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Form 990-PF Department of the Treasury Internal Revenue Service

Schnaff) non 2 f 2010

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

OMB No 1545-0052

20	09	
<u></u>	v	

GC	Check		1 1						
		k all that apply.	Initial retui		Initial return o		public charity		Final return
			Amended	return	Addres	s change		Name change	
		Name of f	oundation					A Employer identifi	cation number
Us	e the								
label. ROBERT B. & JANET A. HO					FFMAN FOUNDATI	ON INC		20-	1798512
Ot	herw	, I wamber a	,		mail is not delivered to street	address)	Room/suite	B Telephone number (see	page 10 of the instructions)
	print or typ	LO NO	THSTEIN KASS						
	e Spe	ecific 1330 A	VENUE OF THE		ICAS			,	.2) 997-0500
	truct	City or toy	vn, state, and ZIP co	de				C If exemption application pending, check here	ation is
								D 1 Foreign organiza	tions, check here
			RK, NY 10019					2 Foreign organiza 85% test, check t	
1	Chec	k type of organi	ızatıon: X Secti	ion 501(c)(3) exempt private f			computation .	
			nonexempt charitabl		Other taxable pri			E If private foundation	n status was terminated
F	air n	narket value of	all assets at end		unting method: X Ca	ash Acc	crual	1)(1)(A), check here . \blacktriangleright
		ar (from Part II, d			ther (specify)			_ F If the foundation is	in a 60-month termination
	16) 🕨	•	490,513.		column (d) must be on	cash basis.,	1	under section 507(b)(1)(B), check here
Pa	irt l	Analysis of Re	venue and Expensin columns (b), (c), ar	ses (The	(a) Revenue and	(b) Net inv	estment	(c) Adjusted net	(d) Disbursements for charitable
		may not necessar	rily equal the amount	s in	expenses per books	incor		income	purposes
_		column (a) (see p	page 11 of the instruc	tions))					(cash basis only)
			nts, etc., received (attach so ne foundation is not req	hedule) .	0.				
		check ▶ L atta	ich Sch B		1,857.		1,857.		<u>лтси 1</u>
1		J	and temporary cash inve		52,046.		52,046.		ATCH 1 ATCH 2
			erest from securities		32,040.	`	72,040.		AICH Z
			(loss)	_	-282,478.				
3	b c	Gross sales price for	om sale of assets not on all 1,207		2027110				
Devella		assets on line 6a	ncome (from Part IV,				_		
		· -	pital gain						
- 1									
1	0 a 6	Gross sales less retur	PECEIVED.	-01					
		ess Cost of goods		18					
-	c (Gross profit or (los	ss) (attach schédule)	<u>. [8] .</u>					
1	1 (Other income (att	ach schedule)	18	909.		0.	0	ATCH 3
<u></u> 1	2 1	Total. Add ines 1	through 11	<u>r)</u>	-227,666.		53,903.	0	
1	3 (Compensation of off	fice Girectors Inistees	etc	0.				
1 م	4 (Other employee s	alaries and wages .						
<u> </u>	15 F	Pension plans, en	nployee benefits						
1		Legal fees (attach					5 5 5 5 5		
וַנ			(attach schedule)		5,967.		5,507.	0	. 460
2			al fees (attach schedu	ıle)		ļ	6		-
<u>ē</u> 1			АСНМЕМТ 5.		6.		6.		
EΙ		,	ule) (see page 14 of the in		1,483.		201.		
Ē 1			ach schedule) and d						 c
$ z ^2$						 			
=			es, and meetings			 			
2 20 2		-	ications			 		-	_
[²			attach schedule)						-
Operating			and administrative e		7,456		5,714.	0	. 460
3			ugh 23		126,300]	J, 117.		126,300
4		•	ts, grants paid		133,756	}	5,714.	0	+
┰			sbursements Add lines	24 and 25	133,7.30	1	27:21	<u>_</u>	120,70
ď		Subtract line 26 f		nonte	-361,422]			
			er expenses and disburser ncome (if negative, e				48,189.		
			ome (if negative, ente					-08	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. $9E^{1410\ 2\ 000}\ 93255S\ 577K\ 11/15/2010\ 9:53:34\ AM\ V\ 09-8.5$

ATCH 10002967

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PAGE 5

Part II Balance Sheets description column should be for end-of-year		■ Balance Sheets description column should be for end-of-year ⊢	Beginning of year	End of year		
_		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bearing	300 001	04 211	04 211	
ı	2	Savings and temporary cash investments	308,881.	84,311.	84,311.	
-	3	Accounts receivable				
-		Less: allowance for doubtful accounts ▶				
1	4	Pledges receivable				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable		,		
	6	Receivables due from officers, directors, trustees, and other				
ļ		disqualified persons (attach schedule) (see page 16 of the instructions)				
	7	Other notes and toans receivable (attach schedule)				
١		Less allowance for doubtful accounts ▶				
ဖွ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
Z		Investments - U S and state government obligations (attach schedule)				
		Investments - corporate stock (attach schedule) ATCH .7.	1,515,968.	1,379,633.	1,404,107.	
	11	Investments - corporate bonds (attach schedule)				
		Investments - tand, buildings, and equipment basis Less accumulated depreciation (attach schedule)				
-	12	Investments - mortgage loans				
	13	Investments - other (attach schedule)				
١	14	Land, buildings, and equipment basis Less accumulated depreciation				
-	15	(attach schedule) Other assets (describe ATCH 8)	2,612.	2,095.	2,095.	
1	16	Total assets (to be completed by all filers - see the	-,	=,		
		instructions Also, see page 1, item I)	1,827,461.	1,466,039.	1,490,513.	
T	17	Accounts payable and accrued expenses		· · · · · · · · · · · · · · · · · · ·	<u></u> _	
	18	Grants payable				
ဖွ	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
٥	21	Mortgages and other notes payable (attach schedule)				
اِد	22	Other liabilities (describe				
		`				
	23	Total liabilities (add lines 17 through 22)				
		Foundations that follow SFAS 117, check here				
က္က		and complete lines 24 through 26 and lines 30 and 31.				
S	24	Unrestricted				
alai	25	Temporarily restricted				
ă	24 25 26	Permanently restricted				
nu		Foundations that do not follow SFAS 117,				
Ī		check here and complete lines 27 through 31. ▶ 🗓				
0	27	Capital stock, trust principal, or current funds				
šet	28	Paid-in or capital surplus, or land, bldg, and equipment fund	1,827,461.	1,466,039.		
Ass	29	Retained earnings, accumulated income, endowment, or other funds	1,027,401.	1,400,039.		
Net Assets	30	Total net assets or fund balances (see page 17 of the	1 027 461	1 466 020		
Z		instructions)	1,827,461.	1,466,039.		
	31	Total liabilities and net assets/fund balances (see page 17	1,827,461.	1,466,039.		
_		of the instructions)		1,400,039.		
_		Analysis of Changes in Net Assets or Fund I		agree with		
I		al net assets or fund balances at beginning of year - Part II,		_	1,827,461.	
_		of-year figure reported on prior year's return)			-361,422.	
2	CIL	er amount from Part I, line 27a		2	-301,422.	
		er increases not included in line 2 (itemize)			1,466,039.	
		lines 1, 2, and 3		1 _ 1	1,400,039.	
		reases not included in line 2 (itemize)	uno 6) - Part II, column (h)	June 20	1,466,039.	
<u>o</u>	1018	al net assets or fund balances at end of year (line 4 minus l	ine b) - mart II, column (b).	, line 30 6	1,400,039.	

