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# Form 990 PF

Department of the Treasury

### **Return of Private Foundation**

or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

OMB No 1545-0052

		venue Service Note The Touring Hidy			TCturii to Sati	siy state rept		<del></del>
		idar year 2009, or tax year beginning DEC	<u>: 1,</u>	2009	, and e		NOV 30, 201	
G (	Check	all that apply: Initial return		Initial return of a f	•	harity	Final retur	n
		Amended return		Address chan	ige		Name change	
Use	the	IRS Name of foundation					A Employer identificatio	n number
1	abel							_
	erwi			<del></del>			20-718149	2
	print		elivered to	street address)		Room/suite	B Telephone number	
	r type Spe	U OLD TAKE KOAD					<u>203-655-4</u>	<u>358</u>
	ructio	one   City of town, state, and ZIP code					C If exemption application is	· <u></u>
		DARLEN, CT 06820			-		D 1 Foreign organization	is, check here
H (	_	type of organization: X Section 501(c)(3) ex					Foreign organizations m check here and attach or	omputation
<u> </u>		777		xable private found	ation		E If private foundation st	atus was terminated
			-	od: X Cash	Accr	ual	under section 507(b)(1	I)(A), check here 🕨 🗀
		Part II, col (c), line 16)	ther (spe	ecify)	<del></del>		F If the foundation is in a	
	\$	1492608. (Part I, colu	ımn (d)	must be on cash	basis.)		under section 507(b)(1	
Pa	<u>art l</u>	(The total of amounts in columns (b), (c), and (d) may not		) Revenue and		vestment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a) )	ext	enses per books	inco	onne	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	<u> </u>			<del></del>		
	2	Check X If the foundation is not required to attach Sch. B Interest on savings and temporary	<u> </u>	50005		<del></del>		
	3	cash investments		50397.		<u>50397.</u>		STATEMENT 1
	4	Dividends and interest from securities		19718.		<u>19718.</u>	19718	STATEMENT 2
	5a	Gross rents						<del> </del>
	b	Net rental income or (loss)	ļ	4.45550				-
ē	6a	Net gain or (loss) from sale of assets not on line 10	<u> </u>	<u>-147758.</u>			,	
Revenue	b	Gross sales price for all assets on line 6a 361827.	<u> </u>	<u> </u>			,	,
ě	7	Capital gain net income (from Part IV, line 2)		<del>.</del>		0.	77 / 7	
	8	Net short-term capital gain					N/A	,
	9	Income modifications Gross sales less returns						
	Ι.	and allowances					وهودي يا مواليد بهد سيد	
-		Less Cost of goods sold	<del> </del>				·	
		Gross profit or (loss)						<del> </del>
	1		<u> </u>	-77643.		70115.	70115	<del></del>
_	i –	Total. Add lines 1 through 11		<del>-77643.</del> 0.		70113. 0.	70113	
	13 14	Compensation of officers, directors, trustees, etc Other employee salaries and wages		0.		<u> </u>	<del> </del>	<u>,                                    </u>
						<u>-</u>		<del>-</del> -
တ္	15 Pension plans, employee benefits  16a Legal fees						<del>                                     </del>	<del>-</del> -
enses	ſ	Accounting fees STMT 3		2766.		2766.	0.	. 0
 Exp	1	Other professional fees STMT 4		112.		0.	0.	
₽ ₽	1	Interest		<u> </u>		<u> </u>		, 112
20%	1		<del>                                     </del>					
	19	Taxes Depreciation and depletion RECEIVED	\ <del>-  </del>				-	
、K 〗〗 Administr	20	Occupancy	SC	<del></del>				
ᅎᇶ	21	Travel, conferences, and meetings 0 6 2011		<del></del>				
APR and Adi	22	Printing and publications	88					
10	22	Other expenses	<u> </u>					<del>                                     </del>
i į	24	Total operating and administrative EN, U						<del></del>
NNEU perating	27	expenses. Add lines 13 through 23		2878.		2766.	0.	112
SCANNED Operating	25	Contributions, gifts, grants paid	<del></del>	49320.		2,00	1	. <u>112</u> 49320
Ş		Total expenses and disbursements.	<b>—</b>			·		+ + + 5520
<i>1</i> 3	-	Add lines 24 and 25		52198.		2766.	0	49432
	27	Subtract line 26 from line 12:	$\vdash$	· · · · ·	,			7
		Excess of revenue over expenses and disbursements	'	-129841.				
		Net investment income (if negative, enter -0-)				67349.	<del>                                     </del>	1
		Adjusted net income (if negative, enter -0-)					70115	
9235	01 2-10	LHA For Privacy Act and Paperwork Reduction	Act Not	ice, see the instruc	tions			Form <b>990-PF</b> (2009

•	22	Other liabilities (describe )		
	23	Total liabilities (add lines 17 through 22)	0.	0.
		Foundations that follow SFAS 117, check here		
		and complete lines 24 through 26 and lines 30 and 31.		
	24	Unrestricted		
	25	Temporarily restricted		
	26	Permanently restricted		
!		Foundations that do not follow SFAS 117, check here		
		and complete lines 27 through 31.		
i i	27	Capital stock, trust principal, or current funds	0.	0.
,	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.
!	29	Retained earnings, accumulated income, endowment, or other funds	1546368.	1418462.
	30	Total net assets or fund balances	1546368.	1418462.
•	1			
	31_	Total liabilities and net assets/fund balances	1546368.	1418462.

