
	sect	on 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the ins	structions)	Yes X N	o	-]
	(5) Prov	ide for any purpose other than religious, charital	ble, scientific, literary,	or educational			1	
	purp	oses, or for the prevention of cruelty to children o	r anımals?		. Yes X N	。		
b	If any ar	nswer is "Yes" to 5a(1)-(5), did any of the trans	actions fail to qualify	under the exception	s described in			
	Regulati	ons section 53 4945 or in a current notice regard	ing disaster assistant	e (see page 22 of the	instructions)?	5b	N /	/A
	Organiza	ations relying on a current notice regarding disast	er assistance check h	ere	▶ 🔲			
C	If the an	swer is "Yes" to question 5a(4), does the founda	ation claim exemption i	from the tax				
	because	it maintained expenditure responsibility for the gr	rant?		Yes X N	o		ł
		attach the statement required by Regulations sect						
6a	Did the f	oundation, during the year, receive any funds, d	lirectly or indirectly, to	pay premiums				
	on a per	sonal benefit contract?			Yes X N	0		
b	Did the f	oundation, during the year, pay premiums, direc	tly or indirectly, on a j	personal benefit contra	ct?	6b	ļ	Х
		o 6b, file Form 8870						
		me during the tax year, was the foundation a pai						İ
		d the foundation receive any proceeds or have a	ny net income attribu	table to the transaction	?	7ь		
Pai	t VIII	Information About Officers, Directors and Contractors	, Trustees, Foun	dation Managers,	Highly Paid Empl	oyees,		
1	List all c	fficers, directors, trustees, foundation m	anagers and their	compensation (see	page 22 of the insti	uctions).		
		(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expen		
			devoted to position	-0-)	and deferred compensation	Other as	IUWalice	
7 T	TACUM	ENT 7		-0-	-0-		-0-	
<u>VI</u>								
				 -				
2	Compen	sation of five highest-paid employees (ot	her than those inc	luded on line 1 - se	e nage 23 of the ins	tructions)		-
	f none,	enter "NONE."				ti dottonaj.		
(a)	Name and	address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expen other al		
	NONE							
						_		
								_
Tota	l number	of other employees paid over \$50,000	<u></u>		<u> </u>	<u> </u>	>	
						Form 99	n-PF	(2000)

and Contractors (continued)	/ees,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none,	enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	▶ NONE
Part IX-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 beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments See page 24 of the instructions	·
3 NONE	
False Add lines 1 through 2	
AND AND UNDER THEOLOGY &	1

Form 990-PF (2009)

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn foundation	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes	ļ ļ	
а	Average monthly fair market value of securities	1a	294,655.
b	Average of monthly cash balances	1b	21,678.
С		1c	0.
d		1d	316,333.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Cubtract line 2 from line 1d	3	316,333.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
		4	4,745.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	311,588.
6	Minimum investment return. Enter 5% of line 5	6	15,579.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here	ate operating part)	
1	Minimum investment return from Part X, line 6	1	15,579.
2 a			
b]	
C	Add lines 2a and 2b	2c	297.
3	Distributable amount before adjustments. Subtract line 2c from line 1		15,282.
4	Recoveries of amounts treated as qualifying distributions	4	<u>-</u>
5		5	15,282.
6	Add lines 3 and 4 Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
•	line 1 · · · · · · · · · · · · · · · · · ·	7	15,282.
_			
Pa	Qualifying Distributions (see page 25 of the 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	242,318.
þ	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	0.
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3 b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	242,318.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	297.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	242,021.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w qualifies for the section 4940(e) reduction of tax in those years	hether the fo	undation

Form 990-PF (2009)

Pa	rt XIII Undistributed Income (see page	e 26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				15,282.
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only				
	Total for pnor years 20,20,20				
_				· · · · · · · · · · · · · · · · · · ·	
а	From 2004 311, 715.				
ь	From 2004	İ			
	500 F26				
	From 2007 350, 153.				
е	From 2008 513, 239.				
f	Total of lines 3a through e	2,312,632.			
4					
	line 4 ▶ \$ 242,318.				
а	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election				
-	required - see page 26 of the instructions)				
c	Treated as distributions out of corpus (Election				
·	required - see page 26 of the instructions)				
đ	Applied to 2009 distributable amount				15,282.
е	Remaining amount distributed out of corpus	227,036.		·	
5	Excess distributions carryover applied to 2009			<u></u> .	
	(If an amount appears in column (d), the same amount must be shown in column (a))				1
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,539,668.			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	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				<u> </u>
d	Subtract line 6c from line 6b Taxable				
_	amount - see page 27 of the instructions Undistributed income for 2008 Subtract line				
e	4a from line 2a Taxable amount - see page				
	27 of the instructions				
f	Undistributed income for 2009 Subtract lines				
	4d and 5 from line 1 This amount must be				
7	distributed in 2010				
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	instructions)				
•	applied on line 5 or line 7 (see page 27 of the	311,715.			
_	instructions)				
9	Excess distributions carryover to 2010.	2,227,953.			
4.0	Subtract lines 7 and 8 from line 6a	, == , , , , , , , , , , , , , , , , ,			
	Analysis of line 9 Excess from 2005 608, 989.				
	Excess from 2006 528, 536.				
	Excess from 2007				
	Excess from 2008 513, 239.				
	Excess from 2009 227, 036.	ļ			
	<u></u>				L