(a) List and	describe the kind(s) of property sold (e	e.g , real estate,	(b) How acquired P-Purchase	(c) Date acquired	(d) Date sold
	ck warehouse, or common stock, 200 s	shs. MLC Co.)	D-Donation	(mo , day, yr)	(mo , day, yr)
SEE PART IV SCHE	JULE				
<u> </u>					ļ
<u> </u>					
		() () () () ()		<u> </u>	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
					
-					
			<u>-</u>		
				······	
	nowing gain in column (h) and own	ned by the foundation on 12/31/69	(1)	Gains (Col. (h) g	an minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col (j), if any		(k), but not less Losses (from co	than -0-) or
			 		
i					
Capital gain net income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7 }	2	-	-282 , 478.
Net short-term capital gain	or (loss) as defined in sections 12	•			
If gain, also enter in Part I,	line 8, column (c) (see pages 13 a	and 17 of the instructions).			
If (loss), enter -0- in Part I, li	ne 8	<u></u> <u></u> <u></u>	3		
Part V Qualification Un	der Section 4940(e) for Redu	uced Tax on Net Investment Inc	come		
	the section 4942 tax on the distrib not qualify under section 4940(e).	outable amount of any year in the b	ase perio	d? □	Yes X N
		; see page 18 of the instructions be	efore mal	ong any entries	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution i (col (b) divided b	
2008	145,408.	1,722,838.			0.084400
2007	143,989.	2,210,223.			0.065147
2006	10,000.	162,842.			0.061409
2005	213,961.	85,825.			2.492992
2004	0.	132,927.	ļ		0.000000
Total of line 1, column (d)			2		2.703948
Average distribution ratio	for the 5-year base period - divide				
number of years the found	lation has been in existence if less	s than 5 years	3		0.540790
Enter the net value of non	charitable-use assets for 2009 fro	om Part X, line 5	4	1,	,368,666.
Multiply line 4 by line 3			5		740,161.
•			6		482.
			7		740,643.
Enter qualifying distribution If line 8 is equal to or ore	ns from Part XII, line 4	in Part VI, line 1b, and complete	L8 that part	using a 1% ta	126,760.

Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	ne ins	tructio	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)			
b	Domestic_foundations that meet the section 4940(e) requirements in Part V, check		9	64.
	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		9	64.
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		9	64.
6	Credits/Payments			
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 1,282.			
b	Exempt foreign organizations-tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c 0 -			
ď	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		1,2	82.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			18.
11	Enter the amount of line 10 to be. Credited to 2010 estimated tax ▶ 318. Refunded ▶ 11			
	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	$\vdash \vdash \vdash$	Yes	No
_	participate or intervene in any political campaign?	1a		_X_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			3.7
	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			
	published or distributed by the foundation in connection with the activities			v
C	Did the foundation file Form 1120-POL for this year?	1c		X
d				
	(1) on the leanedates 1 and 1			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers			Х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	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	_		Х
4	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		
	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?			X
5	If "Yes," attach the statement required by General Instruction T	5		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
U	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		-		
	instructions) DE,			
b				
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b		Х
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	"		
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		Х

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2b

3 b

4 a

4 b

X

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

b Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)

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

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

(b) Title, and average

hours per week devoted to position (c) Compensation

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NONE

(e) Expense account, other allowances

NONE

(a) Name and address of each employee paid more than \$50,000

Total number of other employees paid over \$50,000

employee benefit plans and deferred

compensation

Part VIII	Information About Officers, Directors, Trustees, Foundation Managand Contractors (continued)	gers, Hignly Paid Employ	ees,
3 Five high	est-paid independent contractors for professional services (see page 23 or	f the instructions). If none, e	enter "NONE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
 -			
-			
Total numb	er of others receiving over \$50,000 for professional services		NONE
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 beneficiaries served, conferences convened, research papers produced, etc.	ation such as the number	Expenses
1 N/A			
2			
3			
4			
			
Part IX-B	Summary of Program-Related Investments (see page 23 of the instru	uctions)	
	two largest program-related investments made by the foundation during the tax year on lines 1 and	2	Amount
1 NONE			
2			
All other pro	gram-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. For see page 24 of the instructions.)	oreign foundat	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:	1 1	
а	Average monthly fair market value of securities	1a	1,133,507.
b	Average of monthly cash balances	<u>1</u> b	256,002.
С	Fair market value of all other assets (see page 24 of the instructions)	[1c]	0.
d		1d	1,389,509.
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	Outstan at long Office as long 4 d	3	1,389,509.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25)		
		. 4	20,843.
5	of the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,368,666.
6	Minimum investment return. Enter 5% of line 5	. 6	68,433.
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(J)(3) and (J)(5) productions and certain foreign organizations check here ▶ and do not complete the complete t	orivate operating	
_	Minimum investment return from Part X, line 6		68,433.
1		64.	00/ 133:
2a			
b	, ,		964.
C	Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1	2c	67,469.
3			07,405.
4	Recoveries of amounts treated as qualifying distributions	1 _ 1	67,469.
5	Add lines 3 and 4 Deduction from distributable amount (see page 25 of the instructions)	6	07,409.
6	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	0	
7		_	67,469.
_	<u>line 1 </u>	7	07,409.
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а			126,760.
b	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	purposes		
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	126,760.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment incom		
	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	126,760.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculate qualifies for the section 4940(e) reduction of tax in those years.		foundation

