

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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v <b>→</b> orm	J	V	J			•

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 N	o 15	45-0052
2	301	09

For c	alendar	year 2009, o	r tax year beg	inning			, 2009	, and end	ing			, 20
G Ch	neck all t	that apply	Initial retu	ırn		nitial return	of a former p	oublic chai	rity		Final retur	n
			Amended	return		Addre	ss change		Na	ame change		_
		Name of four	ndation	_					] <i>.</i>	A Employer identif	ication number	
Use	the IRS											
	abel.	THE ALLW	IN FAMILY	FOUND	ATION					13-	-7088461	
	erwise,	Number and	street (or P O bo	x number if	mail is not de	elivered to stree	t address)	Room/su	iite	B Telephone number (se	e page 10 of the instru	ctions)
•	orint type.	]										
	Specific	65 UPPER	CROSS RO	AD						(	) –	
	uctions.	City or town,	state, and ZIP co	ode					- 1	If exemption application pending, check here	ation is	. ▶∟
									- 1	D 1 Foreign organiza	tions, check here	. ▶∟
			н, ст 068				<del></del>			2 Foreign organiza		_
H Ch	eck typ	e of organizat	ion X Sect	tion 501(						85% test, check computation	nere and attach	. ▶∟
	Section 4	4947(a)(1) non	exempt charitab				ivate founda		┈┤,	E If private foundation	n status was termina	ated —
I Fa	ır marke	et value of all a	assets at end		•		ash 💹 Acc	crual	'	under section 507(I		
	•	om Part II, col			her (spec				ı	F If the foundation is	ın a 60-month term	ination
	) ▶ \$		3,537.	<u> ,                                   </u>	column (d	) must be or	cash basis )	· · · · · · · · · · · · · · · · · · ·		under section 507(t	)(1)(B) check here	. ▶
Part			nue and Expen		(a) Rev	enue and	(b) Net inve	estment	(c)	Adjusted net	(d) Disburs for chari	
	may r	not necessarily o	lumns (b), (c), ar equal the amoun	ts in 🔝	èxper	ises per	incon		(0)	income	purpos	
			11 of the instruc		DC	ooks					(cash basi	
1	Contribu	tions, gifts, grants, e	tc , received (attach so	chedule) .		5,980.					ļ	
2	Check	attach S	oundation is <b>not</b> red Sch B	uirea to						<del></del>	ļ <u>.</u>	
3		t on savings and t	emporary cash inve	estments		557.	_	557.			ATCH :	
4	Dividei	nds and interes	st from securities			26,162.	2	6,162.			ATCH 2	2
5 a	a Gross i	rents										
,   t	<b>b</b> Netren	tal income or (los	s)			12 050					<u> </u>	
<u>ນ</u> 6 ຄ			ale of assets not on			13,852.						
֡֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		sales price for all on line 6a –	113	3,485.			,	2 050				
enua 7	Capita	l gain net incor	ne (from Part IV,	line 2) .			1	3,852.			ļ	
8		•	lgaın							<del> </del>		
9		e modifications ales less retums		• • • • • •								
'"		wances · · · ·	•									
		ost of goods sold	•									
- 1			attach schedule)			142.					7 mcII	
11			schedule)			46,693.		0,571.			ATCH 3	3
12			ough 11			40,093.		0,3/1.				
13			directors, trustees		"						<u> </u>	
္က   14			ies and wages .	4						<del> </del>		
15			yee benefits	• • • • }								
9 16a	-	ees (attach sch		, <u>;</u> ,, · · }		5,610.		0.		0 .	-	5,6
ַנוֹן נַנוֹין מו		•	ch schedule) ATC			3,010.					<u>'</u>	3,0
<u> </u>			CEIVED	ne) ].	_						-	
17	Interes			╧╌╬╁		1,392.						
18			see page 14 of the ins			1,372.						
19			appearance and one			<del></del>						
20	Occup	1 1	nd mootiese	그怒나		<del></del>				<del></del>	<del> </del>	
22	Drintin	conferences g g and publicati	DEN"I'I	·  · -							-	
22	Other	y amu publicami	th schedule) AT	<del>сн. Р</del> . Г		480.		360.				1
15 16 at 17 18 19 20 1 2 2 2 3 4 1 2 2 2 3 4 1 2 2 3 4 1 2 3 4			administrative ex								<del> </del>	
ğ  <sup>24</sup>				1		7,482.		360.		0.		5,7
25			23			965,761.					9	65,7
26			rants paid	ſ		973,243.		360.		0 .	1	71,4
27		ct line 26 from	ements Add lines 2 line 12	4 and 25	_						<del>                                     </del>	
			enses and disbursem	ents	_	926,550.						
		=	enses and disoursem ne (if negative, ei				4	0,211.			<del>                                     </del>	
- 1			(if negative, ente		-			· · · · · · ·		-0-		
`	- nujusi	ou net mounte	An inchance clife			_		I		_	1	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

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ATCH 5 G-16

Form 990-PF (2009)