ΙÇ	Private Oper	ating Foundations	see page 27 of the	instructions and Pa	rt VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has				ating	
	foundation, and the ruling				. ▶	·····
b	Check box to indicate wh		private operating found	ation described in section	4942())(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part for the minimum investment	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(-,
	return from Part X for each					
	year listed					
ь	85% of line 2a					
C	Qualifying distributions from Part					
d	XII, line 4 for each year listed . Amounts included in line 2c not					
u	used directly for active conduct					
	of exempt activities					
e	Qualifying distributions made directly for active conduct of					
	exempt activities. Subtract line					
3	2d from line 2c			-,		
•	alternative test relied upon					
а	"Assets" alternative test - enter (1) Value of all assets	•				
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed					
С	"Support" alternative test - enter					
	Total support other than gross investment income					
	(interest, dividends rents					
	payments on securities loans (section 512(a)(5))					
	or royalties) (2) Support from general					
	public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(m)					
	port from an exempt organization					
	(4) Gross investment income.					
Pa	rt XV Supplementa	ry Information (C	omplete this part	only if the founda	ation had \$5,000	or more in assets
		luring the year - see		structions.)		
1	Information Regarding					
а	List any managers of t before the close of any	ne toundation who h tax vear (but only if th	ave contributed more lev have contributed n	than 2% of the tota nore than \$5,000), (Se	l contributions receive se section 507(d)(2))	ed by the foundation
	ATTACHME	_	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		50 0001.011 007 (0)(2))	
	List any managers of		240 10% or more of	the steel of a serie	ration (as an assembly	lance and the of the
D	ownership of a partner					large portion of the
	, ,	,		3		
	ATTACHME					
2	Information Regarding	•	•			
	Check here ▶ X If the	ne foundation only n	nakes contributions	to preselected charit	able organizations a	nd does not accept
	unsolicited requests for organizations under other	or funds. If the found	dation makes gifts, g	rants, etc (see page	28 of the instruction	ns) to individuals or
						
а	The name, address, ar	id telephone number (of the person to whom	applications should be	e addressed	
	The form in which appli	cations should be sub	mitted and information	n and materials they	should include	
_						
				<u> </u>		
С	Any submission deadling	ies				
	Any restrictions or lin	nitations on awards	such as by geogra	nhical areas charitol	hle fields kinds of :	netitutions or other
	factors		oson as by geogra	urcas, Ullailla	olo nolos, kinus Ul I	noatuuviis, vi Ottief

Part XV Supplementary Information (co. 3 Grants and Contributions Paid Duri	ontinued)	royed for F	Lifure Payment	1 095
Recipient	If recipient is an individual,	Foundation		T
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	Toolpicin		
ATTACHMENT 10				
	,			
Total		L		242,318.
b Approved for future payment			-	
ATTACHMENT 11			:	
Total	<u> </u>		▶ 3b	750,000.

Part X	VI-A Analysis of Income-Produ	ıcing Acti	vities			
	ess amounts unless otherwise indicated		ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
1 Progr	am service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function incomé (See page 28 of the instructions)
ь _						
c -						
d _						
е –						
f -						
g F	ees and contracts from government agencies	·				
•	pership dues and assessments					
	st on savings and temporary cash investments					
	ends and interest from securities			14	14,370.	
	ental income or (loss) from real estate					· · · · · · · · · · · · · · · · · · ·
	ebt-financed property					
	ot debt-financed property			<u> </u>		
	ntal income or (loss) from personal property					
	investment income			14	71.	
	or (loss) from sales of assets other than inventory			18	15,644.	· · · · · · · · · · · · · · · · · · ·
	ncome or (loss) from special events					
	s profit or (loss) from sales of inventory	·				
	revenue a					
b						
c -						
d _						
е –						
_	otal Add columns (b), (d), and (e)				30,085.	······································
	Add line 12, columns (b), (d), and (e)					30,085.
	ksheet in line 13 instructions on page 28					
Part X				kempt Purp	oses	
Line No	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ity for whi	ch income is reporte	d in column	(e) of Part XVI-A con	tributed importantly to
▼	the accomplishment of the fo	oundation's	exempt purposes (c	other than l	by providing funds for	such purposes) (See
	page 29 of the instructions)					
			NOT APPLICABL	LE		
				-		
						