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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				67,469.
2	Undistributed income, if any, as of the end of 2009			· · · · · · · · · · · · · · · · · · ·	
a	Enter amount for 2008 only				!
b	Total for prior years 20 07 ,20 06 ,20 05				
3	Excess distributions carryover, if any, to 2009:				
а	i i i i i i i i i i i i i i i i i i i				
a L	From 2004				
•					
ن	110111 2000				
u	110111 2007				
e	110117 2000	328,506.			
	Total of lines 3a through e	020,000.			
4	Qualifying distributions for 2009 from Part XII, line 4: ► \$ 126,760.				
а	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election				
	required - see page 26 of the instructions)				67.460
d	Applied to 2009 distributable amount	59,291.			67,469.
е	Remaining amount distributed out of corpus	39,291.			
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:	387,797.			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	30171311		·, ·- · · · · · · · · · · · · · · · · ·	
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				
	, ,				
a	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 applied on line 5 or line 7 (see page 27 of the				
	instructions)				
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	387,797.			
10	Analysis of line 9:				
а	Excess from 2005 215, 606.	ļ			
b]		
C	Excess from 2007 41,800 .				
đ		-			
e	Excess from 2009 59, 291.	l			

Pa	rt XIV Private Oper	ating Foundations (see page 27 of the	instructions and Pa	rt VII-A, question 9)	NOT APPLICABLE	
1 a	If the foundation has	received a ruling or d	etermination letter tha	it it is a private oper	ating		
	foundation, and the ruling	g is effective for 2009, e	nter the date of the ruling		. ▶		
b	Check box to indicate wh					(J)(3) or 4942(J)(5)	
_		Tax year	<u> </u>	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) 2000	(5)2000	(0) 2001	(0,2000	 	
	return from Part X for each						
	year listed					 	
Ь	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				ļ. <u> </u>		
е	Qualifying distributions made						
	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						
	under section 4942(j)(3)(B)(i)						
þ	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			i			
	gross investment income]				
	(interest, dividends, rents, payments on secunties				1		
	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	and Information (C	l Yamaminta thia mant		lation had ©5 000		
Pa		ary information (C during the year - se			lation had \$5,000	or more in assets	
_							
١_	Information Regardin List any managers of			ra than 20% of the total	al contributions rose	wad by the foundation	
а	before the close of any						
			,		,	,	
		ANET HOFFMAN					
b	List any managers of					ly large portion of the	
	ownership of a partne	rsnip or other entity) o	r which the roundatio	n nas a 10% or greate	rinterest		
	MONE						
	NONE	- 04-11-41 0	0.4.1	Lin ata Baranasa.			
2	Information Regardin	•		• • •			
	Check here ► X if	the foundation only	makes contributions	to preselected char	itable organizations	and does not accept	
	•		•		e 28 of the instruct	ions) to individuals or	
_	organizations under of	<u> </u>	<u>`.</u>				
а	The name, address, a		of the person to who	m applications should l	oe addressed:		
_	ATTACHM	ENT 10					
b	The form in which app	lications should be su	bmitted and informat	on and materials they	should include:		
C	Any submission dead	ines:					
_							
d	Any restrictions or I	imitations on awards	s, such as by geogi	raphical areas, charit	able fields, kinds of	institutions, or other	
	factors						

Form 990-PF (2009)			20-1798512	Page 11
Part XV Supplementary Information (co	ontinued)			
3 Grants and Contributions Paid Duri	ng the Year or Appi		uture Payment	
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				
ATTACHMENT II		1 1		
			i i	
			į į	
Total			▶ 3a	126,300.
b Approved for future payment				
			ĺ	
			ļ	
			1	
			1	
-				
Total	 	. <u> </u>	▶ 3b	

Part XVI	 Analysis of Income-Produ 	cing Activ	vities			
Enter gross	amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
4 Drogrom		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
Om:	n service revenue HER INCOME		•	41	909.	the instructions)
· · · · ·				71		
_						
		<u>.</u>		_		
						
				-		
f _						
-	s and contracts from government agencies					
	rship dues and assessments			14	1,857.	
	on savings and temporary cash investments			14	52,046.	
	ds and interest from securities			14	32,040.	
	tal income or (loss) from real estate:			_		
	ot-financed property					
	debt-financed property			+		
	al income or (loss) from personal property	ļ 				
	nvestment income	ļ 		18	-282,478.	
-	(loss) from sales of assets other than inventory			10	-202,470.	
	ome or (loss) from special events			-		·
-	profit or (loss) from sales of inventory			-		
_	evenue: a					
						
d						
е					227 666	
	Add columns (b), (d), and (e)				-227,666.	227 666
	add line 12, columns (b), (d), and (e)				13	-227,666.
	 heet in line 13 instructions on page 28 Relationship of Activities 			Types at Disse		· · · · · · · · · · · · · · · · · · ·
Line No. ▼	Explain below how each active the accomplishment of the for page 29 of the instructions.)					
				=		
			NOT APPLICA	BLE		
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		_				