/Dart	Ralanco Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	year
u ellu	and the Streets	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bear	ıng			
2	Savings and temporary	cash investments	2,062,720.	110,366.	110,366
3	Accounts receivable	3,355.			
	Less allowance for dou	btful accounts ▶	3,355.	3,355.	3,355
4	Pledges receivable				
	Less allowance for dou	btful accounts			
5		<del></del>			
6		officers, directors, trustees, and other			
		ach schedule) (see page 16 of the instructions)			
7	• •	receivable (attach schedule)			
1.		btful accounts			
ه ا ه					
Assets 0 9 a		se			
SS					
-		e government obligations (attach schedule) e stock (attach schedule) ATCH 7		1,025,804.	1,129,816
1	•			1,023,001.	
11 °	Investments - land, building	e bonds (attach schedule)			
	Less accumulated deprecia	ation			
12	Investments - mortgage	loans	·		
13		ach schedule)			
14	Land, buildings, and				
	equipment basis Less accumulated deprecia	ation ation			
145	(attach schedule)	ation ,			· · · · · · · · · · · · · · · · · · ·
15	Other assets (describe	<b>/</b>			
16		pleted by all filers - see the	2,066,075.	1,139,525.	1,243,537
<del></del>		age 1, item I)		1,139,323.	1,243,337
17		accrued expenses			
18					
<u>ଞ</u> 19					
<b>≝</b>  20		ors, trustees, and other disqualified persons			
Ciabilities 02 02 02 02 02 02 02 02 02 02 02 02 02		otes payable (attach schedule)			
22	Other liabilities (describe	∍ ▶)			
23	Total liabilities (add line	es 17 through 22)			
		low SFAS 117, check here ▶			
		24 through 26 and lines 30 and 31.			
Se 24	Unrestricted				
25		· · · · · · · · · · · · · · · · · · ·			
<u>a</u> 25			-		
B  26	· · · · · · · · · · · · · · · · · · ·			-	
Š	check bereard com	not follow SFAS 117, plete lines 27 through 31. ► X			
<u>-</u>		i i	İ		
9 27		cipal, or current funds			
Set 28		r land, bldg, and equipment fund	2,066,075.	1,139,525.	
Ø 29		ulated income, endowment, or other funds	2,000,073.	1,139,323.	
Net Assets or Fund Balance 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		d balances (see page 17 of the	2 066 075	1 120 525	
- 1	instructions)	· · · · <u>· ·</u> · · · · · · · · · · · <u>· ·</u> · · ·	2,066,075.	1,139,525.	
31		assets/fund balances (see page 17	0.066.075	1 120 505	
			2,066,075.	1,139,525.	
		anges in Net Assets or Fund E			
		alances at beginning of year - Part II,			
end-	of-year figure reported	d on prior year's return)		1	2,066,075
2 Ente	er amount from Part I, I	line 27a		2	-926,550
3 Othe	er increases not includ	line 27a ed ın lıne 2 (ıtemıze) ▶ATTACH	MENT 8	3	
					1,139,525.
	reases not included in			5	
		alances at end of year (line 4 minus li	ne 5) - Part II, column (b).		1,139,525.

	ns and Losses for Tax on Inv		(b) How	(c) Date	40.00-4
	and describe the kind(s) of property sold brick warehouse, or common stock, 200		P-Purchase	acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a SEE PART IV SCH	D-Donation	(,,, , , ,			
b					
C					
d					
е				_	
(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	
<u>a</u>					
<u>b</u>				<del> </del>	
<u>C</u>	<del></del>			,	
<u>d</u>				_	
Complete only for exacts	abouting gain in actions (b) and au	and by the foundation on 12/31/60			
Complete only for assets	showing gain in column (h) and ow	(k) Excess of col (i)	7 17	Gains (Col (h) g (k), but not less	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	over col (j), if any		Losses (from co	
a					
<u>b</u>	<del>                                     </del>		<del> </del>		
<u>c</u>			<del>                                     </del>		
<u>d</u>			<del> </del>	<del>-</del>	
<u>e</u>		f gain, also enter in Part I, line 7	<u> </u>	······································	
2 Capital gain net income	or (not canital loce)	f (loss), enter -0- in Part I, line 7	2		13,852.
3 Net short-term capital da	יי     ) ain or (loss) as defined in sections 12	· · ·			
, -	I, line 8, column (c) (see pages 13				
_	1, line 8		3		
Part V Qualification	Under Section 4940(e) for Red	uced Tax on Net Investment Inc	come	<u> </u>	· -
	or the section 4942 tax on the distril s not qualify under section 4940(e)	• •	ase perio	d? □	Yes X No
,	mount in each column for each year	<del>`</del>	efore mak	ing any entries	<u> </u>
(a)	(b)	(c)	]	(d)	
Base period years Calendar year (or tax year beginning in		Net value of nonchantable-use assets		Distribution in (col (b) divided by	
2008	775,240.	2,599,443.			0.298233
2007	912,300.	2,986,841.			0.305440
2006	1,113,389.	511,810.			2.175395
2005	5,893,411.	760,492.			7.749471
2004	1,346,519.	55,905.		2	4.085842
			[		
2 Total of line 1, column (	d)		2	3	4.614381
3 Average distribution rati	o for the 5-year base period - dividi	e the total on line 2 by 5, or by the			
number of years the fou	indation has been in existence if les	s than 5 years	3		6.922876
4 Enter the net value of n	oncharitable-use assets for 2009 fro	om Part Y line 5	4	1.	828,912.
- Litter the het value of the	Unionariable-use assets for 2003 III	ли т alt A, ше э	-		
5 Multiply line 4 by line 3			5	12,	661,331.
6 Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		402.
7 Add lines 5 and 6			7	12,	661,733.
B Enter qualifying distribut	tions from Part XII, line 4 greater than line 7, check the box		8		971,491.
If line 8 is equal to or g Part VI instructions on part	greater than line 7, check the box	in Part VI, line 1b, and complete t	hat part	using a 1% tax	rate See the

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	ne ins	tructi	ons)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here					
-	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)			304.		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check						
	here ▶ 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			304.		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			0.		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			304.		
6	Credits/Payments					
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 1,142.					
b	Exempt foreign organizations-tax withheld at source					
С	Tax paid with application for extension of time to file (Form 8868) 6c 0 .					
d	Backup withholding erroneously withheld		1 1	4.0		
7	Total credits and payments Add lines 6a through 6d		1,1	$\frac{142.}{17.}$		
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached		-	1/.		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			321.		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  Enter the amount of line 10 to be Credited to 2010 estimated tax   321. Refunded  11			21.		
	t VII-A Statements Regarding Activities   Statements Regarding Activities					
		$\overline{}$				
та	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	4.	Yes	No X		
<b>h</b>	participate or intervene in any political campaign?  Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	1 a				
	of the instructions for definition)?	1b		X		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			<b></b>		
	published or distributed by the foundation in connection with the activities					
c	Did the foundation file Form 4400 DOI for this upp?	1 c		Х		
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation \$\Bigs \$\bigs \bigs					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers   \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X		
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X		
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		X		
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		v			
	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? If "Yes," complete Part II, col (c), and Part XV	7				
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the					
	instructions) > NY,					
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	<u>,</u>	х			
۵	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b				
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			Х		
10	27)? If "Yes," complete Part XIV	9		<u> </u>		
10	names and addresses ATTACHMENT 9	10	Х			

Form 990-PF (2009)

Form 990-PF (2009)

3 b

b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose 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

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

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

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009? . . . . . . .