					····	
						
						
	_ <u></u>					

Information Regarding Transfers To and Transactions and Relationships With Noncharitable

•		Exempt Orga	nizations							
1	in se	ection 501(c) of the Co	y or indirectly engage ode (other than section	501(c)(3) orga	anizations) or in				Yes	No
a	organ a Trans	nizations? sfers from the reporting for	oundation to a noncharitab	le exempt organi	zation of					
								1a(1)		Х
								1a(2)		Х
t	o Other	r transactions								1
			naritable exempt organizatio					16(1)		X
			a noncharitable exempt org					1b(2)		X
			ent, or other assets					1b(3)		X
			ents							X
										X
			or membership or fundraisin							$\frac{\hat{x}}{x}$
			it, mailing lists, other assets					1c	•	
(the above is "Yes," cor							
			assets, or services give sharing arrangement,							
	value	ill ally transaction of	snaring arrangement, :	snow in colum	in (a) the valu	e or the good	is, other assets, or	service	s rec	eivea
(a)	Line no	(b) Amount involved	(c) Name of noncharitat	ole exempt organiz	ation (d) D	escription of trans	fers, transactions, and shar	ing arrai	naeme	nts
-\'		N/A			N/A					
									•	
	_									
_										
										
_										
									_	
						 				
										
2 a		•	indirectly affiliated with,				_	٦.,		7
			ner than section 501(c)(3))	or in section 52	<i>"</i>			Ye	s <u> </u>	No
) IT Ye	s," complete the following (a) Name of organization		(b) Type of organ	nization		(c) Description of relations	hin		
		(a) Name of organization	<u>'</u>	(b) Type of organ	HZ4(IOI)		(c) Description of leading	ilib		
										
	<u>.</u>									
										
	Under	penalties of perjury, I decla	are that I have examined this	return, including	accompanying scl	nedules and states	ments, and to the best of	f my kr	nowled	ge and
	belief,	it is true, correct, and comp	plete Declaration of preparer	(other than taxpa	iyer or fiduciary) is	based on all infor	mation of which preparer	has an	ıy kno	wledge
		V/on.			11/	11/40 1				
ē	Sı	gnature of officer or trustee			Date		Title		_	
Sign Here					Date	Chapte if	Preparer's	identify	/ing	
چ	د ^ي .	Preparer's	Va. 14	- 4	1	Check if self-employ	red Inumber (Se	e Signa he ınstrı	iture oi uctions	า)
ξ, S	Paid eparer's se Only	signature / Wa	m VN. Sh	- ly	11/11/10		P003594	487		·
	Paid Preparer's Use Only	Firm's name (or yours if		AMILY OFF	ICE		EIN ▶ 27-1957	127		
	43	self-employed), address,	P.O. BOX 52		— 					
		and ZIP code	ATLANTA, G	Α	3	0355	Phone no 404-59	92-0	180	
							Fr	om 99	0.PF	(2009)

MARVIN LENDER FAMILY FOUNDATION, INC
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON II

Kind of F				ription		or P	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis	D	Gain or (loss)	
		LENOTAX PAS			LOSS	P	VAR	VAF
							17,070.	
		LENOTAX PAS PROPERTY TY			LOSS	P	VAR	VAF
							-1,426.	
TOTAL GAIN(L	oss)		• • • • • • • • • • • • • • • • • • • •				15,644.	
	j							
	ļ							
						П		

ATTACHMENT

- DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF,

	REVENUE	
	AND	NET
	EXPENSES	INVEST
DESCRIPTION	PER BOOKS	INCO
LENOTAX K-1 INTEREST INCOME	54.	
LENOTAX K-1 DIVIDENDS	14,299.	
TAX EXEMPT INTEREST INCOME	17.	

STMENT

54.

14,353.

TOTAL

FORM 990PF, PART I - OTHER INCOME

REVENUE AND EXPENSES PER BOOKS

71.

DESCRIPTION OTHER TAX EXEMPT INCOME

TOTALS

71.

FORM 990PF, PART I - INTEREST EXPENSE

NET INVESTMENT INCOME	° e	3.
REVENUE AND EXPENSES PER BOOKS	3.	3.
DESCRIPTION	INVESTMENT INT LENOTAX K1	TOTALS

- OTHER EXPENSES PART I FORM 990PE,

NET INVESTMENT INCOME 12.	304.
REVENUE AND EXPENSES PER BOOKS 12.	304.
	TOTALS
DESCRIPTION BANK FEES FROM LENOTAX K-1	

- OTHER INVESTMENTS

PART II

FORM 990PF,

LEN002-42

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PAGE 20

ATTACHMENT

DESCRIPTION

INVESTMENT IN LENOTAX, LLC

TOTALS

ENDING BOOK VALUE

205,291.