Information Regarding Transfers To and Transactions and Relationships With Noncharitz Exempt Organizations	orm 990 PF (2						1-11985					ige 13
section 501(c) of the Code (other than section 501(c)(3) organizations or in section 527, relating to political 3 (19 Catch Team the reporting foundation to a nonchambable exempt organization of (19 Catch 19 Ca	Part XVII	Information Exempt Orga	Regarding Tran	nsfers To and	Transac	tions a	nd Rela	tionships —_	With N	lonch	narit	able
a granizations? Transfer from the reporting foundation to a noncharitable exempt organization of (1) Cash (2) Other assets (3) Dehas assets (4) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of fourtibles, equipment, or other assets (4) Reimburssment arrangements, or the assets (4) Reimburssment arrangements (4) Reimburssment arrangements (5) Loans or loan guarantees (6) Performance of services or memberathy or fundations golicitations (7) Each or loan guarantees (8) Performance of services or memberathy or fundations golicitations (9) Performance of services or memberathy or fundations golicitations (9) Performance of services or memberathy or fundations golicitations (9) Performance of services or memberathy or fundations golicitations (9) Performance of services or memberathy or fundations golicitations (9) Performance of services or memberathy or fundations golicitations (9) Performance of services or memberathy or fundations golicitations (9) Performance of services or memberathy or fundations golicitations (9) Performance of services or services even by the reporting foundation, it into foundation received less than fair in value of the goods, other assets, or services even by the reporting foundation, it into foundation received less than fair in value of the goods, other assets, or services even by the reporting foundation and transfers, transactions, and sharing arrangement hy/A (9) Amount involved (1) Amount involved (1) Amou											Yes	No
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(a) Other assets b. Dither transactions: (b) Other transactions: (c) Purchases of assets from a nonchanitable exempt organization. (d) Perichases of assets from a nonchanitable exempt organization. (d) Remitted of facitities, equipment, or other assets. (d) Remitted of facitities, equipment, or other assets. (e) Every close of services or membership or fundatising solicitations. (e) Performance of services or membership or fundatising solicitations. (f) Performance of services or membership or fundatising solicitations. (g) Performance of services or membership or fundatising solicitations. (g) Every close the goods, other assets, or services given by the reporting foundation. If the fundation receives than farm value of the goods, other assets, or services received in a service of the goods, other assets, or services received in a service of the goods, other assets, or services received in the services of the goods, other assets, or services received in the services of the goods, other assets, or services received in the services of the goods, other assets, or services received in the services of the goods, other assets, or services received in the services of the goods, other assets, or services received in the goods, other assets				_								۱.,
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Signature of officer or trustee III 10	N/A											
Signature of officer or mystee III 10												
Signature of officer or trustee III 10												
Signature of officer or trustee III 10									 			
Signature of officer or mustee III I O Date Title	Under	penalties of perjury, I de	clare that I have Axami	ned this return, includ	ing accompar	nying schedu	les and sta	tements, and	lo the best	of my ki	nowle	dge ar
Signature of officer or trustee Date Date Check if self-employed page 30 of the instructions 1.22-48-1351 Firm's name (or yours self-employed), address and ZIP code Date Date Check if self-employed page 30 of the instructions 1.22-48-1351 EIN 13-3377163 Preparer's identifying number (see Signature or page 30 of the instructions 1.22-48-1351 EIN 13-3377163 Phone no 212-397-5500	belief	if is true, correct and co	molete Declaration of p	oreparer (other than tax	xpayer or lidu	ciary) is bas	eoron all ini *	\sim	, ,	er has ar	ny kno	wiedg
Firm's name (or yours self-employed), address. POTHSTEIN, KADS 5 COMPANY 1350 AVENUE OF THE AMERICAS and ZIP code Phone no 212-397-5500		10	<u> </u>			11/11/	10		iaeria			
Firm's name (or yours self-employed), address. POTHSTEIN, KADS 5 COMPANY 1350 AVENUE OF THE AMERICAS and ZIP code Phone no 212-397-5500	9 // S	gnature of officer or truste	e / //			Date	· · · · · · · · · · · · · · · · · · ·	Title				
Firm's name (or yours / Self-employed), address. POTHSTEIN, KAOS & COMPANY EIN 13-3977163	Ĭ.				Date	1			number (S	ee Signa	ture	
Firm's name (or yours self-employed), address. POTHSTEIN, KAOS & COMPANY EIN 13-3977163	E Person	Preparer's	\\"\\"\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		11/15	5/10.	sell-empl	oyed P				s)
and ZIP code HEW YORK, Nz 10019 Phone no 202-397-5500	Pair e pa	Firm's name for yours	POTHSTE	IN, KASS & C	THASHO	/		EIN D			- -	
THIOIBING CCC 33.3377	اد ته	self-employed), addre	//	EDUE OF THE	AMERICA	\S						
Form 990-PF		and ZIP code	HEW YUK	K, 11:		100	19	Phone no	212-3	97-9	500	<i>i</i>
1			1							Form 9 9	10-PF	(200

ROBERT B. & JANET A. HOFFMAN FOUNDATION INC 20-179
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Nond of Property Description Descripti		APITAL GA	INS AND LO	OSES FUI	1 IAX UN	II C = V FII	P		
Gross sale price less expenses of sale expenses of sale price less expenses of sale expense	` Kind of I	Property		Desc	ription		or or	Date acquired	Date sold
TOTAL CAPITAL GAIN DISTRIBUTIONS 1,547. SEE ATTACHED SCHEDULE D-1 PROPERTY TYPE: SECURITIES 27,183. SEE ATTACHED SCHEDULE D-1 PROPERTY TYPE: SECURITIES 1,464,133. ISHARES S&P SCHEDULE K-1 TOTAL CAPITAL GAIN DISTRIBUTIONS 1,547. P VARIOUS 2,256. P VARIOUS VARIOUS 177,836. VARIOUS 16.	price less	allowed/	other	as of	as of	FMV over		Gain or	_
PROPERTY TYPE: SECURITIES 27,183. SEE ATTACHED SCHEDULE D-1 PROPERTY TYPE: SECURITIES 1,464,133. ISHARES S&P SCHEDULE K-1 P VARIOUS -286,297. VARIOUS 16.	- STRATION OF SHIP	MICHADIO							
29,439. 27,183. SEE ATTACHED SCHEDULE D-1 PROPERTY TYPE: SECURITIES 1,464,133. ISHARES S&P SCHEDULE K-1 VARIOUS VARIOUS 16.							Р	VARIOUS	VARIOUS
PROPERTY TYPE: SECURITIES 1,464,133. ISHARES S&P SCHEDULE K-1 VARIOUS 16.	29,439.			PE: SECURIT	TES			2,256.	
ISHARES S&P SCHEDULE K-1 VARIOUS 16.			PROPERTY TY				Р		VARIOUS
16.	177,836.		1,464,133.					-286,297.	
OTAL GAIN(LOSS)	16.		ISHARES S&P	SCHEDULE F	⟨- 1				VARIOUS
	omat catal/t	0667						_202 470	
	OIAL GAIN(I	0000)			•••••	• • • • • • •			
		r							
11									

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

NET INVESTMENT INCOME	143. 919. 791.
REVENUE AND EXPENSES PER BOOKS	143. 919. 791.
DESCRIPTION	ISHARES S&P GSCI K-1 UBS INTEREST INCOME BNY INTEREST INCOME INTEREST ON 2007 REFUND

1,857.