Х

X

Х

Pai	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	iired (continued)		-		
5 a	During the year did the foundation pay or incur any amou	int to						
-	(1) Carry on propaganda, or otherwise attempt to influe		1 4945(e))?	Yes X No	,			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,							
	directly or indirectly, any voter registration drive?							
	(3) Provide a grant to an individual for travel, study, or ot				,			
	(4) Provide a grant to an organization other than a char							
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?	•		Yes X No	,			
				. —				
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?							
b	If any answer is "Yes" to 5a(1)-(5), did any of the trans							
	Regulations section 53 4945 or in a current notice regard				5Ь	x		
	Organizations relying on a current notice regarding disas	•		· (===		_   -		
_	If the answer is "Yes" to question 5a(4), does the foundation							
C	• • • • • • • • • • • • • • • • • • • •	•		Yes X No				
	because it maintained expenditure responsibility for the g				'			
	If "Yes," attach the statement required by Regulations sec	. ,						
6 a	Did the foundation, during the year, receive any funds, o	•	, , ,	Yes X No				
_	on a personal benefit contract?					l x		
D	Did the foundation, during the year, pay premiums, direct	ctly or indirectly, on a	personal benefit contra	ct,	· ·   6b	^		
	If "Yes" to 6b, file Form 8870	-A. A	- h - H 4 4 0	Yes X No				
	At any time during the tax year, was the foundation a pa	•	•	. — —	<del></del>	<del>-   x</del>		
	If yes, did the foundation receive any proceeds or have a VIII Information About Officers, Directors					^		
Pai	t VIII Information About Officers, Directors and Contractors	, Trustees, Four	uation managers,	, mighty Patu Emplo	byees,			
1	List all officers, directors, trustees, foundation m				uctions).			
		(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Europea	000001178		
	(a) Name and address	hours per week	(If not paid, enter	employee benefit plans	(e) Expense			
	(a) Name and address		(c) Compensation (If not paid, enter -0-)		other allo			
		hours per week	-0-)	employee benefit plans and deferred compensation	other allo	wances		
ΑŢ	TACHMENT 10	hours per week	(If not paid, enter -0-)	employee benefit plans		wances		
ĀŢ		hours per week	-0-)	employee benefit plans and deferred compensation	other allo	wances		
ΑT	TACHMENT 10	hours per week	-0-)	employee benefit plans and deferred compensation	other allo	wances		
AT	TACHMENT 10	hours per week	-0-)	employee benefit plans and deferred compensation	other allo	wances		
AT	TACHMENT 10	hours per week	-0-)	employee benefit plans and deferred compensation	other allo	wances		
AT	TACHMENT 10	hours per week	-0-)	employee benefit plans and deferred compensation	other allo	wances		
	TACHMENT 10	hours per week devoted to position	<b>-</b> 0-	employee benefit plans and deferred compensation  - 0 -	other allo	wances		
2	TACHMENT 10  Compensation of five highest-paid employees (ot	hours per week devoted to position	<b>-</b> 0-	employee benefit plans and deferred compensation  - 0 -	other allo	wances		
2	TACHMENT 10	hours per week devoted to position	<b>-</b> 0-	employee benefit plans and deferred compensation  -0-	other allo	wances		
2	TACHMENT 10  Compensation of five highest-paid employees (ot	hours per week devoted to position	<b>-</b> 0-	employee benefit plans and deferred compensation  - 0 -  ee page 23 of the inst  (d) Contributions to employee benefit	ructions).	account,		
2	TACHMENT 10  Compensation of five highest-paid employees (ot frone, enter "NONE."	hours per week devoted to position  her than those inc	-0- luded on line 1 - se	employee benefit plans and deferred compensation  - 0 -	ructions).	account,		
2 (a	TACHMENT 10  Compensation of five highest-paid employees (ot frone, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	-0- luded on line 1 - se	employee benefit plans and deferred compensation  - 0 -  ee page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	account,		
2 (a	TACHMENT 10  Compensation of five highest-paid employees (ot frone, enter "NONE."	her than those inc	-0- luded on line 1 - se	employee benefit plans and deferred compensation  - 0 -  ee page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	account,		
2 (a	TACHMENT 10  Compensation of five highest-paid employees (ot frone, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	-0- luded on line 1 - se	employee benefit plans and deferred compensation  - 0 -  ee page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	account,		
2 (a	TACHMENT 10  Compensation of five highest-paid employees (ot frone, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	-0- luded on line 1 - se	employee benefit plans and deferred compensation  - 0 -  ee page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	account,		
2 (a	TACHMENT 10  Compensation of five highest-paid employees (ot frone, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	-0- luded on line 1 - se	employee benefit plans and deferred compensation  - 0 -  ee page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	account,		
2 (a	TACHMENT 10  Compensation of five highest-paid employees (ot frone, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	-0- luded on line 1 - se	employee benefit plans and deferred compensation  - 0 -  ee page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	account,		
2 (a	TACHMENT 10  Compensation of five highest-paid employees (ot frone, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	-0- luded on line 1 - se	employee benefit plans and deferred compensation  - 0 -  ee page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	account,		
2 (a	TACHMENT 10  Compensation of five highest-paid employees (ot frone, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	-0- luded on line 1 - se	employee benefit plans and deferred compensation  - 0 -  ee page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	account,		
2 (a	TACHMENT 10  Compensation of five highest-paid employees (ot frone, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	-0- luded on line 1 - se	employee benefit plans and deferred compensation  - 0 -  ee page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	account,		
2 (a	TACHMENT 10  Compensation of five highest-paid employees (ot frone, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	-0- luded on line 1 - se	employee benefit plans and deferred compensation  - 0 -  ee page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	account,		

