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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

Treated às a Private Foundation Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements. For calendar year 2009, or tax year beginning , 2009, and ending G Check all that apply: Initial return Initial return of a former public charity Final return Amended return Address change Name change Name of foundation A Employer identification number Use the IRS BLATTMAN FAMILY FOUNDATION 13-7218466 label. Otherwise, Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see page 10 of the instructions) print or type. 9 HILLTOP ROAD (203)See Specific If exemption application is pending, check here City or town, state, and ZIP code Instructions. D 1 Foreign organizations, check here NORWALK, CT 06854 2. Foreign organizations meeting the 85% test, check here and attach H Check type of organization: | X | Section 501(c)(3) exempt private foundation computation . . Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust E If private foundation status was terminated Fair market value of all assets at end J Accounting method: X Cash under section 507(b)(1)(A), check here . Other (specify) of year (from Part II, col. (c), line If the foundation is in a 60-month termination 617,903. (Part I, column (d) must be on cash basis.) *16)* ▶ \$ under section 507(b)(1)(B), check here (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (b) Net investment (c) Adjusted net total of amounts in columns (b), (c), and (d) for charitable expenses per may not necessarily equal the amounts in income income purposes books column (a) (see page 11 of the instructions) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule). if the foundation is **not** required to attach Sch. B. 2 Check ▶ 36 36 ATCH Interest on savings and temporary cash investments 1,280 1,280 ATCH Dividends and interest from securities . . . **b** Net rental income or (loss) 123,140 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 123,140 Capital gain net income (from Part IV, line 2). Net short-term capital gain . . Income modifications 0 a Gross sales less returns and allowances · · · b Less Cost of goods sold . **C** c Gross profit or (loss) (attach schedule) -6.276-6.276ATCH Other income (attach schedule) ഒ 11 118,180 118,180. Total. Add lines 1 through 11 . 2 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages EXPORTSES 15 Pension plans, employee benefits 16a Legal fees (attach schedule) b Accounting fees (attach schedule) and Administrative c Other professional fees (attach schedule). . . 454 454 Interest ATTACHMENT 4 17 200 Taxes (attach schedule) (see page 14 of the instructions) 19 Depreciation (attach schedule) and depletion. 20 21 Travel, conferences, and meetings Printing and publications 22 Operating Other expenses (attach schedule) ATCH 6 109 109 24 Total operating and administrative expenses. 763 563 Add lines 13 through 23 Contributions, girts Grants paid 79,559 79,559 25 80,322 563 79,559 Total expenses and disbursements. Add lines 24 and 25 26 Subtract line 26 from line 12, 2010

a Excess of revenue over expenses and disbursement 27 37,858

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. 9E141020005XY4IW K355 11/12/2010 10:17:54 AM V 09-8.5

b Net investment-income III negative, enter -0-c Adjusted net income II negative, enter-0-

ATCH

-0-

117,617

Form 990-PF (2009)

P	art II	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	
_		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	0.		
	2	Savings and temporary cash investments	363,154.	283,427.	283,427.
	з`	Accounts receivable			
		Less allowance for doubtful accounts ▶			
		Pledges receivable ▶			
		Less: allowance for doubtful accounts			
		Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 16 of the instructions)			
		Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts			
		•			
its		Inventories for sale or use			
Assets	i	Prepaid expenses and deferred charges			
٨		Investments - U S and state government obligations (attach schedule)			
		Investments - corporate stock (attach schedule)			
	11 °	Investments - corporate bonds (attach schedule)			
		and equipment basis Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - mortgage loans	190,117.	307,702.	334,476.
	14	Land, buildings, and			
		equipment basis Less accumulated depreciation (attach schedule)			
	15	Other assets (describe		-	
		Total assets (to be completed by all filers - see the	553,271.	591,129.	617,903.
_				391,129.	017,903.
		Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
≣	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities		Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)			
_		Foundations that follow SFAS 117, check here			
Ses	24	and complete lines 24 through 26 and lines 30 and 31. Unrestricted			
and	25	Temporarily restricted			
Bal	26	Permanently restricted			
ᅙ		Foundations that do not follow SFAS 117.			
Ē		check here and complete lines 27 through 31. ▶ X			
5	27	Capital stock, trust principal, or current funds			l
ţ	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
se	29	Retained earnings, accumulated income, endowment, or other funds	553,271.	591,129.	
ğ	30	Total net assets or fund balances (see page 17 of the			
det	"	instructions)	553,271.	591,129.	
_	31	Total liabilities and net assets/fund balances (see page 17			
	• •	of the instructions)	553,271.	591,129.	
Į.	art I	Analysis of Changes in Net Assets or Fund			
		I net assets or fund balances at beginning of year - Part II		agree with	
•		of-year figure reported on prior year's return)			553,271.
_					37,858.
2		r amount from Part I, line 27a			
			- 		591,129.
		lines 1, 2, and 3			
5	Deci	reases not included in line 2 (itemize)	(h)	5	591,129.
<u>6</u>	Tota	I net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (b)	, line 30 6	
					Form 990-PF (2009)