205,291.

ATTACHMENT 5

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

<u>DESCRIPTION</u> <u>AMOUNT</u>

PASSTHROUGH FMV ADJUSTMENT 36,482.

TOTAL 36,482.

DIRECTORS, AND TRUSTEES - LIST OF OFFICERS, PART VIII FORM 990PE,

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

MARVIN LENDER PO BOX 52047

ATLANTA, GA 30355

PRESIDENT/TREASURER

SECRETARY

HELAINE LENDER PO BOX 52047 ATLANTA, GA 30355

GRAND TOTALS

ATTACHMENT 7

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

MARVIN LENDER HELAINE LENDER

FORM 990PF, PART XV - INFORMATION REGARDING MANAGERS OWNING 10% STOCK

THE FOUNDATION OWNS MORE THAN A 10% INTEREST IN A LIMITED LIABILITY COMPANY THAT PROVIDES INVESTMENT AND ADMINISTRATIVE SERVICES TO THE FOUNDATION AS WELL AS OTHER CHARITABLE ENTITIES THROUGH WHICH THE FOUNDATION DIRECTORS (MANAGERS) ARE DEEMED TO BE MORE THAN 10% OWNERS UNDER THE ATTRIBUTION RULES. ALL OF THE CHARITABLE ENTITES PAY REASONABLE FEES FOR SUCH SERVICES WHICH CREATE ECONOMIES OF SCALE IN INVESTMENT MANAGEMENT AND ADMINISTRATIVE SERVICES, RESULTING IN LOWER COSTS FOR SUCH SERVICES.

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	QN'ts		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AMERICAN HEART ASSOCIATION	NONE	GENERAL PROGRAM SERVICES	1,500
5 BROOKSIDE DRIVE	PUBLIC CHARITY		
WALLINGFORD, CT 06492			
AMERICAN CANCER SOCIETY	NONE	GENERAL PROGRAM SERVICES	200
538 PRESTON AVENUE	PUBLIC CHARITY		
PO BOX 1004			
MERIDEN, CT 06450			
CHRYSALIS	NONE	GENERAL PROGRAM SERVICES	100
1853 LINCOLN BOULEVARD	PUBLIC CHARITY		
SANTA MONICA, CA 90404-4505			
NATIONAL JEWISH CENTER FOR LEARNING & LEADERSHIP	NONE	GENERAL PROGRAM SERVICES	100.
440 PARK AVENUE SOUTH	PUBLIC CHARITY		
NEW YORK, NY 10016-8012			
CORNELL UNIVERSITY	NONE	GENERAL PROGRAM SERVICES	500.
PO BOY 2600	PUBLIC CHARITY		
ITHACA, NY 14851-9968			
CAPA - SHUBERT THEATER	NONE	GENERAL PROGRAM SERVICES	2,500
247 COLLEGE STREET	PUBLIC CHARITY		
NEW HAVEN, CT 06510			

THE CHARLES CONTRIBUTION OF THE CONTRIBUTIONS WITH	DUNING THE TEAK		
			ATTACHMENT 10 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
COLUMBUS HOUSE	ω NO N	CENTEDAL DESCRIPTION	c
586 ELLA T GRASSO BLVD	PUBLIC CHARITY		7, 500
NEW HAVEN, CT 06519			
	!		
FRIENDS OF THE WOODBRIDGE LIBRARY	NONE	GENERAL PROGRAM SERVICES	25.
10 NEWTON ROAD	PUBLIC CHARITY		
WOODBRIDGE, CT 06525			
I'NTL FESTIVAL OF ARTS 6 IDEAS	NOON	APTIVED MACCODE TACTION	
19's CHIBCH STREET	אבו פנהט טו ופוופ		
	robbic chartii		
12TH FLOOR			
NEW HAVEN, CT 06510			
ISRAEL POLICY FORUM	NONE	GENERAL PROGRAM SERVICES	10,000
165 EAST 56TH STREET	PUBLIC CHARITY		
2ND FLOOR			
NEW YORK, NY 10022			
PATER CAMPAGNA TO MATERIAGE MATERIA			:
JEWISH FEDERALION OF GREALER NEW HAVEN	NONE	GENERAL PROGRAM SERVICES	12,500
360 AMITY ROAD	PUBLIC CHARITY		
WOODBRIDGE, CT 06525			
JEWISH FEDERATION OF THE BERKSHIRES	NONE	GENERAL PROGRAM SERVICES	2,000
196 SOUTH STREET	PUBLIC CHARITY		
PITTSFIELD, MA 01201			

