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Form **990-P**F

Department of the Treasury

Internal Revenue Service

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

For	caler	dar year 2009, or tax yea	ır beginning,			and ending		
G	Check	all that apply:	Initial return		Initial return of a for	mer public charity	Final return	
			Amended return		Address chang	e L	Name change	
Use	the	IRS Name of foundation					A Employer identification	number
	abel	.						
	nerwi				FAMILY FOUNDA		13-3557827	
	print					Room/suite	B Telephone number	0.0
	r type Spe	attic Chitita		EST	, #15E		212-451-30	
	ructio	ane City of town, State, a					C If exemption application is p	
	Nh a al	NEW YORK,		•	empt private foundation		D 1. Foreign organizations 2. Foreign organizations me check here and attach co	eting the 85% test,
"	~~~	type of organization: { ction 4947(a)(1) nonexem			ompi private roundation Other taxable private founda	tion		
		arket value of all assets at (g method: X Cash	Accrual	 E If private foundation sta under section 507(b)(1) 	
		Part II, col. (c), line 16)	end or year 3 A		ner (specify)	Accidal	F If the foundation is in a	• • •
	\$	1.030	255 (Part	I, colun	nn (d) must be on cash b	asis.)	under section 507(b)(1)	- 1 1
_	art I	Analysis of Revenue an	id Expenses		(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in colu necessarily equal the amoun	imns (b), (c), and (d) m nts in column (a))	ay not	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grant	ts, etc., received		56,356.		N/A	
	2		n is not required to attach S	ich B				
	3	Interest on savings and tempo cash investments	orary				1	
	4	Dividends and interest fro	om securities		12,538.	12,538	•	STATEMENT 1
	5a	Gross rents		ļ				
	b	Net rental income or (loss)						
e	6a	Net gain or (loss) from sale of Gross sales price for all	assets not on line 10	}		<u>.</u>	- RE	CEIVED +
Revenue	_b	assets on line 6a		}		0	- m	
Вè	7	Capital gain net income (from		-		0	· R MA	2 4 2010
	8	Net short-term capital gai Income modifications	III	-			- B	D T COLO
_	10a	Gross sales less returns		ŀ			+ - L	DEAL TIT
2010	1	and allowances Less Cost of goods sold				· · · · · · · · · · · · · · · · · · ·		
7	1	Gross profit or (loss)				,		
⊗	11	Other income		-		-		
	12	Total. Add lines 1 throug	ıh 11		68,894.	12,538		
₹	13	Compensation of officers, dire	ectors, trustees, etc		0.	0	•	0.
	14	Other employee salaries a	and wages	1				
	15	Pension plans, employee	benefits	ļ				
	16a	Legal fees						
₹8	b	Accounting fees		_				
$\mathop{\mathrm{SCA}}_{phi}$ Operating and Administrative Expe	C	Other professional fees	STMT	2	75.	75	•	0.
tive	17	Interest	Contro	,				250.
stra	18	Taxes	STMT	٥	250.	0	•	450.
Ë	19 20	Depreciation and depletio Occupancy	111	-		<u></u>	-	-
Ą	21	Travel, conferences, and	maatinne	}			 	
þ	22	Printing and publications	-	}	120.	0	-	120.
g	23	Other expenses		Ī			<u> </u>	
atin	24	Total operating and adm	ninistrative	·				
Ser.		expenses. Add lines 13 t			445.	75		370.
ō	25	Contributions, gifts, grant	-		50,000.			50,000.
	26	Total expenses and disb				·		
_		Add lines 24 and 25			50,445.	75		50,370.
	27	Subtract line 26 from line	12:					
	a	Excess of revenue over expen	ises and disbursemen	ts	18,449.			
	l	Net investment income (12,463		
0225		Adjusted net income (if no					N/A	5 000 PF (000)
9235 02-0	2-10	LHA For Privacy Act a	and Paperwork Re	duction A	Act Notice, see the instruct	ions		Form 990-PF (2009)

923511

3,749,029.