Part IV C	apital Gains	and Losses for Tax on Inv	estinent income			
•		describe the kind(s) of property sold ((b) How acquired P-Purchase	(c) Date acquired	(d) Date sold (mo, day, yr.)
· CTU DAI	2-story br RT IV SCHE	ick warehouse; or common stock, 200	shs. MLC Co)	D-Donation	(mo , day, yr)	(*****, ==,, ,,
	RT IV SCHE					
<u>b</u>				<u> </u>		
<u>c</u>				 		
<u>d</u>						
<u>e</u>	·	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	
(e) Gross s	sales price	(i) Depreciation allowed (or allowable)	plus expense of sale		(e) plus (f) mini	
<u>a</u> b				†	·	
c				·	•	
d						
e						
	ly for assets sh	nowing gain in column (h) and owr	ned by the foundation on 12/31/69	a	Gains (Col. (h) g	ain minus
		(i) Adjusted basis	(k) Excess of col. (ı)	7 ' <i>'</i>	(k), but not less t	than -0-) or
(i) F.M V as	01 12/31/69	as of 12/31/69	over col. (j), if any		Losses (from co	ol. (h))
а						
b				Ţ		
c						
d						
е				ļ		
2 Conital cain	not income or	(not conital loca)	gain, also enter in Part I, line 7			
			(loss), enter -0- in Part I, line 7	2		123,140.
		or (loss) as defined in sections 12				
•	enter in Part I,	line 8, column (c) (see pages 13	and 17 of the instructions).			
			1			
If (loss), ent	ter -0- in Part I, I	ne 8	<u> </u>	3		
Part V Qua	alification Unuse by domestic	der Section 4940(e) for Red	1	•	me.)	
Part V Qua (For optional u If section 4940 Was the found	alification Unuse by domestic O(d)(2) applies, lation liable for	private foundations subject to the leave this part blank. the section 4942 tax on the distributed in the leave the section 4942 tax on the distributed in the leave the section 4942 tax on the distributed in the leave the leav	uced Tax on Net Investment In e section 4940(a) tax on net invest	ment inco	_	Yes X No
Part V Qua (For optional u If section 4940 Was the found If "Yes," the for	alification Unuse by domestic O(d)(2) applies, lation liable for aundation does	the Section 4940(e) for Reduce private foundations subject to the leave this part blank. The Section 4942 tax on the distribution qualify under section 4940(e).	uced Tax on Net Investment In e section 4940(a) tax on net invest outable amount of any year in the b Do not complete this part.	ment inco	d?	
Part V Qua (For optional u If section 4940 Was the found If "Yes," the for	alification Unuse by domestic O(d)(2) applies, lation liable for sundation does in appropriate amonal	e private foundations subject to the private foundations subject to the leave this part blank. The section 4942 tax on the distributed qualify under section 4940(e) punt in each column for each year	putable amount of any year in the bound complete this part.	ment inco	d?	<u> </u>
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Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	ne ins	truction	ons)
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)			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check		2,3	352.
	here and enter 1% of Part I, line 27b			
	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		2 3	352.
3	Add lines 1 and 2		2,3	0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4		2 3	352.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		2,3	52.
6	Credits/Payments			
	2009 estimated tax payments and 2008 overpayment credited to 2009,			
	Exempt foreign organizations-tax withheld at source			
	Tax paid with application for extension of time to file (Form 8888)			
d	Backup withholding erroneously withheld		-	306.
7	Total credits and payments Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		2 (946.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		2,0	740.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2010 estimated tax > 0 · Refunded > 11			
	t VII-A Statements Regarding Activities		V	- N-
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	4.	Yes	No X
	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	46		X
	of the instructions for definition)?	1b		
	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			x
C	Did the foundation file Form 1120-POL for this year?	1 c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation (2) On foundation managers \$\Bigsim \frac{1}{2} = \frac{1}			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
е				
_	on foundation managers. ► \$ Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
2	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		,	1
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			Х
-	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		i	
•	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	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) CT,			
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			İ
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	<u> </u>
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			, <i>,</i>
	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

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. | 4b | X | Form | 990-PF (2009)

3 b

Х

X

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

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?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

3a Did the foundation hold more than a 2% direct or indirect interest in any business