25.

v 09-8 5

			ATTACHMENT 10 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
JACOBS PILLOW DANCE	NONE	GENERAL PROGRAM SERVICES	0.50
358 GEORGE CARTER ROAD	PUBLIC CHARITY		
BECNET, MA 01223			
	!		
NORTHWESTERN UNIVERSITY	NONE	KELLOGG SCHOOL ANNUAL FUND	200
2001 SHERIDAN ROAD	PUBLIC CHARITY		
EVANSTON, IL 60208-2001			
NEW HAVEN SYMPHONY ORCHESTRA	NONE	GENERAL PROGRAM SERVICES	2,000
70 AUDOBON STREET	PUBLIC CHARITY		
NEW HAVEN, CT 06510			
SHAKESPEARE & COMPANY	NONE	GENERAL PROGRAM SERVICES	100
70 KEMBLE STREET	PUBLIC CHARITY		
LENOX, MA 01240			
SEEDS OF PEACE	NONE	GENERAL PROGRAM SERVICES	250
370 LEXINGTON AVENUE	PUBLIC CHARITY		
SUITE 401			
NEW YORK, NY 10017			
SYRACUSE UNIVERSITY	NONE	BUILDING FUND - SCHOOL OF MANAGEMENT	108,443
SYRACUSE UNIVERSITY	PUBLIC CHARITY		
SYRACUSE, NY 13244			

v 09-8 5

ATTACHMENT 10 (CONT'D)

MARVIN LENDER FAMILY FOUNDATION, INC

THE YEAR	
THE	
DURING	
PAID	
CONTRIBUTIONS	
AND	
GRANTS	
>	
PART	
990PE,	İ
FORM	

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION A	AMOUNT
TANCLEWOOD ANNUAL FUND 301 MASSACHUSETTS AVENUE BOSTON, MA 02115-4511	NONE , PUBLIC CHARITY	GENERAL PROGRAM SERVICES	2,532
THE BANK STREET COLLEGE OF EDUCATION 610 W 112TH STREET NEW YORK, NY 10025	NONE FUBLIC CHARITY	GENERAL PROGRAM SERVICES	5, 000
WOODBRIDGE VOLUNTEER FIRE DEPT PO DRAWER F WOODBRIDGE, CT 06525	NONE PUBLIC CHARITY	GENERAL PROGRAM SERVICES	50
YALE UNIVERSITY SCHOOL OF MUSIC PO BOX 1849 NEW HAVEN, CT 06508-1849	NONE PUBLIC CHARITY	GENERAL PROGRAM SERVICES	90
ANTI DEFAMATION LEAGUE 1952 WHITNEY AVENUE HAMDEN, CT 06517	NONE PUBLIC CHARITY	GENERAL PROGRAM SERVICES	2,500.
HOPKINS SCHOOL 986 FOREST ROAD NEW HAVEN, CT 06515	NONE PUBLIC CHARITY	GENERAL PROGRAM SERVICES	3,000

v 09-8 5

			ATTACHMENT 10 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
JEWISH CEMETERY ASSOCIATION OF GREATER NEW HAVEN 360 AMITY ROAD WOODBRIDGE, CT 06525	NONE PUBLIC CHARIT,	. GENERAL PROGRAM SERVICES	180.
LONG WHARF THEATER 222 SARGENT DRIVE NEW HAVEN, CT 06511	NONE PUBLIC CHARITY	GENERAL PROGRAM SERVICES	250
MAZON 1990 SOUTH BUNDY DRIVE NO 260 LOS ANGELES, CA 90025	NOWE PUBLIC CHARITY	GENERAL PROGRAM SERVICES	250
PROJECT INTERCHANGE 1156 15TH STREET, NW SUITE 1201 WASHINGTON, DC 20005	NONE PUBLIC CHARITY	GENERAL PROGRAM SERVICES	250
THE COLONIAL THEATER 111 SOUTH STREET PITTSFIELD, MA 01201	NONE PUBLIC CHARITY	GENERAL PROGRAM SERVICES	100
WOODBRIDGE POLICE UNION WOODBRIDGE, CT	NONE PUBLIC CHARITY	GENERAL PROGRAM SERVICES	250

ATTACHMENT 10 (CONT'D)