TOTAL

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

	NET	INVESTMENT	INCOME	23.872.	28,174.
REVENUE	AND	EXPENSES	PER BOOKS	23.872.	28,174.
			DESCRIPTION	TAS DIVIDEND INCOME	BNY DIVIDEND INCOME

52,046.

52,046.

TOTAL

FORM 990PF, PART I - OTHER INCOME

REVENUE AND EXPENSES PER BOOKS

NET INVESTMENT INCOME

ADJUSTED NET INCOME

. .

0

909.

782.

DESCRIPTION 2007 IRS REFUND 2008 IRS REFUND TOTALS

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PAGE 21

ATTACHMENT

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- ACCOUNTING FEES PART I FORM 990PF,

CHARITABLE	460. 0. 0. 0.	
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	3,538. 683. 370. 5,507.	
REVENUE AND EXPENSES PER BOOKS	1,376. 3,538. 683. 370.	
	TOTALS	
DESCRIPTION	ACCOUNTING FEES INVESTMENT FEES UBS FEES ISHARES S&P GSCI K-1	

PAGE 22

ATTACHMENT 5

- INTEREST EXPENSE PART I FORM 990PF,

	REVENUE	
	AND	NET
	EXPENSES	INVEST
DESCRIPTION	PER BOOKS	INCOM
OVERDRAFT INTEREST	.9	

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9 9 9

TOTALS

TAXES PART I FORM 990PF,

NET INVESTMENT INCOME	0. 0. 201.	201.
REVENUE AND EXPENSES PER BOOKS	500. 782. 201.	1,483.
		TOTALS
DESCRIPTION	EXCISE TAXES PAID 2008 TAX APPLIED FOREIGN TAXES PAID	

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ATTACHMENT

CORPORATE STOCK PART II FORM 990PE,

CORPORATE STOCK DESCRIPTION

BOOK VALUE ENDING

ENDING FMV

908,715. 470,918.

931,404. 472,703.

1,404,107.

1,379,633.

TOTALS

ALTERNATIVE INVESTMENTS

FIXED INCOME

ATTACHMENT 7

ATTACHME	FORM 990PF, PART II - OTHER ASSETS
MICKEEK	

& JANET A. HOFFMAN FOUNDATION INC

ROBERT B.

IENT 8	
ATTACHMENT	

ENDING BOOK VALUE

ENDING

ACCRUED INTEREST

DESCRIPTION

TOTALS

2,095. 2,095.

2,095.

2,095.

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PAGE 26

•			
EXPENSE ACCT AND OTHER ALLOWANCES	Ö	.0	0.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	.0	0.
COMPENSATION	·o	.0	•0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR 10.00	DIRECTOR 10.00	GRAND TOTALS
NAME AND ADDRESS	ROBERT B. HOFFMAN 10560 WEST SAVANNAH DRIVE VERO BEACH, FL 32963	JANET A. HOFFMAN 10560 WEST SAVANNAH DRIVE VERO BEACH, FL 32963	

10002967

PAGE 27

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

NONE

ROBERT B & JANET A HOFFMAN FOUNDATION INC

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

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ANDERSON RANCH ARTS FOUNDATION	NONE 501(C)(3)	UNRESTRICTED GRANT FOR DONEE'S EXEMPT PURPOSE	200
CORNELL UNIVERSITY	NONE 501(C)(3)	UNRESTRICTED GRANT FOR DONEE'S EXEMPT PURPOSE	37,000
ASPEN INSTITUTE	NONE 501(C)(3)	UNRESTRICTED GRANT FOR DONEE'S EXEMPT PURPOSE	3,500
PHILLIPS EXETER ACADEMY	NONE 501(C)(3)	UNRESTRICTED GRANT FOR DONEE'S EXEMPT PURPOSE	2,000
ASPEN MUSIC FESTIVAL AND SCHOOL	NONE 501(C)(3)	UNRESTRICTED GRANT FOR DONEE'S EXEMPT PURPOSE	12,500.
VERO BEACH MUSEUM OF ART	NONE 501(C)(3)	UNRESTRICTED GRANT FOR DONEE'S EXEMPT PURPOSE	10,000

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ATTACHMENT 11 (CONT'D)

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

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		,
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
RIVERSIDE THEATRE INC	NONE 501(C)(3)	UNRESTRICTED GRANT FOR DONEE'S EXEMPT PURPOSE .	2,000
BO'S AND GIRLS CLUBS OF INDIAN	NOME 501 (C) (3)	UNRESTRICTED GRANT FOR DONEE'S EXEMPT PURPOSE	1,000
PFIZER UNITED WAY CAMPAIGN	NONE 501(C)(3)	UNRESTRICTED GRANT FOR DONEE'S EXEMPT PURPOSE	2,500
THE NATURE CONSERVANCY FLORIDA CHAPTER OFFICE	NONE 501(C)(3)	UNRESTRICTED GRANT FOR DONEE'S EXEMPT PURPOSE	250.
FLORIDA SHERIFFS YOUTH RANCHES INC	NONE 501 (C) (3)	UNRESTRICTED GRANT FOR DONEE'S EXEMPT PURPOSE	200
VERO BEACH OPERA, INC	NONE 501(C)(3)	UNRESTRICTED GRANT FOR DONEE'S EXEMPT PURPOSE	1,000

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

NONE

501(C)(3)

ROARING FORK CONSERVANCY RIVER CENTER

INDIAM RIVER VOLUNTEER

YMCA - RED BANK

RECIPIENT NAME AND ADDRESS

501(C)(3) NONE

UNRESTRICTED GRANT FOR DONEE'S EXEMPT PURPOSE

TOTAL CONTRIBUTIONS PAID

ATTACHMENT 11

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501(C)(3)

NONE

UNRESTRICTED GRANT FOR DONEE'S EXEMPT PURPOSE

UNRESTRICTED GRANT FOR DONEE'S EXEMPT PURPOSE

PURPOSE OF GRANT OR CONTRIBUTION

50,000

AMOUNT

ATTACHMENT 11 (CONT'D)

20

200

126,300

PAGE 31

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service **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