Par	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (contin	ued)		
5 a	During the year did the foundation pay or incur any amou	nt to:					
	(1) Carry on propaganda, or otherwise attempt to influen	nce legislation (section	4945(e))?	Yes	X No		
	(2) Influence the outcome of any specific public election	(see section 4955), c	r to carry on,				
	directly or indirectly, any voter registration drive?			Yes Yes	X No		
	(3) Provide a grant to an individual for travel, study, or off				X No		
	(4) Provide a grant to an organization other than a chart	table, etc., organizatio	n described in				
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the ins	structions)	. Yes	X No		
	(5) Provide for any purpose other than religious, chantal						
	purposes, or for the prevention of cruelty to children o	-		Yes	X		
h	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 disast	=	· · · ·		X		
_	If the answer is "Yes" to question 5a(4), does the foundation						
٠	because it maintained expenditure responsibility for the gi	•		Yes	X No		
	If "Yes," attach the statement required by Regulations section			. —			
٠.	Did the foundation, during the year, receive any funds, d		nov promitime				
ьа		•		Yes	X No		
h	on a personal benefit contract?			. —		6ь	X
U	If "Yes" to 6b. file Form 8870	thy of indirectly, on a	personal benefit contrat		• • • • •	• • • • • •	
7.	At any time during the tax year, was the foundation a pa	rty to a prohibited tay	chalter transaction?	Yes	X No		
	If yes, did the foundation receive any proceeds or have a					7b	X
	t VIII Information About Officers, Directors						1
	and Contractors						
1	List all officers, directors, trustees, foundation m		compensation (see	page 22 of	the instruc	ctions).	
		(h) Title and average	(c) Componention	(d) Contribut	tone to	/-> E	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contribut employee bene	efit plans	(e) Expense other allo	
		(b) Title, and average hours per week devoted to position			efit plans		
 ለጥ		hours per week	(If not paid, enter -0-)	employee bene	efit plans npensation		wances
ĀŢ	TACHMENT 8	hours per week	(If not paid, enter	employee bene	efit plans		wances
AT		hours per week	(If not paid, enter -0-)	employee bene	efit plans npensation		wances
AT	TACHMENT 8	hours per week	(If not paid, enter -0-)	employee bene	efit plans npensation		wances
AT	TACHMENT 8	hours per week	(If not paid, enter -0-)	employee bene	efit plans npensation		wances
AT	TACHMENT 8	hours per week	(If not paid, enter -0-)	employee bene	efit plans npensation		wances
AT	TACHMENT 8	hours per week	(If not paid, enter -0-)	employee bene	efit plans npensation		wances
	TACHMENT 8	hours per week devoted to position	(If not paid, enter -0-)	employee bene and deferred cor	of plans neensation 0 .	other allo	wances
	TACHMENT 8 Compensation of five highest-paid employees (ot	hours per week devoted to position	(If not paid, enter -0-)	employee bene and deferred cor	of plans neensation 0 .	other allo	wances
2	TACHMENT 8 Compensation of five highest-paid employees (ot if none, enter "NONE."	hours per week devoted to position	(If not paid, enter -0-) 0.	employee beneand deferred cor	f the instru	other allo	0
2	TACHMENT 8 Compensation of five highest-paid employees (ot	her than those inc (b) Title, and average hours per week	(If not paid, enter -0-)	e page 23 o (d) Contribu e moloyee to plans and deferred cor	f the instru	other allo	0
2	TACHMENT 8 Compensation of five highest-paid employees (ot if none, enter "NONE."	hours per week devoted to position her than those inc (b) Title, and average	(If not paid, enter -0-) 0.	e page 23 o (d) Contribu	f the instru	uctions).	0
2	TACHMENT 8 Compensation of five highest-paid employees (ot if none, enter "NONE." Name and address of each employee paid more than \$50,000	her than those inc (b) Title, and average hours per week	(If not paid, enter -0-) 0.	e page 23 o (d) Contribu e moloyee to plans and deferred cor	f the instru	uctions).	0
2	TACHMENT 8 Compensation of five highest-paid employees (ot if none, enter "NONE."	her than those inc (b) Title, and average hours per week	(If not paid, enter -0-) 0.	e page 23 o (d) Contribu e moloyee to plans and deferred cor	f the instru	uctions).	0
2	TACHMENT 8 Compensation of five highest-paid employees (ot if none, enter "NONE." Name and address of each employee paid more than \$50,000	her than those inc (b) Title, and average hours per week	(If not paid, enter -0-) 0.	e page 23 o (d) Contribu e moloyee to plans and deferred cor	f the instru	uctions).	0
2	TACHMENT 8 Compensation of five highest-paid employees (ot if none, enter "NONE." Name and address of each employee paid more than \$50,000	her than those inc (b) Title, and average hours per week	(If not paid, enter -0-) 0.	e page 23 o (d) Contribu e moloyee to plans and deferred cor	f the instru	uctions).	0
2	TACHMENT 8 Compensation of five highest-paid employees (ot if none, enter "NONE." Name and address of each employee paid more than \$50,000	her than those inc (b) Title, and average hours per week	(If not paid, enter -0-) 0.	e page 23 o (d) Contribu e moloyee to plans and deferred cor	f the instru	uctions).	0
2	TACHMENT 8 Compensation of five highest-paid employees (ot if none, enter "NONE." Name and address of each employee paid more than \$50,000	her than those inc (b) Title, and average hours per week	(If not paid, enter -0-) 0.	e page 23 o (d) Contribu e moloyee to plans and deferred cor	f the instru	uctions).	0
2	TACHMENT 8 Compensation of five highest-paid employees (ot if none, enter "NONE." Name and address of each employee paid more than \$50,000	her than those inc (b) Title, and average hours per week	(If not paid, enter -0-) 0.	e page 23 o (d) Contribu e moloyee to plans and deferred cor	f the instru	uctions).	0
2	TACHMENT 8 Compensation of five highest-paid employees (ot if none, enter "NONE." Name and address of each employee paid more than \$50,000	her than those inc (b) Title, and average hours per week	(If not paid, enter -0-) 0.	e page 23 o (d) Contribu e moloyee to plans and deferred cor	f the instru	uctions).	0
2	TACHMENT 8 Compensation of five highest-paid employees (ot if none, enter "NONE." Name and address of each employee paid more than \$50,000	her than those inc (b) Title, and average hours per week	(If not paid, enter -0-) 0.	e page 23 o (d) Contribu e moloyee to plans and deferred cor	f the instru	uctions).	0
2 (8	TACHMENT 8 Compensation of five highest-paid employees (ot if none, enter "NONE." Name and address of each employee paid more than \$50,000	her than those inc (b) Title, and average hours per week	(If not paid, enter -0-) 0.	e page 23 o (d) Contribu e moloyee to plans and deferred cor	f the instru	uctions).	0