MARVIN LENDER FAMILY FOUNDATION, INC

	l
YEAR	
THE	
DURING	
PAID	
NTRIBUTIONS	
AND CON	
GRANTS	
- ^×	
PART	
990PF,	
FORM	

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
YALE NEW HAVEN HOSPITAL	MEMBER BOARD OF DIRECTORS	SMILOW CANCER HOSPITAL CAMPAIGN & AUXILIARY	50.050
PO BOY 1849			
NEW HAVEN, CT 06508			
THE AMERICAN JEWISH COMMITTEE	NONE	GENERAL PROGRAM SERVICES	1,000.
165 E S6TH STREET	PUBLIC CHARITY		
NEW YORK, NY 10022			
AMERICAN DIABETES ASSOCIATION	NONE	GENERAL PROGRAM SERVICES	25
1701 N BEAUREGARD STREET	PUBLIC CHARITY		
ALEXANDRIA, VA 22311			
CLEARWATER INITIATIVE .	NONE	GENERAL PROGRAM SERVICES	1,000.
PO BOX 1684	PUBLIC CHARITY		
NEW HAVEN, CT 06507			
FOOD ALLERGY INITIATIVE	NONE	GENERAL PROGRAM SERVICES	5,000
1414 AVENUE OF THE AMERICAS	PUBLIC CHARITY		
SUITE 1804			
NEW YORK, NY 10019			
JEWISH FEDERATION OF COLLIER COUNTY	NONE	GENERAL PROGRAM SERVICES	1,000
2500 VANDERBILT BEACH ROAD	PUBLIC CHARITY		
SUITE 2201			
NAPLES, FL 34109			

v 09-8 5

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	URING THE YEAR		ATTACHMENT 10 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	FURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
LENON LIBRARY ASSOCIATION 18 MAIN STREET LENON, MA 01240-2310	NONE PUBLIC CHARITY	GENERAL PROGRAM SERVICES	25
NAACP 545 WHALLEY AVE NEW HAVEN, CT 06511	NONE PUBLIC CHARITY	GENERAL PROGRAM SERVICES	2,500
NYU LANGONE MEDICAL CENTER 550 FIRST AVE NEW YORK, NY 10016	NONE PUBLIC CHARITY	GENERAL PROGRAM SERVICES	009
OURJEWISHCOMMUNITY ORG 10001 LOVELAND-MADEIRA ROAD LOVELAND, OH 45140	NONE PUBLIC CHARITY	GENERAL PROGRAM SERVICES	200.
HILLEL SYRACUSE UNIVERSITY 102 WALNUT PLACE SYRACUSE, NY 13210	NONE PUBLIC CHARITY	GENERAL PROGRAM SERVICES	2,500
SOUTHERN CONNECTICUT HEBREW ACADEMY 261 DERBY AVENUE ORANGE, CT 06477	NONE PUBLIC CHARITY	GENERAL PROGRAM SERVICES	7,500

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

			ATTACHMENT 10 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
TEL AVIV FOUNDATION 1201 BROADWAY	NONE PUBLIC CHARITY	GENERAL PROGRAM SERVICES	5, 000
SUITE 802 NEW YORK, NY 10001			
UNIVERSITY OF VERMONT 411 MAIN STREET BURLINGTON, VT 05401-3470	NONE PUBLIC CHARITY	GENERAL PROGRAM SERVICES	20
JEWISH COMMUNITY CENTER OF GREATER NEW HAVEN 360 AMITY ROAD WOODBRIDGE, CT 06525	NONE PUBLIC CHARITY	GENERAL PROGRAM SERVICES	1,538
JUVENILE DIABETES RESEARCH FOUNDATION 2969 WHITNEY AVENUE HAMDEN, CT 06518	NONE PUBLIC CHARITY	GENERAL PROGRAM SERVICES	9,000

242,318 TOTAL CONTRIBUTIONS PAID

S 8-60 V

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

400,000

AMOUNT

ATTACHMENT 11

HAMDEN, CT 06518

275 MT CARAMEL AVENUE QUINNEPIAC UNIVERSITY

YALE NEW HAVEN HOSPITAL

HAMDEN, CT 06508 PO BOX 1849

PUBLIC CHARITY NONE

ATHLETIC CENTER

350,000

MEMBER BOARD OF DIRECTORS PUBLIC CHARITY

SMILOW CANCER HOSPITAL CAMPAIGN

750,000

TOTAL CONTRIBUTIONS APPROVED

PAGE 33 ATTACHMENT 11

169450 B85V 11/11/2010

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

MARVIN LENDER FAMILY FOUNDATION, INC

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

Employer identification number

2009

% PATHSTONE FAMILY OFFICE 06-1395243 Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less Part (e) Cost or other basis (f) Gain or (loss) for (b) Date acquired (a) Description of property (c) Date sold (d) Sales price (see page 4 of the the entire year (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) instructions) Subtract (e) from (d) 1a b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 17,070. 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 2 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, 17,070. 5 Long-Term Capital Gains and Losses - Assets Held More Than One Year Part II (e) Cost or other basis (f) Gain or (loss) for (b) Date acquired (a) Description of property (c) Date sold (see page 4 of the the entire year Subtract (e) from (d) (d) Sales price (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) instructions) 6a **b** Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b. -1,426.6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 7 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 Capital gain distributions 9 Gain from Form 4797, Part I 10 10 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2008 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, -1,426. column (3) on the back. For Paperwork Reduction Act Notice, see the Instructions for Form 1041. Schedule D (Form 1041) 2009