2009

Name of estate or trust Employer identification number ROBERT B. & JANET A. HOFFMAN FOUNDATION INC 20-1798512 Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less (e) Cost or other basis (f) Gain or (loss) for (b) Date acquired (a) Description of property (c) Date sold the entire year (d) Sales price (see page 4 of the (Example 100 shares 7% preferred of "Z" Co) (mo , day, yr) (mo, day, yr) Subtract (e) from (d) instructions) 1a **b** Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 2,272. Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, 2,272. Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cost or other basis (f) Gain or (loss) for (b) Date acquired (a) Description of property (c) Date sold (d) Sales price (see page 4 of the the entire year (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) Subtract (e) from (d) instructions) 6a **b** Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b....... -286,297. 6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 1,547. Gain from Form 4797, Part I 10 10 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2008 Capital Loss Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, 12

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

-284,750

Schedule D (Form 1041) 2009

_	dule D (Form 1041) 2009					Page 2
Par	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	
13	Net short-term gain or (loss)	13				2,272.
14	Net long-term gain or (loss):					
а	Total for year	14a				-284,750.
	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b				
С	28% rate gain					
	Total net gain or (loss). Combine lines 13 and 14a ▶	15	<u> </u>	<u> </u>		-282,478.
	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Fo					
	art V, and do not complete Part IV If line 15, column (3), is a net loss, complete F	aπ IV	ano the Capital Loss Ca	myover wonksn	eet, as	necessary
Pa	t IV Capital Loss Limitation			· · · · · · · · · · · · · · · · · · ·		
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, I		• • • • • • • • • • • • • • • • • • • •			
a	The loss on line 15, column (3) or b \$3,000				6 (3,000)
Carry	ร: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, pag r over Worksheet on page 7 of the instructions to figure your capital loss carryove	30 1, III 9r.	ne 22 (or Form 990-1,	iine 34), is a ios	s, соп	npiete the Capital Loss
	t V Tax Computation Using Maximum Capital Gains Rate					
	n 1041 filers. Complete this part only if both lines 14a and 15 in coli		2) are gains, or an a	mount is ente	red in	Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mo					
Cau	tion: Skip this part and complete the worksheet on page 8 of the instru	ictions	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					
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this pa er line 14b, col. (2) or line 14c, col. (2) is more than zero.	art and	complete the work	sneet on pag	je 8 c	of the instructions if
						
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34) .	17			
18	Enter the smaller of line 14a or 15 in column (2)			1		
	but not less than zero 18					
19	Enter the estate's or trust's qualified dividends					
	from Form 1041, line 2b(2) (or enter the qualified				İ	
	dividends included in income in Part I of Form 990-T) 19		 			
20	Add lines 18 and 19					
21	If the estate or trust is filing Form 4952, enter the					
	amount from line 4g, otherwise, enter -0 ▶ 21					
22	Subtract line 21 from line 20 If zero or less, enter -0-		· ·			
23	Subtract line 22 from line 17. If zero or less, enter -0-		23			
24	Enter the smaller of the amount on line 17 or \$2,300		24			
25	the amount on the 25 squares of more than the amount on the 2					
	Yes. Skip lines 25 and 26; go to line 27 and check the "No" bo					
	No. Enter the amount from line 23		25		-	
26	Subtract line 25 from line 24		26		İ	
27	Are the amounts on lines 22 and 26 the same?		0.7			
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or	line 22	27			
00	Enter the property from two OC (If two OC is block and on O.)					
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28			
	Outstand has 00 form has 07					
29	Subtract line 28 from line 27					
30	Multiply line 29 by 15% (.15)				30	
31	· · ·			I .		
	(see the Schedule Ginstructions in the instructions for Form 1041)			نــا ا	31	
20	Add lines 20 and 21				.	
32	Add lines 30 and 31		nodulo for Estatos		32	
33	Figure the tax on the amount on line 17. Use the 2009 Tax Ra				,,	
24	(see the Schedule Ginstructions in the instructions for Form 1041). Tax on all taxable income. Enter the smaller of line 32 or line 33				33	
34			•		,	
	G, line 1a (or Form 990-T, line 36)			<u> </u>	34	

SCHEDULE D-1 (Form 1041)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule D (Form 1041) ▶ See instructions for Schedule D (Form 1041).

See instructions for Schedule D (Form 1041).
 Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

2009

Name of estate or trust

ROBERT B. & JANET A. HOFFMAN FOUNDATION INC

Employer identification number

20-1798512

Part I Short-Term Capital Gains an				(a) Carl and 1	
(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)
SEE ATTACHED SCHEDULE D-1	VARIOUS	VARIOUS	29,439.	27,183.	2,256
ISHARES S&P SCHEDULE K-1	VARIOUS	VARIOUS	16.		16
			<u> </u>		
<u> </u>					
			_		
					-
		+		-	
			ļ		1
	<u> </u>		1		

2,272.

Schedule D-1 (Form 1041) 2009

JSA

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b . .

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side

Employer identification number

Part II Long-Term Capital Gains and	d Losses - Asse	ts Held More Th	an One Year		
(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)
SEE ATTACHED SCHEDULE D-1	VARIOUS	VARIOUS	1,177,836.	1,464,133.	-286,297.
			<u></u>		
			<u> </u>		
				<u> </u>	
6h Total Combine the amounts in colum	.l	and on Schodulo D	lino 6h		-286,297.

SCHEDULE D-1

NOTETA CONTRACTOR

EIN: 20-1798512

ROBERT JANET HOFFMAN FDN. INC-CUST

Page

Income for 2009

This section reports your proceeds from sales during the year. We are not required nor do we report your net gains and losses to the Internal basis information, it is either shown separately in the section entitled Cost Not Available or it may appear with a zero tax cost. Please review capital A schedule of your net gains and losses is shown below. Please note that if you have sold an asset for which we do not have cost Revenue Service. An asterisk symbol (*) next to the tax cost indicates that the tax cost has been adjusted for the current year's return of these carefully before preparing your tax return