Part VIII Information About Officers, Directors, Trustees, Foundation Mana and Contractors (continued)	agers, Highly Paid Employ	/ees,
3 Five highest-paid independent contractors for professional services (see page 23 c	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
Total number of others receiving over 450,500 for professional cervisor		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inform	nation such as the number	Expenses
of organizations and other beneficiaries served, conferences convened, research papers produced, etc		Expenses
1 N/A		
17/1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see page 23 of the instr		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	12	Amount
1 NONE		
2		
All other program-related investments. See page 24 of the instructions		
3 NONE		
Total. Add lines 1 through 3		

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Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn foundatio	ns,
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	
b	Average of monthly cash balances	1b	323,195.
С	Fair market value of all other assets (see page 24 of the instructions)	1c	334,476.
d		1d	657,671.
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 O from line 1d	3	657,671.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25		
		4	9,865.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	647,806.
6	Minimum investment return. Enter 5% of line 5	6	32,390.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here and do not complete this property in the complete that the complete the property is a section of the complete that the com	te operating part.)	
1	Minimum investment return from Part X, line 6	1	32,390.
2 a	Tax on investment income for 2009 from Part VI, line 5 2a 2, 352.		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
¢		2c	2,352.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	30,038.
4	Recoveries of amounts treated as qualifying distributions	4	
5		5	30,038.
6	Add lines 3 and 4 Deduction from distributable amount (see page 25 of the instructions) Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	30,038.
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	79,559.
þ	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	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)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	79,559.
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	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	79,559.
	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 fou	ındatıon

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Pa	rt XIII Undistributed Income (see page	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				30,038.
2	Undistributed income, if any, as of the end of 2009				
	Enter amount for 2008 only				
h	Total for prior years 20 07 ,20 06 ,20 05		0.		
3	Excess distributions carryover, if any, to 2009				
	5 m 2004 21,815.				
	5 anns 34 500 l				
	From 2006				
٠	From 2007 43, 263,				
-	From 2008 344, 311.				
_		485,035.			
	Total of lines 3a through e	100/0001			
4	Qualifying distributions for 2009 from Part XII, line 4: ► \$				1
а	Applied to 2008, but not more than line 2a				
ь	Applied to undistributed income of prior years (Election				
_	required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount				30,038.
	Remaining amount distributed out of corpus	49,521.			
5	Excess distributions carryover applied to 2009				
	(If an amount appears in column (d), the same	<u> </u>			
6	amount must be shown in column (a)) Enter the net total of each column as				
U	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	534,556.			
h	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				
d	Subtract line 6c from line 6b. Taxable				
u	amount - see page 27 of the instructions		0.		
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			· · · · · · · · · · · · · · · · · · ·	
	applied on line 5 or line 7 (see page 27 of the	21,815.			
9	Excess distributions carryover to 2010.	· -			
3	Subtract lines 7 and 8 from line 6a	512,741.			
10	Analysis of line 9				
	Excess from 2005				
	Excess from 2006				
	Excess from 2007				
	Excess from 2008				
	Excess from 2009				
	EXCOSCITION 2000	<u> </u>			

Pa	rt XIV Private Oper	ating Foundations	(see page 27 of the	instructions and Par	t VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has	•			- 1	
	foundation, and the ruling					
ь	Check box to indicate wh		a private operating found	_	4942(j)(3) or <u>4942(j)(5)</u>
2 a	Enter the lesser of the ad-	Tax year	# N 0000	Prior 3 years	40,000	(e) Total
	justed net income from Part I or the minimum investment	(a) 2009	(b) 2008	(c) 2007	(d) 2006	-
	return from Part X for each					
_	year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed .					
d	Amounts included in line 2c not					
	used directly for active conduct of exempt activities					<u></u>
е	Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line					
3	2d from line 2c					
3	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying					
	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					
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)					
	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					
Da	(4) Gross investment income . Int XV Supplement	ary Information (C	omplete this part	only if the found:	ation had \$5 000	or more in assets
ΓE	at any time	during the year - se	e page 28 of the in	structions.)	111011 TIEG \$5,000	or more in assets
1	Information Regardin	g Foundation Manage	rs:			· · ·
а	List any managers of					ed by the foundation
	before the close of any	rax year (but only if the	ley have contributed i	nore man \$5,000). (Se	se section 507(d)(2).)	
_	N/A		100/			
b	List any managers of ownership of a partner					large portion of the
	omicromp or a parmo	omp or other ontro,	· ·····oir tire realisation	. Had a 1070 or ground.		
	N/A					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsh	nip, etc., Programs:		
	Check here ► X If t					
	unsolicited requests forganizations under ot				28 of the instruction	ns) to individuals or
_	`				addroseod:	
а	The name, address, a	ind telephone number	of the person to whor	ii applications should be	e addressed.	
b	The form in which app	lications should be su	bmitted and information	on and materials they	should include:	
	•••			•		
C	Any submission dead	ines:				
	Any restrictions or li	mitations on awards	, such as by geogra	aphical areas, charita	ble fields, kinds of	nstitutions, or other
_	factors:		, , ,		•	•