Part VIII	Information About Officers, Directors, Trustees, Foundation Mana and Contractors (continued)	agers, Highly Paid Emplo	yees,	
3 Five high	est-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) Compensa	
NONE				
<b></b>				
			-	
Total number	er of others receiving over \$50,000 for professional services		NO	ONE
Part IX-A	Summary of Direct Charitable Activities			
	dation's four largest direct charitable activities during the tax year. Include relevant statistical informations and other beneficianes served, conferences convened, research papers produced, etc.	nation such as the number	Expenses	
1 N/A		-		
'				
2				
<b>-</b>				
3				
<b>-</b>				
4				
·				
Part IX-B	Summary of Program-Related Investments (see page 23 of the insti	ructions)		
	two largest program-related investments made by the foundation during the tax year on lines 1 and		Amount	
1 NONE				-
2				
All other prog	ram-related investments. See page 24 of the instructions			
3 NONE				
Total. Add I	nes 1 through 3			

Pa	art X Minimum Investment Return (All domestic foundations must complete this part. Foreig see page 24 of the instructions)	ın foundatıor	iS, 
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		-
	purposes		
а	Average monthly fair market value of securities	1a	534,923.
b	Average of monthly cash balances	1b	1,321,840.
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
		1d	1,856,763.
е	Total (add lines 1a, b, and c)  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	0.14 11 10 0 6 10 10 10 14 1	3	1,856,763.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the continued on the continued of the continued on the	4	27,851.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,828,912.
6	Minimum investment return. Enter 5% of line 5	6	91,446.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here and do not complete this page 25.		
1	Minimum investment return from Part X, line 6	1	91,446.
2 a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI)		
	Add lines 2a and 2b	2c	804.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	90,642.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	90,642.
6	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,	<u> </u>	
	line 1 · · · · · · · · · · · · · · · · · ·	7	90,642.
		<del>.</del>	
Ра	Art XII 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	971,491.
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		3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	971,491.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	1	
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	971,491.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wh	nether the fou	ndation
	qualifies for the section 4940(e) reduction of tax in those years		

Form 990-PF (2009)

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		<u> </u>
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7	<del> </del>			90,642.
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only				
b	Total for pnor years 20 07 .20 06 .20 05			<del> </del>	ļ
3	Excess distributions carryover, if any, to 2009				
а	From 2004				
b	From 2006   3.00/.221.1				
C	From 2006 1,087,962. From 2007 763,526. From 2008 646,349.				
d	From 2007				
	From 2008 646, 349.				
f	Total of lines 3a through e	9,708,784.			
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$ 971,491.				
а	Applied to 2008, but not more than line 2a				ļ
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)				90,642.
	Applied to 2009 distributable amount	880,849.			30,042.
	Remaining amount distributed out of corpus	000,045.			
5	Excess distributions carryover applied to 2009 (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:				
		10,589,633.			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	20,000,000.		· · · · · · · · · · · · · · · · · ·	
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	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
е	Undistributed income for 2008 Subtract line			· · · · · · · · · · · · · · · · · · ·	
	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		;		
	distributed in 2010				
7	Amounts treated as distributions out of corpus	-			
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8	Excess distributions carryover from 2004 not		<u> </u>		
	applied on line 5 or line 7 (see page 27 of the instructions)	1,343,726.			
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	9,245,907.			
10	Analysis of line 9				
а	Excess from 2005 5,867,221.				
b	Excess from 2006 1,087,962.				
С	Excess from 2007				
d					
0	Excess from 2009 880,849.				

Form	n 990-PF (2009)			13-70	088461	Page <b>10</b>			
Pa	rt XIV Private Oper	ating Foundations	(see page 27 of the	e instructions and Pa	rt VII-A, question 9)	NOT APPLICABLE			
1 a	If the foundation has i	received a ruling or d	letermination letter th	at it is a private opera	ating				
_	foundation, and the ruling	g is effective for 2009, e	nter the date of the rulin	g	. ▶				
b	Check box to indicate wh	ether the foundation is a	a private operating foun	dation described in section	4942(	)(3) or 4942(J)(5)			
_		Tax year		Prior 3 years					
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total			
	I or the minimum investment	(4/200	(0, 2000	(0, 200.	(0, 2000				
	return from Part X for each								
	year listed	-	<del> </del>	<del></del>	<del></del>	<del> </del>			
b	85% of line 2a		<del>-</del> -	<del> </del>					
C	Qualifying distributions from Part								
	XII, line 4 for each year listed	_		<u>-</u>					
d	Amounts included in line 2c not used directly for active conduct								
	of exempt activities								
е									
	directly for active conduct of exempt activities. Subtract line								
	2d from line 2c		;						
3	Complete 3a, b, or c for the								
а	alternative test relied upon "Assets" alternative test - enter								
-	(1) Value of all assets								
	(2) Value of assets qualifying			<del> </del>		<del>                                     </del>			
	under section								
ь	4942(j)(3)(B)(i) "Endowment" alternative test-			-					
-	enter 2/3 of minimum invest-								
	ment return shown in Part X,								
_	line 6 for each year listed			<del>-  </del>					
С	"Support" alternative test - enter								
	(1) Total support other than gross investment income								
	(interest, dividends rents,								
	payments on secunties 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 sup-								
	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 - se			<b>.</b>				
1	Information Regarding								
-	List any managers of t	-		re than 2% of the tota	I contributions receiv	ed by the foundation			
-	before the close of any								
	MARIA ALLWI	N							
_	··· · · · · · · · · · · · · · · · ·		400/	. 6 . 4					
D	List any managers of					large portion of the			
	ownership of a partner	ship of other entity) of	which the foundation	milas a 10% of greater	interest				
	N1 /7\								
	N/A Information Regarding	Contribution Care	Giff Loop Cabalana	hin etc. Decessors					
2	,								
	Check here ► X if the	Check here ▶ X if the foundation only makes contributions to preselected charitable organizations and does not accept							
	unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d								
	organizations under otr	ner conditions, comple	ete items za, b, c, and	<u> </u>					
а	The name, address, ar	nd telephone number	of the person to who	m applications should be	e addressed				
b	The form in which appl	ications should be sub	omitted and informat	ion and materials they	should include				
	Any submission deadling	nes							
d	Any restrictions or lir factors:	mitations on awards,	such as by geogr	aphical areas, charital	ble fields, kinds of	institutions, or other			