Short term gains and losses

This category includes sales of all assets held 12 months or less

			Acquisition		Gross proceeds less		
Description	Cusip	Units	Date	Sale date	commissions	Tax cost	Net gain or loss
BLACKROCK INTL BOND-BLK	091937839	31 26	11/01/08	10/30/09	\$343 23	\$335 85	82 28
BLACKROCK INTL BOND-BLK	091937839	30 33	12/01/08	10/30/09	\$333 02	\$327 88	\$5 14
BLACKROCK INTL BOND-BLK	091937839	17 02	60/06/60	10/30/09	\$186 88	\$187 03	\$-0 15
BLACKROCK INTL BOND-BLK	091937839	19 27	08/31/09	10/30/09	\$211 58	\$205 94	\$5 64
BLACKROCK INTL BOND-BLK	091937839	13.4	07/31/09	10/30/09	\$147 13	\$140 78	\$6 35
BLACKROCK INTL BOND-BLK	091937839	696 05	12/23/08	10/30/09	57,642 63	\$7,593 94	\$48 69
BLACKROCK INTL BOND-BLK	091937839	20 79	01/01/09	10/30/09	\$228 27	\$228 00	\$0.27
BLACKROCK INTL BOND-BLK	091937839	23 59	02/01/09	10/30/09	\$259 02	\$246 54	\$12.48
BLACKROCK INTL BOND-BLK	091937839	23 99	03/01/09	10/30/09	\$263 41	\$239 64	\$23.77
BLACKROCK INTL BOND-BLK	091937839	21 79	04/01/09	10/30/09	\$239 25	\$222 69	\$16 56
BLACKROCK INTL BOND-BLK	091937839	12 91	05/01/09	10/30/09	\$14175	\$132 94	\$8 81
BLACKROCK INTL BOND-BLK	091937839	20 78	06/01/09	10/30/09	\$228 16	\$224 22	\$3 94
BLACKROCK INTL BOND-BLK	091937839	6217	06/18/09	10/30/09	\$6,826.27	S6,241 87	S584 40
PIMCO ALL ASSET FUND-INSTITU	722005626	522 37	12/30/08	11/02/09	\$6,205 75	\$5,260 30	\$945 45
PIMCO ALL ASSET FUND-INSTITU	722005626	186 98	60/81/90	11/02/09	\$2,221 32	\$1,989 45	\$231.87
PIMCO ALL ASSET FUND-INSTITU	722005626	144 33	03/19/09	11/02/09	\$1,714 64	\$1,392.78	\$321 86

EIN: 20-1798512

2009 Tax Information
Account Number 10570191000

57019100 Page

ROBERT JANET HOFFMAN FDN. INC-CUST

Short term gains and losses

SCHEDULE D-1

BNY MELLON MANUTHMANDSIMES This category includes sales of all assets held 12 months or less

Description	Cusip	Units	Acquisition Date	Sale date	Gross proceeds less commissions	Tax cost	Net gain or loss
Condition	-					** 0.00	00 703
PIMCO ALL ASSET FUND-INSTITU	722005626	189 18	189 18 09/17/09	11/02/09	\$2,247.46	\$2,213.44	534 02
					11 007 004	827 183 20	\$2 256 48
Total short term gain/loss:					\$28,439 //	321,100,23	10001
1							

Long term gains and losses

This category includes sales of assets held more than 12 months

Document	Cusip	Units	Acquisition Date	Sale date	Gross proceeds less commissions	Tax cost	Net gain or loss
SOUR SER TR	78464A706	4830	04/13/07	10/29/09	\$268,471.54	\$369,615 75	\$-101,144 21
SHAPES RUSSELL 2000 INDEX ED	464287655	2265	06/25/08	10/29/09	\$131,533 09	\$162,537 08	\$-31,003 99
ISHARES GSCI COMMODITY-INDEXED	46428R107	1952	04/13/07	10/29/09	\$62,650 55	\$82,159 43	\$-19,508 88
FEDERAL HOME LN BKS	3133XKYW9	35000	05/30/07	10/29/09	\$35,525 00	\$34,913 90	\$611 10
ISHARES RUSSELL 1000 GROWTH	464287614	4425	06/25/08	10/29/09	\$207,087 77	\$252,590 06	\$-45,502 29
BLACKROCK INTL BOND-BLK	091937839	25 12	07/01/08	10/30/09	\$275 82	\$302 22	S-26 40
BLACKROCK INTL BOND-BLK	091937839	28 52	08/01/08	10/30/09	\$313 15	\$342 49	S-29 34
BLACKROCK INTL BOND-BLK	091937839	26 42	09/01/08	10/30/09	\$290 09	\$305 35	\$-15 26
BLACKROCK INTL BOND-BLK	091937839	29 01	10/01/08	10/30/09	\$318 53	\$325 20	2-6 67
BLACKROCK INTL BOND-BLK	091937839	24 47	01/01/00	10/30/09	\$268 68	00 08	\$268 68
BLACKROCK INTL BOND-BLK	091937839	4 94	01/01/00	10/30/09	\$54 24	00 08	\$54 24
PIMCO ALL ASSET FUND-INSTITU	722005626	10521 89	04/13/07	10/30/09	\$125,000 00	\$135,206 24	\$-10,206 24
ARTIO INTERNATIONAL EQUITY II-I	04315J837	14957 27	04/13/07	10/30/09	\$175,000 00	\$243,803 43	\$-68,803 43
BLACKROCK INTL BOND-BLK	091937839	25 09	06/01/08	10/30/09	\$275 49	\$303.80	\$-28 31
BLACKROCK INTL BOND-BLK	091937839	24 41	05/01/08	10/30/09	\$268 02	\$302 70	\$-34 68
BLACKROCK INTL BOND-BLK	091937839	23 72	04/01/08	10/30/09	\$260 45	\$302 72	\$-42.27
BLACKROCK INTL BOND-BLK	091937839	24 08	03/01/08	10/30/09	S264 40	\$299 58	\$-35 18
BLACKROCK INTL BOND-BLK	091937839	24 4	01/31/08	10/30/09	\$267 91	\$298 91	\$-31 00
BI ACKROCK INTL BOND-BLK	091937839	9155 44	04/13/07	10/30/09	\$100,526 76	\$101,900 00	\$-1,373.24
			5	6 3			