3 Grants and Contributions Paid Dur	ing the Year or Appr	oved for F	-uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
ATTACHMENT 9				
ATTACHMENT 9				
]		
		•		
Total	<u> </u>	<u></u>	▶ 3a	79,559
b Approved for future payment				
	<u> </u>	1		

Part XV	-A Analysis of Income-Produ	cing Activ	vities			
Enter gross	s amounts unless otherwise indicated.	Unrela	ated business income	Excluded by	y section 512, 513, or 514	(e)
•		(a) Business code	(b)	(c) Exclusion code	(d)	(e) Related or exempt function income (See page 28 of the instructions.)
	n service revenue:					the instructions.)
a				 		
						
				 -		
				 		
_				 -		
f				 		
	s and contracts from government agencies rship dues and assessments					
	on savings and temporary cash investments			14	36.	
	ds and interest from securities			14	1,280.	
	tal income or (loss) from real estate					
	ot-financed property					
	debt-financed property		<u> </u>			<u> </u>
	al income or (loss) from personal property					
	nvestment income		-		-6,276.	
	(loss) from sales of assets other than inventory			18	123,140.	
	ome or (loss) from special events	-				
	profit or (loss) from sales of inventory.					
	evenue a					
_						
e					_	
12 Subtota	al Add columns (b), (d), and (e)				118,180.	
13 Total. A	Add line 12, columns (b), (d), and (e)				13	118,180.
	sheet in line 13 instructions on page 28 t					
Part XVI	Relationship of Activities					
Line No.	Explain below how each activi					
▼	the accomplishment of the for page 29 of the instructions.)	bundation's	exempt purposes (o	tner than t	by providing tunds for	such purposes). (See
	NOT APPLICABLE					
	NOT ATTEICABLE					
-						
	 					
	 					
	 					
	 					
	 					
	<u> </u>		·		···-	
					····	
						
						
						
				·		

Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Part XVII

		Exempt Orga	nizations								
1		he organization directly								Yes	No
а	organ	izations? fers from the reporting for	·					J ,			
	(1) C	ash							1a(1)	1	X
		ther assets							1a(2)		X
b		transactions:									
_		ales of assets to a nonch	aritable exempt o	organization					16(1)		X
		urchases of assets from							1b(2)		X
		ental of facilities, equipm							1b(3)		X
									$\overline{}$		X
		eimbursement arrangeme									X
		oans or loan guarantees									X
_		erformance of services o							1c		X
C		ng of facilities, equipmen								<u> </u>	
a		answer to any of t									
		of the goods, other									
	value	in any transaction or	snaring arran	gement, snow	ın column (a)	the value	e of the good	us, other assets, or	service	es rec	seivea.
(2)	Line no	(b) Amount involved	(c) Name of	noncharitable exem	nt organization	(d) De	scription of trans	sfers, transactions, and shar	ına arra	ngeme	
(4)	Cille 110	N/A	(c) Name on	ionchamable exem	pt organization	N/A	scription or trans	siers, transactions, and snar	ng ana	ngeme	
	_	11711		· ·	· · · · · · · · · · · · · · · · · · ·		 -				
_											
											
						<u> </u>		· · · · · · · · · · · · · · · · · · ·			
											
											
			· ·			 -					
						- -					
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								_			
				· · ·	-						
											
		<u> </u>									
								·			
2a		foundation directly or	-								
		on 501(c) of the Code (oth		501(c)(3)) or in se	ection 527?			L	Ye	s L	X No
b	If "Ye	s," complete the following	g schedule								
		(a) Name of organization	1	(b) Typ	e of organization		·	(c) Description of relations	hip		
								 			
							··-				
		1				1					
	Under	penalities of perjury, I decli it is fue, correct, and com	are that I have ex	amined this return,	, including accor	npanying sch	edules and state	ments, and to the best or	fmy kı hasaı	nowled	ige and
	Seller,	" " July Correct, and Corre	DI I		Tan taxpayer of	X II L	Jased on all lino		ius di	.y 1110	cage
	_	Mul	MIN	Lastill.	<u>() </u>	11/16	110	·			
ē	Ś	ignature of officer or trustee	vy.			Date		Title			
Ŧ			_	1	Date)	Check if	Preparer's			
Sign Here	-S >-	Preparer's	1/19	/		1)	self-employ		he instr		
Šį	aid arer's Only	signature		7	A 11	1n/10		P00443			
	Paid Preparer's Use Only	Firm's name (or yours if	ROTHS		& COMPAN	Y, P.C.		EIN ▶ 22-2131	ე09		
	<u> </u>	self-employed), address,	4 BECI	KER FARM R	OAD						
		and ZIP code	ROSEL	AND, NJ		. 0	7068-1785	Phone no. 973-9	94-6	666	
	_							F	orm 99	0-PF	(2009)