Part XV Supplementary Information (continued)								
3 Grants and Contributions Paid Durin	ng the Year or Appr		uture Payment	<del></del>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient	contribution					
a Paid during the year								
ATTACHMENT 11								
:								
		ļ						
Total				965,761.				
<b>b</b> Approved for future payment								
a ripprotoci for talaro paymoni				1				
				1				
			İ					
				-				
Total		L	<b>N</b> 01					
Total	<del> </del>	<del></del>	▶ 3b	<u> </u>				

Part XV	-A Analysis of Income-Produ	cing Activ	vities			
	amounts unless otherwise indicated		ated business income	Excluded by	section 512, 513, or 514	(e)
,	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d)	Related or exempt function income (See page 28 of the instructions)
a	ii dei vice revenue					
. —						
						· · · · · · · · · · · · · · · · · · ·
e						
f						<del> </del>
g Fee:	s and contracts from government agencies					
_	rship dues and assessments					
	on savings and temporary cash investments			14	557.	
	ds and interest from securities			14	26,162.	
	tal income or (loss) from real estate					
a Deb	ot-financed property					
<b>b</b> Not	debt-financed property					
6 Net renta	al income or (loss) from personal property .					
7 Other in	nvestment income					
8 Gain or (	(loss) from sales of assets other than inventory	_		18	13,852.	
9 Net inco	ome or (loss) from special events					
10 Gross p	profit or (loss) from sales of inventory		. <u>-</u>			
11 Other re	evenue a	110000			1.0	
<b>b</b> EXC	CISE TAX REFUND	110000		01	142.	
c						
d						
e					40,713.	
	I Add columns (b), (d), and (e)			<u> </u>	,	40,713.
	dd line 12, columns (b), (d), and (e)			• • • • •	13	40,713.
	heet in line 13 instructions on page 28 temperature Relationship of Activities			empt Durn	0000	<del></del>
Line No. ▼	Explain below how each activithe accomplishment of the for page 29 of the instructions )					
			NOT APPLICABLE	Ε		
					<del></del>	
						<del> </del>
	<u></u>					

Pa	rt XVII	Information   Exempt Orga		<b>Fransfers</b>	To and	Transa	ctions a	nd Relati	onships	With N	oncl	harit	able
.1	ın sec	ne organization directly	or indirectly ode (other than	engage in section 5	any of the 01(c)(3) orga	followir	ig with an s) or in se	y other org	anization di relating to	escribed political		Yes	No
а	organi Transf	zations? ers from the reporting fo	oundation to a n	oncharitable	exempt organi	zation of							
	(1) Ca	sh									1a(1)		X
	(2) Ot	her assets									1a(2)		Х
b	Other	transactions											
	(1) Sa	les of assets to a nonch	iaritable exempt o	organization							1b(1)		X
	(2) Pu	rchases of assets from	a noncharitable e	exempt organ	ization						1b(2)	_	X
	(3) Re	ental of facilities, equipm	ent, or other asse	ets	<i>.</i>						1b(3)	_	Х
	(4) Re	embursement arrangeme	ents								1b(4)		X
		ans or loan guarantees								,			X
		erformance of services of								li i	I		X
		g of facilities, equipmen											Х
d		answer to any of t		•		_				•			
		of the goods, other		•	•	•							
	value	in any transaction or	sharing arran	gement, sh	ow in colum	nn ( <b>d</b> ) t	he value o	of the goods	s, other as	sets, or	service	es rec	eived
(a) l	ine no	(b) Amount involved	(c) Name of	noncharitable	exempt organiza	ation	(d) Descr	iption of transfe	ers, transaction	ns, and shan	ng amai	ngemer	nts
		N/A					N/A						
										-			
						<del></del>							
												_	
					· <del></del>								
									·				
					<del> </del>								
	1- 45-	formulation discostly as											
	section	foundation directly or 501(c) of the Code (oth	ner than section 5	· ·	•			····			Ye	s 🔀	No
D	n res	<u>o," complete the following</u> (a) Name of organization		(1	b) Type of organ	nization		(0	c) Description	of relations	nip		
		<del></del>											
_													
		penalties of perjury, I deck											
ارم	Sin	nature of officer or trustee	<u> </u>		<del></del>		Date	<del></del> ▶·	Title				
Here						Date		T		Preparer's i	dentify	/ina	
	Paid Preparer's Use Only	Preparer's signature	ur al	R	- UA	Jaie	19/10	Check if self-employe	ed ►	number (Sec page 30 of the 2004292	Signá ne instru 203	ture or	<u> </u>
	Prep Use	Firm's name (or yours if	TRANKE	EI NOUGH	HRAN STA	RR VA	LLONE L	LP	EIN ▶ 13	3-38509	05		

11530

Phone no

Form 990-PF (2009)

and ZIP code

GARDEN CITY, NY

### Schedule B

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

Department of the Treasury
Internal Revenue Service
Name of the organiz

### **Schedule of Contributors**

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

OMB No 1545-0047

Name of the organization		E	mployer identification number			
THE ALLWIN FAMILY FO	NOITADNUC		13-7088461			
Organization type (check one)	)		13 7000401			
Filers of:	Section:					
riiers of.						
Form 990 or 990-EZ	501(c)( ) (enter number) organizati	on				
	4947(a)(1) nonexempt charitable trust r	not treated as a private founda	ation			
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust t	reated as a private foundation				
	501(c)(3) taxable private foundation					
, ,	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  ), (8), or (10) organization can check boxes for be	oth the General Rule and a Spe	cial Rule See			
General Rule						
	filing Form 990, 990-EZ, or 990-PF that received one contributor. Complete Parts I and II	d, during the year, \$5,000 or m	nore (in money or			
Special Rules						
sections 509(a)(1) a	(3) organization filing Form 990 or 990-EZ that raind 170(b)(1)(A)(vi), and received from any one of 2% of the amount on (i) Form 990, Part VIII, line	contributor, during the year, a	contribution of the greater			
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 <i>exclusively</i> 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.						
<del>-</del>	is not covered by the General Rule and/or the Sp		•			
	at answer "No" on Part IV, line 2 of its Form 990, F, to certify that it does not meet the filing require					
For Privacy Act and Paperwork Redu	ction Act Notice, see the Instructions	Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2009)			