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Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

	LENI & PETER M			TTAC	ON	1	<u>3-355</u>	<u> 7827 </u>	Page 3
(a) List and desc	and Losses for Tax on cribe the kind(s) of property sold (arehouse; or common stock, 200 s	e.g., real estate,	income	(b) Ho	ow acquired Purchase Donation	(c) Date (mo., d	acquired ay, yr.)	(d) Dat (mo., d	
1a								,	
	NE								
C	•								
<u>d</u>									
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				aın or (loss s (f) mınus (
a						-	_		
<u>b</u>							· -		
<u>C</u>				\dashv				_	
<u>d</u>				+					
e Complete only for assets shown	l ng gam in column (h) and owned t	l by the foundation	on 12/31/69			(I) Gains (C	Col. (h) gain	minus	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (1) col. (j), if any			òl. (k), but r	not less that (from col. (n -0-) or	
a									
_ b			<u> </u>	_					
- c d		_		-				<u> </u>	
е									
2 Capital gain net income or (net ca		nter in Part I, line -0- in Part I, line		}	2		-		
3 Net short-term capital gain or (lo				\mathcal{L}					
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	, column (c).			}	3				
Part V Qualification L	Inder Section 4940(e) f	or Reduced	Tax on Net	Inve	stment Ir	come			
(For optional use by domestic privat	e foundations subject to the section	on 4940(a) tax on	net investment ir	ncome.)				
If section 4940(d)(2) applies, leave t	this part blank.								
Was the foundation liable for the sec	etion 4942 tay on the distributable	amount of any ve	ear in the hase ne	rınd?				[Yes	X No
If "Yes," the foundation does not qua			•	i iou·					22 110
	each column for each year; see in:			ies.	······································				
(a) Base period years Calendar year (or tax year beginni	ing in) Adjusted qualifying in	distributions	Net value of no	(c) onchard	able-use asse	ts	Dıstrıl (col. (b) dıv	(d) oution ratio vided by col	. (c))
2008		75,250.	-	1,	372,97	9.		.1	27642
2007	1	06,250.			265,41				<u> 32538</u>
2006		50,250.		_1,	<u>955,53</u>				<u> 25696</u>
2005		25.	-		72,07				00347
2004		30,000.		_	2	6.	1,	153.8	<u>46154</u>
2 Total of line 1, column (d)	5 h d d d h- h-	alaa kaa Obo S	b Ab b			2	1,	154.0	32377
3 Average distribution ratio for the the foundation has been in existe	•	ai on line 2 by 5,	or by the number	r or yea	rs	3_		230.8	06475
4 Enter the net value of noncharital	ble-use assets for 2009 from Part	X, line 5				4	 	980	,721.
5 Multiply line 4 by line 3						5	22	6,356	<u>,7</u> 57.
6 Enter 1% of net investment incor	me (1% of Part I, line 27b)					6			125.
7 Add lines 5 and 6						7	22	6,356	,882.
8 Enter qualifying distributions from	m Part XII, line 4					8		50	,370.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

_		<u>-3557</u>			age 4
Pa	ort VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see i	nstru	ction	<u>s)</u>
1a	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 letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	<u> </u>		2	49.
	of Part I, line 27b	1	-		
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-)	<u> </u>			0.
3	Add lines 1 and 2	<u> </u>		2	<u>49.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-			2	<u>49.</u>
6	,				
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 2,648.				
b	Exempt foreign organizations - tax withheld at source 6b				
C	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments. Add lines 6a through 6d			2,6	<u>48.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			2,3	99.
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax 2,399. Refunded 11				0.
Pa	rt VII-A Statements Regarding Activities				
1a	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		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b		<u>X</u>
	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	Did the foundation file Form 1120-POL for this year?		1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$ 0 .				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. ► \$ 0.			l	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		<u> </u>
	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			ŀ	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		<u> </u>
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	$A \setminus I$	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		<u>X</u>
	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	<u>X</u> _	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	_X_	
	If "Yes," complete Part II, col (c), and Part XV				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	NY				
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	_X_	
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)? 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
		For	m 990	-PF (2009)