4	•				4
Sche	dule D (Form 1041) 2009				Page 2
Pa	rt Summary of Parts I and II Caution: Read the instructions before completing this part		eneficiaries' e page 5)	(2) Estate or trust's	
13	Net short-term gain or (loss)				17,070.
14	Net long-term gain or (loss):	1			
а	Total for year				-1,426.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.) 14b				
C	28% rate gain 14c	: .			
15		<u></u>		<u> </u>	15,644.
Not to Pa	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 99) art V, and do not complete Part IV If line 15, column (3), is a net loss, complete Part IV	0-T, Part i and the 0	l, line 4a) If line C <mark>apital Loss Can</mark>	s 14a and 15, co yover Workshe	olumn (2), are net gains, go et, as necessary
Pa	rt IV Capital Loss Limitation				
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I,				
. a	The loss on line 15, column (3) or b \$3,000 at 1 Form 1041, page 1, line: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line:		.	16	
Not Carr	a: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, li. rover Worksheet on page 7 of the instructions to figure your capital loss carryover	ne 22 (or	Form 990-T, III	ne 34), is a loss,	complete the Capital Loss
	Tax Computation Using Maximum Capital Gains Rates	_			
	n 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are o	ains or an am	ount is entere	od in Part I or Part II and
ther	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more that	an zero	31110, 01 017 0111	ount is entere	d in rait roi rait ii and
	tion: Skip this part and complete the worksheet on page 8 of the instructions				
	ither line 14b, col. (2) or line 14c, col. (2) is more than zero, or				
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				
of E	n 990-T trusts. Complete this part only if both lines 14a and 15 are gail orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part and	ns, or qu	ualified divide	nds are inclu	ded in income in Part I
	er line 14b, col. (2) or line 14c, col. (2) is more than zero.	a compr	ete the works	neer on page	o of the instructions if
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	47	1		
18	Enter the smaller of line 14a or 15 in column (2)	17	 		
10	but not less than zero	1			
19	Enter the estate's or trust's qualified dividends				
13	from Form 1041, line 2b(2) (or enter the qualified		İ		
	dividends included in income in Part I of Form 990-T) 19				
20	Add lines 18 and 19			İ	
21	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g, otherwise, enter -0-				
22	Subtract line 21 from line 20 If zero or less, enter -0-	22	,		
23		23			
24	Enter the smaller of the amount on line 17 or \$2,300	. 24	.		
25	Is the amount on line 23 equal to or more than the amount on line 24?				
	Yes. Skip lines 25 and 26; go to line 27 and check the "No" box.	i			
	No. Enter the amount from line 23	. 25	.		
26	Subtract line 25 from line 24				
27	Are the amounts on lines 22 and 26 the same?				
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22	27			
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28			
			<u> </u>		
29	Subtract line 28 from line 27	29			

Schedule D (Form 1041) 2009

31

32

33

30

Add lines 30 and 31

G, line 1a (or Form 990-T, line 36)

Multiply line 29 by 15% (15)

Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule

SCHEDULE D-1 (Form 1041)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule D (Form 1041)

➤ See instructions for Schedule D (Form 1041). ▶ Attach to Schedule D to list additional transactions for lines 1a and 6a. OMB No 1545-0092

2009

Name of estate or trust **Employer identification number** MARVIN LENDER FAMILY FOUNDATION, INC 06-1395243 Short-Term Capital Gains and Losses - Assets Held One Year or Less Part I (d) Sales price (see page 4 of the (b) Date (c) Date sold (mo . day, yr) (e) Cost or other basis (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (f) Gain or (loss) (see page 4 of the instructions) acquired (mo., day, yr Subtract (e) from (d) instructions) 1a LENOTAX PASSTHROUGH ST CAP GAIN/LOSS 17,070.