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

Page	of	of	Part I
. ugu			

Name of c	organization THE ALLWIN FAMILY FOUNDATION		Employer identification number 13-7088461
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MARIA ALLWIN 65 UPPER CROSS ROAD	\$ 5,980.	Person X Payroll Noncash
	GREENWICH, CT 06831	_	(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 	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)

### SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service
Name of estate or trust

### **Capital Gains and Losses**

► 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

7	THE ALLWIN FAMILY FOUNDATION				13-70884	61	
	e: Form 5227 filers need to complete only Pa						
Pa	t I Short-Term Capital Gains and Lo	sses - Assets	Held One Ye	ar or Less	1		· · · · · · · · · · · · · · · · · · ·
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other b (see page 4 of t instructions)		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a							
				_	-		
		<u> </u>					
					-		
h	Enter the short-term gain or (loss), if any,	from Schedule D	-1 line 1h	<u> </u>		1b	13,807.
						·	
2	Short-term capital gain or (loss) from Form	ns 4684, 6252, (	6781, and 882	4		2	
3	Net short-term gain or (loss) from partners					3	
4	Short-term capital loss carryover Enter th Carryover Worksheet					4	( )
5	Net short-term gain or (loss). Combine lin column (3) on the back	es 1a through 4	ın column (f)	Enter here and on lin	ne 13,	5	13,807.
Pai	rt    Long-Term Capital Gains and Losse	es - Assets Held	More Than Or	ne Year			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other b (see page 4 of t instructions)		(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a							
	······						
				-			
							·
•	•			1	1		
b	Enter the long-term gain or (loss), if any, fr	om Schedule D-	1, line 6b			6b	-
7	Long-term capital gain or (loss) from Form	ns 2439, 4684, 6	3252, 6781, ar	nd 8824		7	
_	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts						
8	Net long-term gain or (loss) from partners	po, o oo.po.a			1		
9	Net long-term gain or (loss) from partners					9	45.
9 10	Capital gain distributions					9	45.
9	Capital gain distributions	amount, if any		of the 2008 Capital Lo		10	( )
9 10	Capital gain distributions	amount, if any	, from line 14 c	of the 2008 Capital Lo	ss 	10	( ) 45.

Pai	t III Summary of Parts I and II	(1) Beneficiaries	(2) Estate's	(3) Total
	Caution: Read the instructions before completing this part	(see page 5)	or trust's	(3) Total
13	Net short-term gain or (loss)	<u></u>		13,807.
14	Net long-term gain or (loss):			4.5
	Total for year	-		45.
	Unrecaptured section 1250 gain (see line 18 of the wrksht)		<del> </del>	<del></del>
	28% rate gain	<del> </del>		13,852.
	:: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990	D-T Part I line 4a) if li	ines 14a and 15 colum	
	rt V, and do not complete Part IV If line 15, column (3), is a net loss, complete Part IV			
Par	t IV Capital Loss Limitation			
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, I	ine 4c, if a trust), the	smaller of	
а	The loss on line 15, column (3) or <b>b</b> \$3,000			)
Note	The loss on line 15, column (3) or b \$3,000 : If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line over Worksheet on page 7 of the instructions to figure your capital loss carryover	ne 22 (or Form 990-T	, line 34), is a loss, con	nplete the Capital Loss
	Tax Computation Using Maximum Capital Gains Rates			
	1041 filers. Complete this part only if both lines 14a and 15 in column (	2) are gains, or an a	amount is entered in	Part I or Part II and
there	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more that	n zero		
	ion: Skip this part and complete the worksheet on page 8 of the instructions	ıf		
	ther 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			
	n 990-T trusts. Complete this part only if both lines 14a and 15 are gain	ns, or qualified divi	dends are included	in income in Part I
of F	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part and	d complete the wo	rksheet on page 8 c	of the instructions if
eithe	r line 14b, col (2) or line 14c, col (2) is more than zero			
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	. 17		
18	Enter the smaller of line 14a or 15 in column (2)			
	but not less than zero			
19	Enter the estate's or trust's qualified dividends			
	from Form 1041, line 2b(2) (or enter the qualified			
	dividends included in income in Part I of Form 990-T)	<del> </del>		
20	Add lines 18 and 19			
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	Subtract line 22 from line 17 If zero or less, enter -0-		<del></del>	
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			
	No. Enter the amount from line 23	l l		
26	Subtract line 25 from line 24	26		
27	Are the amounts on lines 22 and 26 the same?	0.7	1 1	
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22	27	<del></del>	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28		
20	Enter the amount from time 20 (if fine 20 is blank, enter -0-7			
29	Subtract line 28 from line 27	29		
30	Multiply line 29 by 15% ( 15)		30	
31	Figure the tax on the amount on line 23 Use the 2009 Tax Rate Sch		and Trusts	
	(see the Schedule Ginstructions in the instructions for Form 1041)			
32	Add lines 30 and 31			
33	Figure the tax on the amount on line 17 Use the 2009 Tax Rate Sch			
	(see the Schedule Ginstructions in the instructions for Form 1041)			
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here G line 1a (or Form 990-T line 36)	and on Form 1041	, Schedule	

### SCHEDULE D-1 (Ferm 1041)

**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

Department of the Treasury Internal Revenue, Service Name of estate or trust

THE ALLWIN FAMILY FOUNDATION

**Employer Identification number** 13-7088461

THE ALLWIN FAMILY FOUNDAT				13-7088461			
Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less							
(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 price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)		
a 4,591 SHS JPMORGAN SHORT	i			·			
DURATION BOND FUND	08/19/2009	12/23/2009	50,000.	49,633.	367		
2000 SHS DODGE & COX	07/01/0000	10/02/000	62 440	EO 000	12 440		
INTERNATIONAL STOCK	07/01/2009	12/23/2009	63,440.	50,000.	13,440		
				_			
				1			
				-			
	-						
	<del></del>						
	<del> </del>						
		<u> </u>	L	<u> </u>			

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

13,807.