orm 990-PF (2009) THE LENI & PETER MAY FAM	ILY FOUNDATIO	N	<u>13-35578</u>	27 Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	requirea (contin	uea)	
5a During the year did the foundation pay or incur any amount to:(1) Carry on propaganda, or otherwise attempt to influence legislation (section)	n 4045/a\\2		X No	
(2) Influence the outcome of any specific public election (see section 4955); of			21 22 NO	
any voter registration drive?	in to carry on, unectiny or mone		s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	2		s X No	
• • • • • • • • • • • • • • • • • • • •		ا لــــا	S LAJ NO	
(4) Provide a grant to an organization other than a charitable, etc., organization	ii aescribea iii sectioii		s X No	
509(a)(1), (2), or (3), or section 4940(d)(2)?	or advectional nurnosas, or i		ן או א נפּ	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or i		s X No	
the prevention of cruelty to children or animals?	day the averations described		S LAJ NU	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		iii neguiations	N/A	5b
section 53.4945 or in a current notice regarding disaster assistance (see instru	•			
Organizations relying on a current notice regarding disaster assistance check h		unad		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f			NO. NO.	
expenditure responsibility for the grant?			es No	
If "Yes," attach the statement required by Regulations section 53.494.	, ,			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		s X No	
a personal benefit contract?				6b X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		 	6b X
If "Yes" to 6b, file Form 8870	.h.h		v	1 1
7a At any time during the tax year, was the foundation a party to a prohibited tax s		\ <u>\</u>		76
b If yes, did the foundation receive any proceeds or have any net income attribut		Highly		7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, roundation Ma	magers, migni	,	
List all officers, directors, trustees, foundation managers and their	compensation.			
	t e e e e e e e e e e e e e e e e e e e	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
PETER W. MAY	DIRECTOR		Composituation .	
146 CENTRAL PARK WEST				
NEW YORK, NY 10023	0.00	0.	0.	0.
	DIRECTOR			-
146 CENTRAL PARK WEST				
NEW YORK, NY 10023	0.00	0.	0.	0.
	DIRECTOR			
116 EAST 95TH STREET				
NEW YORK, NY 10128	0.00	0.	0.	0.
	DIRECTOR	1		
1175 PARK AVE. #3C				
NEW YORK, NY 10128	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc				
(-) Name and address of each ample on a discount of the GEO 000	(b) Title, and average	(-) Company	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	allowances
NONE				
	1			
	1			
	1		1	
	1			
	1			
Total number of other employees paid over \$50,000			> _	0
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Total. Add lines 1 through 3

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P	art X Minimum Investment Return (All domestic foundations mi	ust complete this part. For	eign four	ndations, see	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable	, etc., purposes:			
a	Average monthly fair market value of securities	•		1a	942,640.
b	Average of monthly cash balances			1b	53,016.
C	Fair market value of all other assets			1c	
d	Total (add lines 1a, b, and c)			1d	995,656.
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	995,656.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,	see instructions)		4	14,935.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on			5	980,721.
6	Minimum investment return. Enter 5% of line 5			6	49,036.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and foreign organizations check here ▶ ☐ and do not complete this part.)	f (j)(5) private operating foun	dations an	d certain	
1	Minimum investment return from Part X, line 6			1	49,036.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	249.		
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b			
С	Add lines 2a and 2b			2c	249.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	48,787.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	48,787.
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 >	(III, line 1		7	48,787.
P	art XII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purp	oses:			F0 270
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	50,370.
b	Program-related investments - total from Part IX-B			1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable	e, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:				
а	Suitability test (prior IRS approval required)			3a	
þ	Cash distribution test (attach the required schedule)			3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and			4	50,370
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inves	tment			•
	income. Enter 1% of Part I, line 27b			5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	50,370
	Note: The amount on line 6 will be used in Part V. column (h), in subsequent years when	en calculation whether the fo	undation i	nualifies for th	e section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(0)	/6\	(a)	(4)
	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part Xi,				
line 7				48,787.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:		_		
Fuence distributions of the control		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004 29,999.				
b From 2005	ĺ			
c From 2006				
dFrom 2007 eFrom 2008 108,153.				
	138,152.			
f Total of lines 3a through e 4 Qualifying distributions for 2009 from	130,132.			
Part XII, line 4: ►\$ 50,370.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount			· <u></u>	48,787.
e Remaining amount distributed out of corpus	1,583.			
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as				
indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	139,735.			
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 2008. Subtract line			^	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must			1	0.
be distributed in 2010				
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2004	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7	29,999.			
9 Excess distributions carryover to 2010	<u> </u>		<u> </u>	
Subtract lines 7 and 8 from line 6a	109,736.			
10 Analysis of line 9:	109,130.			
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008 108, 153.				
e Excess from 2009 1,583.				