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2009

Long-Term Capital Gains and Losses - Assets Held More Than One Year (b) Date (c) Date (d) Sales pince (e) Cost or other basis					
(a) Description of property (Example 100 sh 7% preferred of "Z" Co.)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales pnce (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (
ENOTAX PASSTHROUGH LT CAP GAIN/LOSS					-1,42
		<u>. </u>			
		<u> </u>			
	:				
	-				
					
		 			
	-				
			L	L	

Fam 8868

(Rev April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

 If you are 	filing for an Additional (N	-Month Extension, complete only Part I and check this box Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form all early been granted an automatic 3-month extension on a previously filed.		1	X			
		nsion of Time. Only submit original (no copies needed).						
		0-T and requesting an automatic 6-month extension - check this box and comp	plete					
Part I only				ا ا	▶			
	oorations (including 112 ome tax returns	20-C filers), partnerships, REMICs, and trusts must use Form 7004 to requ	uest	an exter	nsion of			
one of the re electronically returns, or a c	eturns noted below (6 of (1) you want the add composite or consolidate	ou can electronically file Form 8868 if you want a 3-month automatic extermonths for a corporation required to file Form 990-T). However, you can ditional (not automatic) 3-month extension or (2) you file Forms 990-BL, 60 and From 990-T. Instead, you must submit the fully completed and signed pagnic filing of this form, visit www.irs.gov/efile.and.click.on.e-file.for.Chanties.&.N.	not 1 169, 1 ge 2	file Forn or 8870 (Part II) (n 8868 , group			
Type or	Name of Exempt Organiz	zation MARVIN LENDER FAMILY FOUNDATION, INC Employer in	dentif	ication nu	umber			
print	C/O LENDER MANAGEMENT, LLC 06-1395243							
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.							
due date for filing your	1 BRADLEY ROAD, SUITE 101							
return See Instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions WOODBRIDGE, CT 30326							
		a separate application for each return).	—					
Form 99		Form 990-T (corporation) Form 4720						
Form 99	-	Form 990-T (sec 401(a) or 408(a) trust) Form 5227						
Form 99		Form 990-T (trust other than above) Form 6069						
X Form 990)-PF	Form 1041-A Form 8870						
 If the orga If this is fo for the whole names and El 	r a Group Return, enter t group, check this box Ns of all members the e	in office or place of business in the United States, check this box	list w					
0.11.1	rganization's return for: calendar year 2009		ove ⁻	The exte	nsion is			
	tax year beginning	, and ending						
2 If this tax	year is for less than 12	months, check reason. Initial return Final return Change ii	n acc	 counting	period			
	oplication is for Form 9 dable credits. See instru	90-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any uctions	3a	\$	0.			
		90-PF or 990-T, enter any refundable credits and estimated tax payments	П					
		rpayment allowed as a credit	3ь	\$	964.			
		rom line 3a Include your payment with this form, or, if required, deposit						
	· ·	red, by using EFTPS (Electronic Federal Tax Payment System) See	\square		سار			
instruction			3c		<u> </u>			
•		electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879	⊬EO				
for payment in		uction Act Notice see Instructions		969 /Pa				
EAR DRIVAAN A	CT 200 P200FW0FK P441	urtion art motice see instrictions	º	RKM /Pa	4.7000			

	8 (Rev 4-2009) Page 2
• If yo	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
	u are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).
Part	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).
Туре	Name of Exempt Organization MARVIN LENDER FAMILY FOUNDATIO
print	C/O LENDER MANAGEMENT, LLC 06-1395243
File by the	Number, street, and room or suite no. If a P.O. box, see instructions 1 BRADLEY ROAD, SUITE 101
due date	101
filing the return S instruction	WOODBRIDGE, CT 30326
Check	type of return to be filed (File a separate application for each return)
	Form 990 X Form 990-PF Form 1041-A Form 6069
\vdash	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 4720 Form 8870
	form 990-EZ Form 990-T (trust other than above) Form 5227
STOPI	Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.
	books are in the care of PATHSTONE FAMILY OFFICE
Tele	phone No. ► 404 5920183 FAX No ► 877 5437284
	organization does not have an office or place of business in the United States, check this box
	is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
	whole group, check this box If it is for part of the group, check this box and attach a
	the names and EINs of all members the extension is for
	equest an additional 3-month extension of time until 11/15/2010
	or calendar year 2009, or other tax year beginning, and ending
	this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period
	ate in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO GATHER IFORMATION NECESSARY TO PREPARE AN ACCURATE RETURN
11	NORMATION NECESSARY TO TRETARE AN ACCORATE RETURN
	11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any
	nrefundable credits. See instructions 8a \$ 0.
	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated
	x payments made Include any prior year overpayment allowed as a credit and any amount paid
	eviously with Form 8868 8b \$ 964.
	plance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit
W	th FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 8c \$ 0.
	Signature and Verification
Under pe	natives of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, orrect, and complete, and that I am authorized to prepare this form
. 15 1100, 1	
	AVOLOM Showthe COA Shilis
Signature	
	(1.64 4-2003)
	P.O. BOX 52047
ignature	PATHSTONE FAMILY OFFICE Form 8868 (Rev 4-2009)
	лет лыта съ 30355

JSA