1

13-7088461

### ATTACHMENT

## - INTEREST ON TEMPORARY CASH INVESTMENTS FORM 990PF, PART I

NET INVESTMENT INCOME_	52. 437. 68.	557.
REVENUE AND EXPENSES IN PER BOOKS	52. 437. 68.	557.
		TOTAL
DESCRIPTION	J.P. MORGAN J.P. MORGAN J.P. MORGAN	

V

ATTACHMENT 2

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

	NET	INVESTMENT	INCOME	26,162.
REVENUE	AND	EXPENSES	PER BOOKS	26,162.
			Z	N
			DESCRIPTION	J.P. MORGAN

26, 162.

26,162.

TOTAL

FORM 990PF, PART I - OTHER INCOME

REVENUE AND EXPENSES PER BOOKS

142.

DESCRIPTION
2008 990PF OVERPAYMENT APPLIED
SERVICE CHARGE FEE REFUND

TOTALS

142.

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4

ADJUSTED NET INCOME		
NET INVESTMENT INCOME		0.
AND EXPENSES PER BOOKS	5,610.	5,610.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	
	AND NET EXPENSES INVESTMENT PER BOOKS INCOME	AND NET AND EXPENSES INVESTMENT PER BOOKS INCOME  5,610.

5,610.

5,610.

CHARITABLE PURPOSES

### FORM 990PF, PART I - TAXES

REVENUE AND EXPENSES PER BOOKS

DESCRIPTION

NYS DEPARTMENT OF LAW 2008 990-PF OVERPYMENT APPLIED 2009 990-PF 1ST Q PMT

TOTALS

1,000.

250.

142.

1,392.

ATTACHMENT 6

EXPENSES
- OTHER
Н
PART ]
990PF,
FORM

CHARITABLE PURPOSES	• • • • • • • • • • • • • • • • • • •	120.
NET INVESTMENT INCOME_	360.	360.
REVENUE AND EXPENSES PER BOOKS	360.	480.
		TOTALS
DESCRIPTION INCISIVE MEDIA	COMMISSION FEES- JPMORGAN	

# FORM 990PF, PART II - CORPORATE STOCK

ENDING FMV	82,216. 000. 367. 50,554. 000. 25,267. 62,945. 937. 000. 31,408. 000. 57,425. 000. 126,955. 000. 106,195. 000. 73,137.
ENDING BOOK VALUE	75,0 100,0 50,3 25,0 50,0 100,0 100,0 75,0 50,0
DESCRIPTION	11,830 SHS PAYDEN HIGH INCOME 9,183 SHS JPMORGAN STRATEGIC I 4,659 SS JPMORGAN SHORT DURATI 25,000 SHS BARC 9M SPX NOTE 50,000 DB 95% PPN BRIC BASKET 25,000 GS 12 M EAFE BREN 25,000 HSBC MKT PLUS AIB 7,899 SHS JPMORGAN TR I GROWTH 2,735 SHS JPMORGAN INTREPIC AM 6,983 SHS JPMORGAN US LARGE CA 6,258 SHS MANNING AND NAPIER 3,088 SHS JPMORGAN TR I HIGHBR 4,699 SHS PROF MANAGED PORTFOL 6,209 SHS ARTIO INTERNATIONAL 4,230 SHS MATTHEWS PACIFIC TIG

1,025,804.

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

DESCRIPTION

AMOUNT

TAX EXEMPT INCOME

TOTAL

ATTACHMENT 9

ATTACHMENT 9			
ONTRIBUTORS	DIRECT PUBLIC SUPPORT	5,980.	5,980.
NE 10 - NEW SUBSTANTIAL CONTRIBUTORS	DATE	VARIOUS	TOTAL CONTRIBUTION AMOUNTS
FORM 990PF, PART VII-A, LINE	NAME AND ADDRESS	MARIA ALLWIN 65 UPPER CROSS ROAD GREENWICH, CT 06831	TOTAL CONTRI

THE ALLWIN FAMILY FOUNDATION

13-7088461

ATTACHMENT 10

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

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER

WEEK DEVOTED TO POSITION

MARIA ALLWIN 65 UPPER CROSS ROAD GREENWICH, CT 06831

TRUSTEE

GRAND TOTALS

13-7088461

ATTACHMENT 11

THE ALLWIN FAMILY FOUNDATION

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
BRUNSWICK SCHOOL 100 MAHER AVENUE GREENWICH, CT 06831	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	450,000
THE MUSEUM OF MODERN ART 11 WEST 53RD STREET NEW YORK, NY 10019	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	15,000
GILDER LEHRMAN INSTITUTE OF AMERICAN HISTORY 19 WEST 44TH STREET, SUITE 500 NEW YORK, NY 10036	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	20,000
COMMUNITIES IN SCHOOLS 277 SOUTH WASHINGTON STREET SUITE 210 ALEXANDRIA, VA 22314	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	100,000.
TUCK SCHOOL OF BUSINESS - DARTMOUTH COLLEGE 63 S MAIN STREET, SUITE 6066 HANOVER, NH 03755-2047	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	100,000
WATERSIDE SCHOOL 107 ELM STREET SUITE 400 STAMFORD, CT 06902	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	25,000

ATTACHMENT 11 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		,
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CHURCH OF OUR SAVIOR 59 PARK AVENUE AT 38TH STREET NEW YORK, NY	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	20,000
BUCKNELL UNIVERSITY 701 MOORE AVENUE LEWISBURG, PA 17837	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	2,000
FAITA NEW YORK, NY	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	100,000
GREEK ORTHODOX CHURCH OF THE HAMPTONS 111 ST ANDREWS ROAD SOUTHAMPTON, NY 11968	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	5,000
FORDHAM UNIVERSITY NEW YORK, NY	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	20,000
ECUMENICAL PARTIARCHATE ISTANBUL TURKEY	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	5,000