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	II & PETER M				557827 Page 10
Part XIV Private Operating F			II-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo b Check box to indicate whether the found			In section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	y tournation described	Prior 3 years	3 +3+2())(0) 0: 1	J-12(j)(0)
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,			
each year listed	;				
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					ļ
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c				-	ļ
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets				_	<u> </u>
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					1
investment income (interest, dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public	,		+		
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during t			ii die loulidation		
1 Information Regarding Foundation					
a List any managers of the foundation wh year (but only if they have contributed n			ntributions received by th	e foundation before the cl	ose of any tax
SEE STATEMENT 5	<u> </u>		<u> </u>		
b List any managers of the foundation wh other entity) of which the foundation ha			(or an equally large port	ion of the ownership of a	partnership or
NONE				·	
2 Information Regarding Contribut					
Check here ► X if the foundation of the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	ber of the person to who	m applications should b	e addressed:		
N/A					
b The form in which applications should b	oe submitted and informa	tion and materials they	should include;		
N/A					
c Any submission deadlines: N/A					
d Any restrictions or limitations on award	e cuch as hy gengraphic	al areas, charitable fields	kinds of institutions or	other factors:	
a with restrictions of militations on award	o, ouen as by goograpille	ui arouo, onariable liciu:	,oo or momunono, VI	Carol lucture.	
022801 02-02-10	•		· · · · · · · · · · · · · · · · · · ·		Form 990-PF (2009)

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Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		y section 512, 513, or 514	(e)
_	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code				·
a b					-
·		-			
	i l				
f	_			_	
g Fees and contracts from government agencies	-	· 			
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			1 1		
4 Dividends and interest from securities			14	12,538.	
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					
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a	_				
b	- 				
<u> </u>					
d	-				
e			0.	12,538.	0
13 Total. Add line 12, columns (b), (d), and (e)	1		0.1		12,538
(See worksheet in line 13 instructions to verify calculations.)	١			13	12,330
		** *			
Part XVI-B Relationship of Activities	to the Accon	nplishment of	Exempt P	urposes	
Line No. Explain below how each activity for which in	come is reported in a	column (e) of Part X	VI-A contributed	I importantly to the accom	plishment of
the foundation's exempt purposes (other that					
N/A					
				·	
					
					
	 				