ROBERT JANET HOFFMAN FDN. INC-CUST

BNY MILLON

Long term gains and losses

This category includes sales of assets held more than 12 months

			Acquisition		Gross proceeds less		
Description	Cusip	Units	Date	Sale date	commissions	Tax cost	Net gain or loss
PIMCO ALL ASSET FUND-INSTITU	722005626	157 05	157 05 06/19/08	11/02/09	\$1,865 75	\$1,948 94	\$-83 19
PIMCO ALL ASSET FUND-INSTITU	722005626	153 15	153 15 03/20/08	11/02/09	\$1,819 42	\$1,929 67	\$-110 25
PIMCO ALL ASSET FUND-INSTITU	722005626	5345 82	04/13/07	11/02/09	\$63,508 31	\$68,693 76	5-5,185 45
PIMCO ALL ASSET FUND-INSTITU	722005626	167 57	167 57 09/18/08	11/02/09	\$1,990 73	\$1,965 61	\$25 12
Total long term gain/loss for sales of assets:					\$1,177,835 70	\$1,460,046 84	\$-282,211 14

Form **8868**

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

Internal Revenue Service	<u> </u>
If you are filing for an Automatic 3-Month Extension, complete only Part I and check	this box X
 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II unlessou have already been granted an automatic 3-month extension. 	
Part I Automatic 3-Month Extension of Time. Only submit original (no copies r	needed).
A corporation required to file Form 990-T and requesting an automatic 6-month extension - c	
Part I only	
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must time to file income tax returns.	t use Form 7004 to request an extension of
Electronic Filing (e-file) Generally you can electronically file Form 8868 if you want a one of the returns noted below (6 months for a corporation required to file Form 9 electronically if (1) you want the additional (not automatic) 3-month extension or (2) y returns, or a composite or consolidated From 990-T. Instead, you must submit the fully 8868. For more details on the electronic filing of this form, visit www.irs gov/efile and click	990-T). However, you cannot file Form 8868 you file Forms 990-BL, 6069, or 8870, group completed and signed page 2 (Part II) of Form
Type or Name of Exempt Organization	Employer identification number
print ROBERT B. & JANET A. HOFFMAN FOUNDATION INC	20-1798512
	OTHSTEIN KASS & COMPANY
due date for 1350 AVENUE OF THE AMERICAS	
filing your return See City, town or post office, state, and ZIP code For a foreign address, see instructions	
INSTRUCTIONS NEW YORK, NY 10019	
Check type of return to be filed (file a separate application for each return).	
Form 990 Form 990-T (corporation)	Form 4720
Form 990-BL Form 990-T (sec 401(a) or 408(a) trust)	Form 5227
Form 990-EZ Form 990-T (trust other than above)	Form 6069
X Form 990-PF Form 1041-A	Form 8870
Telephone No ▶ 919 286-8607 FAX No ▶ 212 • If the organization does not have an office or place of business in the United States, che • If this is for a Group Return, enter the organization's four digit Group Exemption Number	eck this box F (GEN) If this is
for the whole group, check this box. If it is for part of the group, check this box	P and attach a list with the
names and EINs of all members the extension will cover	to file Form 000 T) outoning of time
1 I request an automatic 3-month (6 months for a corporation required until	he organization named above The extension is
2 If this tax year is for less than 12 months, check reason Initial return	Final return Change in accounting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the nonrefundable credits. See instructions	tentative tax, less any 3a \$ NONE 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and	estimated tax payments
made Include any prior year overpayment allowed as a credit.	зы \$ 782.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form,	
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax	Payment System) See
instructions	3c \$ NONE ₀ .
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Fo	orm 8453-EO and Form 8879-EO
for payment instructions	
For Privacy Act and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev 4-2009)

Form 8868 (Rev 4-2009)		Page 2
 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only 	y Part II and check this box	▶ X
Note. Only complete Part II if you have already been granted an automatic 3-month exte	ension on a previously filed Form 886	i8
 If you are filing for an Automatic 3-Month Extension, complete only Part I (on pag 	e 1)	
Part II Additional (Not Automatic) 3-Month Extension of Time. Only	y file the original (no copies n	eeded).
Type or Name of Exempt Organization	Employer identification r	number
print ROBERT B. & JANET A. HOFFMAN FOUNDATION INC	20-1798512	
File by the Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only	-
extended due date for C/O ROTHSTEIN KASS & COMPANY		
filing the return See City, town or post office, state, and ZIP code For a foreign address, see instructions		
Instructions NEW YORK, NY 10019		
Check type of return to be filed (File a separate application for each return)		7
Form 990 X Form 990-PF	Form 1041- A	Form 6069
Form 990-B L Form 990-T (sec. 401(a) or 408(a) tr ust)	Form 4720	J Form 8870
Form 990-EZ Form 990-T (trust other than above)	Form 5227	
STOP! Do not complete Part II if you were not already granted an automatic 3-m	nonth extension on a previously f	led Form 8868.
The books are in the care of ROBERT HOFFMAN		
Telephone No \triangleright 919 286-8607 FAX No. \triangleright 21	.2 220-5937	
 If the organization does not have an office or place of business in the United States, c 		▶□
 If this is for a Group Return, enter the organization's four digit Group Exemption Num 		
for the whole group, check this box	is box ▶ 🔛 and attach a	
list with the names and EINs of all members the extension is for		
4 I request an additional 3-month extension of time until 11/15/2010		
5 For calendar year 2009, or other tax year beginning	,and ending	
6 If this tax year is for less than 12 months, check reason Initial return		counting period
7 State in detail why you need the extension ADDITIONAL TIME IS REQU		
RECEIVE AND ANALYZE INFORMATION NECESSARY TO FILE A CO	OMPLETE AND	
ACCURATE TAX RETURN.		
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter	1 1	•
nonrefundable credits See instructions	8a S	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refunda	1 1	
tax payments made. Include any prior year overpayment allowed as a cre	· · ·	. 702
previously with Form 8868	8b S	782.
c Balance Due. Subtract line 8b from line 8a Include your payment with this fo		• 0
with FTD coupon or, if required, by using EFTPS(Electronic Federal Tax Paymer	· · · · · · · · · · · · · · · · · · ·	0.
Signature and Verificat Under penalties of periory, I declare that I have examined this form, including accompanying schedules		nowledge and helief
it is true, correct, and complete, and that I am authorized to prepare this form	s and statements, and to the best of my k	nowledge and belief,
Signature ▶ Title ▶	Date ▶	
ROTHSTEIN, KASS & COMPANY	Form	8868 (Rev 4-2009)
1350 AVENUE OF THE AMERICAS .		
NEW YORK, NY 10019		