ATTACHMENT 11 (CONT'D)

FORM 920PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR		
PART XV - GRANTS AND CONTRIBUTION	YEAR	
PART XV - GRANTS AND CONTRIBUTION	THE	
PART XV - GRANTS AND CONTRIBUTION	DURING	
PART XV - GRANTS AND CONTRIBUTION	PAID	
PART XV - GRANTS	CONTRIBUTIONS	
PART XV -	AND	
PART	GRANTS	
PART	1	
PART	>	
FORM 990PE,	PART	
	FORM 990PF,	

RECIPIENT NAME AND ADDRESS         FOUNDATION STATUS OF RECIPIENT         PURPOSE (CHARITAB           NEW YORK UNIVERSITY         NONE         CHARITAB           70 WASHINGTON SQUARE SOUTH         NONE         CHARITAB           REEK AMERICA FOUNDATION         NONE         CHARITAB           910 WEST VAN VUREN ST         PUBLIC CHARITY         CHARITAB           STE 75M         CHICAGO, 1L 60607         NONE         CHARITAB           HOSPITAL OF SPECIAL SURGERY         NONE         CHARITAB           NEW YORK, NY 10021         NONE         CHARITAB           NATIONAL PHILOPPOCHOS SOCIETY         NONE         CHARITAB           NEST 55TH STREET         PUBLIC CHARITY         CHARITAB	
NONE PUBLIC CHARITY  NONE PUBLIC CHARITY  NONE PUBLIC CHARITY  PUBLIC CHARITY	PURPOSE OF GRANT OR CONTRIBUTION AMOUNT
NONE PUBLIC CHARITY  NONE PUBLIC CHARITY  PUBLIC CHARITY  PUBLIC CHARITY	CHARITABLE CONTRIBUTION
NONE PUBLIC CHARITY  NONE PUBLIC CHARITY  NONE PUBLIC CHARITY	
PUBLIC CHARITY  NONE  NONE  PUBLIC CHARITY  PUBLIC CHARITY	CHARITABLE CONTRIBUTION
NONE PUBLIC CHARITY NONE PUBLIC CHARITY	
NONE PUBLIC CHARITY NONE PUBLIC CHARITY	
NONE PUBLIC CHARITY NONE PUBLIC CHARITY	
PUBLIC CHARITY  NONE  PUBLIC CHARITY	CHARITABLE CONTRIBUTION
NONE PUBLIC CHARITY	
NONE PUBLIC CHARITY	
	CHARITABLE CONTRIBUTION
NEW YORK, NY 10019	

TOTAL CONTRIBUTIONS PAID

965,761

ATTACHMENT 11 PAGE 29

3 26-44 AM

TOTAL UNDERPAYMENT PENALTY

ATTACHMENT 12

PENALTY COMPUTATION DETAIL - FORM 2220			
DATE PD UNDERPAYMENT BEG.DATE END DATE	DAYS	90	PENALTY
QUARTER 1, RATE PERIOD 1 (05/15/2009 - 05/15/2010)			
05/01/2010 59. 05/15/2009 05/01/2010 TOTAL TO FORM 2220, LINE 22, COLUMN A	351	4	2.
QUARTER 2, RATE PERIOD 1 (06/15/2009 - 05/15/2010)	<del>==</del>		
05/01/2010 201. 06/15/2009 05/01/2010 TOTAL TO FORM 2220, LINE 22, COLUMN B	320	4	7. 7.
QUARTER 3, RATE PERIOD 1 (09/15/2009 -05/15/2010 )			
05/01/2010 201. 09/15/2009 05/01/2010 TOTAL TO FORM 2220, LINE 22, COLUMN C	228	4	<u> </u>
QUARTER 4, RATE PERIOD 1 (12/15/2009 - 05/15/2010)	-		
05/01/2010 201. 12/15/2009 05/01/2010 TOTAL TO FORM 2220, LINE 22, COLUMN D	137	4	3.

PENALTY COMPUTATION DETAIL - FORM 2220			
DATE PD UNDERPAYMENT BEG.DATE END DATE	DAYS	00	PENALTY
QUARTER 1, RATE PERIOD 1 (05/15/2009 - 05/15/2010)	_		
05/01/2010 59. 05/15/2009 05/01/2010 TOTAL TO FORM 2220, LINE 22, COLUMN A	351	4	2.
QUARTER 2, RATE PERIOD 1 (06/15/2009 - 05/15/2010)	_		
05/01/2010 201. 06/15/2009 05/01/2010 TOTAL TO FORM 2220, LINE 22, COLUMN B	320	4	<u>7.</u>
QUARTER 3, RATE PERIOD 1 (09/15/2009 -05/15/2010 )	_		
05/01/2010 201. 09/15/2009 05/01/2010 TOTAL TO FORM 2220, LINE 22, COLUMN C	228	4	<u>5.</u> 5.
QUARTER 4, RATE PERIOD 1 (12/15/2009 - 05/15/2010)			
05/01/2010 201. 12/15/2009 05/01/2010 TOTAL TO FORM 2220, LINE 22, COLUMN D	137	4	3. 3.
TOTAL UNDERPAYMENT PENALTY			17.

THE ALLWIN FAMILY FOUNDATION

FORM 990-PF - PART IV

Kınd of Property			S AND LOSSES FOR TAX ON INVESTM  Description				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)	
		TOTAL CAPIT	TAL GAIN DI	STRIBUTIONS			45.	
		4,591 SHS C		ORT DURATIO	N BOND	Р	08/19/2009	12/23/2009
50,000.		49,633.	ira. SECORI	1155			367.	
		PROPERTY TY		INTERNATION. TIES	AL STOCK	P	07/01/2009	12/23/2009
63,440.		50,000.					13,440.	
TOTAL GAIN(LO	oss)						13,852.	