	-				
		 			
					
Ī					

923621 02-02-10

4 1014	Exempt Organ	egarding Transfers T iizations					
			owing with any other organization		-	Yes	No
	•		n 527, relating to political organiza	ations?			
	• •	ation to a noncharitable exemp	ot organization of:				37
(1)					1a(1)		X
	Other assets r transactions:				1a(2)		X
		ible evenut erganization			1b(1)		Х
	Sales of assets to a noncharita	incharitable exempt organization	nn		1b(2)		X
	Rental of facilities, equipment,		,,,,		1b(3)		X
• •	Reimbursement arrangements				1b(4)		X
	Loans or loan guarantees				1b(5)		X
		embership or fundraising solici	tations		1b(6)		X
		uling lists, other assets, or paid			1c		X
or se	ervices given by the reporting to mn (d) the value of the goods,	oundation. If the foundation re other assets, or services recer	ceived less than fair market value ved.	ys show the fair market value of the god in any transaction or sharing arrangemo	ent, show in		
(a) Line no	(b) Amount involved	· · · · · · · · · · · · · · · · · · ·	table exempt organization	(d) Description of transfers, transactions	, and sharing arr	angeme	nts
		N/	<u>A</u>				
		ĺ					
ın se	ction 501(c) of the Code (othe	r than section 501(c)(3)) or in	one or more tax-exempt organiza section 527?	tions described	Yes	X	
ın se	ction 501(c) of the Code (others," complete the following sch	r than section 501(c)(3)) or in edule.	section 527?			X	
ın se	ction 501(c) of the Code (othe es," complete the following sch (a) Name of or	r than section 501(c)(3)) or in edule.		tions described (c) Description of rela		X] No
ın se	ction 501(c) of the Code (others," complete the following sch	r than section 501(c)(3)) or in edule.	section 527?			X] No
ın se	ction 501(c) of the Code (othe es," complete the following sch (a) Name of or	r than section 501(c)(3)) or in edule.	section 527?			[X] No
ın se	ction 501(c) of the Code (othe es," complete the following sch (a) Name of or	r than section 501(c)(3)) or in edule.	section 527?			X] No

Preparer's identifying number

P00301023

52-2328316

Sign Here

Date

ASSOCIATES LLC

NEW YORK,

75 ROCKEFELLER PLAZA, STE 900 NEW YORK, NY 10019-6999

CFO

Check if self-employed

Phone no.

Title

5/12/2010

Date

Signature of officer or trustee

signature

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Employer identification number Name of the organization 13-3557827 THE LENI & PETER MAY FAMILY FOUNDATION Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III __ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). Schedule B (Form 990, 990-EZ, or 990-PF) (2009) LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

THE LENI & PETER MAY FAMILY FOUNDATION

13-3557827

<u> </u>	DATE & LEITH THE LIMITED LOCALINE CON		
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LENI F. MAY 146 CENTRAL PARK WEST NEW YORK, NY 10023	\$ <u>29,235.</u>	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	LENI F. MAY 146 CENTRAL PARK WEST NEW YORK, NY 10023	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Omnicash Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II if there is a noncash contribution)

Employer identification number

THE LENI & PETER MAY FAMILY FOUNDATION

13-3557827

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	571 SHARES OF TRAVELERS INC STOCK		12/04/09
(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. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	90, 990-EZ, or 990-PF) (2

FORM 990-PF DIVIDENT	DS AND	INTER	EST	FROM	SECU	RITIES	STATEMENT	1
SOURCE		GROSS	AMO	OUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT)
UBS	•		7	,002.		0.	7,00	02. 36.
US TRUST - INTEREST WENDYS/ARBYS GROUP INC (RESTRICTED)			5	,400.		0.	5,4	
TOTAL TO FM 990-PF, PART I,	LN 4		12	,538.		0.	12,5	38.
FORM 990-PF	OTHER	PROFES	SIO	VAL F	EES		STATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS		(B) INVI NT INC	EST-	(C) ADJUSTED NET INCOM		
BROKERAGE FEES		75.		-	75.	•		0.
TO FORM 990-PF, PG 1, LN 16C		75.			75.			0.
FORM 990-PF		TAX	ES				STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS		(B) I INV NT INC		(C) ADJUSTED NET INCOM		
NYS DEPARTMENT OF LAW		250.			0.		2	50.
TO FORM 990-PF, PG 1, LN 18		250.			0.		2	50.
FORM 990-PF	ОТН	ER INV	ESTI	MENTS			STATEMENT	4
DESCRIPTION			LUA' ETH(rion OD	во	OK VALUE	FAIR MARKE VALUE	т
UBS FINANCIAL SERVICES			COS	r		3,710,869.	992,0	95.
TOTAL TO FORM 990-PF, PART I	I, LIN	E 13				3,710,869.	992,0	95.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 5

NAME OF MANAGER

PETER W. MAY LENI F. MAY