FORM 990-PF - PART IV
AS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of F				cription	P or D	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	Gain or (loss)	_
APGIISES OF SAIR	allowable	TOTAL SHOR	T-TERM COMM P, S CORPOR TRUST GAIN	ON TRUST FU ATION, AND	IND AND	123,140.	
TAL GAIN(L	oss)					<u>123,140.</u>	
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FORM 990PF.
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REVENUE AND EXPENSES INVESTMENT PER BOOKS INCOME	36. 36.	36.
		TOTAL
DESCRIPTION	CHASE	

ATTACHM	

SECURITIES	
FROM S	
INTEREST	
AND	
DIVIDENDS	
1	
PART I	
990PF.	
FORM	

NET INVESTMENT INCOME	1,280.	1,280.
REVENUE AND EXPENSES PER BOOKS	1,280.	1,280.
		TOTAL
DESCRIPTION	MAPLE ROW PARTNERS - DIVIDENDS	

- OTHER INCOME

PART I

FORM 990PF,

REVENUE AND

PER BOOKS

EXPENSES

NET INVESTMENT INCOME -6,276.

-6,276.

TOTALS

DESCRIPTION
MAPLE ROW PARTNERS - ORDINARY INCOME

-6,276.

PAGE 18

ATTACHMENT

INTEREST EXPENSE

ı

PART I

FORM 990PF,

NET INVESTMENT INCOME	454.	454.
REVENUE AND EXPENSES PER BOOKS	454.	454.
DESCRIPTION	FROM MAPLE ROW PARTNERS, L.P.	TOTALS

FORM 990PF, PART I - TAXES

REVENUE AND EXPENSES

DESCRIPTION

PER BOOKS

US TREASURY

200.

TOTALS

200.

9	
ATTACHMENT	

EXPENSES	
- OTHER	
Н	
PART	
990PF.	
ORM	

	NET	INVESTMENT	INCOME		46.	109.
REVENUE	AND	EXPENSES	PER BOOKS	63.	46.	109.
			DESCRIPTION	BANK FEES	MAPLE ROW PARTNERS - OTHER DED	TOTALS

NET	INVESTMENT	INCOME	63	
			63.	,

- OTHER INVESTMENTS

PART II

FORM 990PF,

ATTACHMENT

BOOK VALUE ENDING

ENDING FMV

334,476.

INVESTMENT IN MAPLE ROW PRINRS

DESCRIPTION

TOTALS

307,702.

307,702.

334,476.

ATTACHMENT 7

EXPENSE ACCT AND OTHER ALLOWANCES

ATTACHMENT 8	EXPENSE AND OT ALLOWA		
ATTACE	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	0.
	COMPENSATION	.0	0
- LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRUSTEE 1.00	GRAND TOTALS
FORM 990PF, PART VIII - LIST OF	NAME AND ADDRESS	GWENDOLYN BLATTMAN 9 HILLTOP ROAD NORWALK, CT 06854	

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YEAR
THE
DURING
PAID 1
CONTRIBUTIONS
AND C
GRANTS
PART XV
990PF,
FORM

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
COLUMBIA UNIVERSITY 2960 BROADWAY NEW YORK, NY 10027-6902	NONE 501(C)(3)	UNRESTRICTED CHARITABLE USE BY DONEE	15,500
MT SINAI HOSPITAL ONE GUSTAVE L LEVY PLACE BOX 1049 NEW YORK, NY 10029-6574	NONE 501(C)(3)	UNRESTRICTED CHARITABLE USE BY DONEE	5,000
MARTIME AQUARIUM AT NORWALK 10 NORTH WATER STREE NORWALK, CT 06854	NONE 501(C)(3)	UNRESTRICTED CHARITABLE USE BY DONEE	2,000
CHICAGO HOPE ACADEMY 2189 W BOWLER STREET CHICAGO, IL 60612	NONE 501(C)(3)	UNRESTRICTED CHARITABLE USE BY DONEE	25,000
WALTER PANAS HIGH SCHOOL 300 CROTON AVE CORTLANDT MANOR, NY 10567	NONE 501(C)(3)	UNRESTRICTED CHARITABLE USE BY DONEE	2,500
YALE-NEW HAVEN HOSPITAL 20 YORK STREET NEW HAVEN, CT 06510-3202	NONE 501(C)(3)	UNRESTRICTED CHARITABLE USE BY DONEE	5,000

13-7218466

ATTACHMENT 9 (CONF'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		•
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
HOPE 6 HEROES 161 FORT WASHINGTON AVE HERBERT IRVING PAVILLION, 7TH FL NEW YORK, NY 10032	NONE 501(C)(3)	UNRESTRICTED CHARITABLE USE BY DONEE	10,000
THRU MAPLE ROW PARTNERS, L P	NONE 501(C)(3)	UNRESTRICTED CHARITABLE USE BY DONEE	6 5
KLHT 1450 NEWFIELD AVE STAMFORD, CT 06905	NONE 501(C)(3)	UNRESTRICTED CHARITABLE USE BY DONEE	5,000
OF HOME, FAMILY AND FUTURE 7 EAST 8TH STREET, SUITE 135 NEW YORK, NY 10003	NONE 501(C)(3)	UNRESTRICTED CHARITABLE USE BY DONEE	1,000
GEORGE WASHINGTON CARVER CENTER 10 NORTH WATER STREET NORWALK, CT 06854	NONE 501(C)(3)	UNRESTRICTED CHARITABLE USE BY DONEE	200
DOMESTIC VIOLENCE CRISIS CENTER 5 EVERSLEY AVE NORWALK, CT 06851	NONE 501(C)(3)	UNRESTRICTED CHARITABLE USE BY DONEE	3,000

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

ATTACHMENT 9 (CONT'D)

AMOUNT

UNRESTRICTED CHARITABLE USE BY DONEE

2,000.

501 (C) (3)

NEW YORK, NY 10027-6902

COLUMBIA UNIVERSITY 2960 BROADWAY

NONE

TOTAL CONTRIBUTIONS PAID

79,559

PAGE 26 ATTACHMENT 9

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SCHEDULE D (Form 1041)

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

Department of the Treasury Internal Revenue Service

Name of estate or trust

Employer identification number

E	LATTMAN FAMILY FOUNDATION				13-72184	66	
Note	: Form 5227 filers need to complete only F	Parts I and II.					
Par			Held One Yea	ar or Less			
	(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)
1 a							
				_			
				_			
							
b	Enter the short-term gain or (loss), if any	, from Schedule D	-1, line 1b			1b	
2	Short-term capital gain or (loss) from Fo					2	
						3	123,140.
3 4	Net short-term gain or (loss) from partner Short-term capital loss carryover. Enter t	he amount, if any	, from line 9 of	the 2008 Capital Los	ss	<u> </u>	, 123,140.
5	Carryover Worksheet		in column (f)	Entor hare and on l		4	(
5	column (3) on the back		<u> </u>			5	123,140.
Par	t Long-Term Capital Gains and Loss	ses - Assets Held	More Than On	e 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 pnce	(e) Cost or other b (see page 4 of t instructions)		(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a							
_				<u> </u>			
					<u> </u>		<u> </u>
b	Enter the long-term gain or (loss), if any,	from Schedule D-	1, line 6b			6b	·
7	Long-term capital gain or (loss) from For	rms 2439, 4684,	6252, 6781, ar	nd 8824		7	
8	Net long-term gain or (loss) from partner	ships, S corporat	ions, and other	estates or trusts		8	
	Capital gain distributions	• • •				9	
9							
10 11	Gain from Form 4797, Part I Long-term capital loss carryover. Enter t					10	
12	Carryover Worksheet	 nes 6a through 11				11	(
	solumn (2) on the back		(.).		· 🛌 l	12	

Schedule D (Form 1041) 2009

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Sched	fule D (Form 1041) 2009				Page 2
Par	t III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	(0) T-1-1
	Caution: Read the instructions before completing this pa	rt.	(see page 5)	or trust's	(3) Total
13	Net short-term gain or (loss)	3			123,140.
14	Net long-term gain or (loss):				
а	Total for year	4a			
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.) 14	4b			
С	28% rate gain14	4c			
	Total net gain or (loss). Combine lines 13 and 14a ▶ 1	5			123,140.
	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 5 or 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,				
Par	t IV Capital Loss Limitation				
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part	l, tın	e 4c, if a trust), the sn	naller of:	
Note	The loss on line 15, column (3) or b \$3,000 cr if Form 1041, page 1 over Worksheet on page 7 of the instructions to figure your capital loss carryover.	, lıne	22 (or Form 990-T, lu		mplete the Capital Loss
Par	t V Tax Computation Using Maximum Capital Gains Rates				
there Caut En Be Form of Fe	n 1041 filers. Complete this part only if both lines 14a and 15 in column is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more to ion: Skip this part and complete the worksheet on page 8 of the instruction of the line 14b, col. (2) or line 14c, col. (2) is more than zero, or both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero in 990-T trusts. Complete this part only if both lines 14a and 15 are going 990-T, and Form 990-T, line 34, is more than zero. Skip this part are line 14b, col. (2) or line 14c, col. (2) is more than zero.	than ons i	zero. f: s, or qualified divide	nds are included	d in income in Part I
			147		
17 18	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) Enter the smaller of line 14a or 15 in column (2)	• •	· 17		
10	but not less than zero				
19	Enter the estate's or trust's qualified dividends				
13	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T)				
20	Add lines 18 and 19				
21	If the estate or trust is filing Form 4952, enter the		\dashv		
21	amount from line 4g; otherwise, enter -0 > 21				
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-	• • •	23		
23	Subtract line 22 from line 17. Il 2010 of less, effer -0-		. 23		
24	Enter the smaller of the amount on line 17 or \$2,300		24		
	ls the amount on line 23 equal to or more than the amount on line 24?		. 24		
23	Yes. Skip lines 25 and 26; go to line 27 and check the "No" box.				
	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 27	2	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		. 28		
29	Subtract line 28 from line 27		29		
				30	
30	Multiply line 29 by 15% (.15)				
31	(see the Schedule Ginstructions in the instructions for Form 1041)				
	(see the Schedule Gillstructions in the histructions for Forth 1041)			31	· · · · · · · · · · · · · · · · · · ·
32	Add lines 30 and 31			32	
33	Add lines 30 and 31	 Scho	dule for Estates an	· · · · · 	
	(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 her				
-	G. line 1a (or Form 990-T, line 36)		•		

Schedule D (Form 1041) 2009

Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

► File a separate application for each return.

OMB No. 1545-1709

If you a	re filing for an Automatic 3-Month Extension, complete only Part I and check this borre filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (mplete Part II unless you have already been granted an automatic 3-month extension on a	on page 2 of this form).
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies nee	
A corpora Part I on!	tion required to file Form 990-T and requesting an automatic 6-month extension—check	. —
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form a income tax returns.	7004 to request an extension of
one of the electronic returns, o	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au ereturns noted below (6 months for a corporation required to file Form 990-T). Howe ally if (1) you want the additional (not automatic) 3-month extension or (2) you file Form a composite or consolidated Form 990-T. Instead, you must submit the fully completed at more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file	ever, you cannot file Form 8868 s 990-BL, 6069, or 8870, group and signed page 2 (Part II) of Form
Type or	Name of Exempt Organization	Employer identification number
print	Blattman Family Foundation	13-7218466
File by the due date for filing your	9 HILLTOP ROAD	
retum. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NORWALK CT	06854
Check ty	pe of return to be filed (file a separate application for each return):	
☐ Form		☐ Form 4720
Form		☐ Form 5227
Form		☐ Form 6069
	990-PF	☐ Form 8870
If the oIf this is for the w	reganization does not have an office or place of business in the United States, check this for a Group Return, enter the organization's four digit Group Exemption Number (GEN) hole group, check this box ▶	s box ▶ □
1 I re	quest an automatic 3-month (6 months for a corporation required to file Fo. $0.8 / 1.6 / 2.0$, $20.1.0$, to file the exempt organization return for the organization he organization's return for: calendar year 20.09 or $0.1 / 0.1$, 0.09 , and ending	named above. The extension is
2 If th	s tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period
	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative ta any nonrefundable credits. See instructions.	3a \$ 306
b If th	s application is for Form 990-PF or 990-T, enter any refundable credits and estimated t	ax
pay	nents made, include any prior year overpayment allowed as a credit.	3b \$ 306
dep	ance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required sit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymerem). See instructions.	d, ent 3c \$ NONE
	If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8 ent instructions.	453-EO and Form 8879-EO
For Priva	y Act and Paperwork Reduction Act Notice, see Instructions. Cat. No. 27916D	Form 8868 (Rev. 4-2009)

Form 886	3 (Rev 4-2009)				Page 2			
If yo	u are filing for an Additional (Not Automatic) 3-Month Extension	n, complete only Part II	and check this box		► X			
Note.	Only complete Part II if you have already been granted an automa	tic 3-month extension on a	previously filed Form 8	868				
If yo	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		Employer identification number					
print	orint BLATTMAN FAMILY FOUNDATION 13-721846							
	For IRS use only							
extended due date	9 HILLTOP ROAD							
filing the	City, town or post office, state, and ZIP code. For a foreign address							
return S instruction								
Check	type of return to be filed (File a separate application for each re	eturn).	-					
	Form 990 X Form 990-PF	,	Form 1041- A	Form 6	3069			
	Form 990-B L Form 990-T (sec. 401(a) or 40)8(a) tr_ust)	Form 4720	Form 8	3870			
\vdash	Form 990-EZ Form 990-T (trust other than a	· · · · · · · · · · · · · · · · · · ·	Form 5227					
	Do not complete Part II if you were not already granted an			filed For	m 8868.			
	books are in the care of ERIC BLATTMAN							
		FAX No. ▶						
	e organization does not have an office or place of business in the		οχ					
	s is for a Group Return, enter the organization's four digit Group I		. If this i	 s				
	whole group, check this box ▶ ☐ If it is for part of the			•				
	the names and EINs of all members the extension is for	group, check this box	, P and attach a					
		5/2010						
	for calendar year 2009, or other tax year beginning	and er	ndina .					
	· —	tial return Final ret	<u> </u>	accounting	neriod			
	•	HIRD PARTY INFORMA		accounting	ponod			
	OR A COMPLETE AND ACCURATE RETURN.		11011 10 112222					
1	ON II COM HELD INVESTIGATION NATIONAL							
-								
8a I	this application is for Form 990-BL, 990-PF, 990-T, 4720, o	r 6069 enter the tentativ	e tay less any	<u> </u>				
	onrefundable credits. See instructions.	ooos, chief the teritativ	8a	\$	306.			
_	this application is for Form 990-PF, 990-T, 4720, or 6069, en	ter any refundable credits						
		•	1					
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868							
_	Balance Due. Subtract line 8b from line 8a Include your payme	ant with this form or if re	8b	\$	306.			
	· · · · · · · · · · · · · · · · · · ·	\$						
	vith FTD coupon or, if required, by using EFTPS(Electronic Fede		See instructions oc] -				
Under n	enalties of perjury, I declare that I have examined this form, including accord	nd Verification	ents and to the best of my	knowledge	and helief			
	correct, and complete, and that I am authorized to prepare this form	-parrying contouries and statement	und to the best of my	oouge	Jenel,			
Signatur	a b	Title ▶	Date ▶					
Oignatui	<u> </u>	THE P		n 8868 (Re	v 4-2009\			

ROTHSTEIN, KASS & COMPANY, P.C. 4 BECKER FARM ROAD ROSELAND, NJ 07068-1785