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
(must agree with end-of-year figure reported on prior year's return)	1	1546368
2 Enter amount from Part I, line 27a	2	-129841.
3 Other increases not included in line 2 (itemize) ► MISC PRIOR ADJUSTMEN	IT 3	1935
4 Add lines 1, 2, and 3	4	1418462.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1418462.

	ribe the kind(s) of pro rehouse; or common	operty sold (e.g	., real estate,	t income	( <b>b)</b> I	How a - Purc - Don	cquired hase ation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					-	-			
b SEE ATTACHED	STATEMEN	<u>T</u>		<del>- · · · · · · · · · · · · · · · · · · ·</del>					
C					+				
<u>d</u>	<del></del>	<del></del>			┼				-
<u>e</u>	/0 December	!!	(-) (2-		<del> </del>			(1) 0 (1	
(e) Gross sales price	(f) Depreciation (or allowa			st or other basis expense of sale				(h) Gain or (loss (e) plus (f) minus	
<u>a</u>									
<u>b</u>	<del> </del>								
C									
d 3.610.07				E00E6	<u>, -</u>				1 4 7 7 7 0
e 361827.	(1-)		41 - 6 4-1	50958	35.				-147758.
Complete only for assets showin			1				(I) col	Gains (Col. (h) gair (k), but not less tha	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted as of 12/3			cess of col. (I) col. (I), if any		Losses (from col. (h))			
a									
<b>b</b>									
C	<u></u>							_ <del>_</del>	
d									
e			<u> </u>	···					-147758.
2 Capital gain net income or (net ca	pital loss) { If	gain, also enter (loss), enter -0	r in Part I, line - in Part I, line	7 : 7	}	2			-147758.
3 Net short-term capital gain or (los	•				<i>_</i> [				
If gain, also enter in Part I, line 8,		1222(0) ui	ia (0).		)				
If (loss), enter -0- in Part I, line 8					Ĵ	3			1702.
Part V   Qualification U	nder Section 4	4940(e) for	Reduced	i Tax on Net	Inv	estn	nent Inc	ome	
(For optional use by domestic private	foundations subject	to the section	4940(a) tax or	net investment ir	ncome	⊋.)			N/A
			. ,			•			
If section 4940(d)(2) applies, leave th	is part biank.								
Was the foundation liable for the sect	on 4942 tax on the	distributable am	nount of any y	ear in the base pe	rıod?				Yes No
If "Yes," the foundation does not quali	fy under section 494	lO(e). Do not co	mplete this pa	art.					
1 Enter the appropriate amount in e					es.				
(a) Base period years		(b)	•		(c)			Dietri	(d) bution ratio
Base period years Calendar year (or tax year beginnir	na in) Adjuste	d qualifying dis	tributions	Net value of no			use assets	(col. (b) di	oution ratio vided by col. (c))
2008								1	, ,,,
2007									
2006									
2005									<del></del>
2004								<u> </u>	
2007	<del></del>			<del></del>				<del>-  </del>	·
2 Total of line 1, column (d)								2	
3 Average distribution ratio for the 5	-vear base period -	divide the total i	nn line 2 hv 5	or by the number	r of vo	are			
the foundation has been in exister	-		on mic 2 by 5,	or by the number	i di ya	ars		3	
the foundation has been in exister	ice ii iess tiiaii 5 yea	13						3	
4 Enter the net value of noncharitab	la-usa assats for 200	10 from Part Y	line 5					4	
4 Litter the net value of noncharitab	10-436 433613 101 200	JJ HUIIII AIL A,	IIIIG J					-	
5 Multiply line 4 by line 3								5	
6 Enter 1% of net investment incom	ne (1% of Part I, line	27b)						6	
		·							
7 Add lines 5 and 6								7	<u>-</u>
8 Enter qualifying distributions from	Part XII, line 4							_8	
If line 8 is equal to or greater than		x ın Part VI. line	1b, and com	plete that part usir	ng a 19	% tax	rate.		
See the Part VI instructions.	<u> </u>	,				_			
									orm 000-DE (2000)

_	1 990-PF (2009) CELLAR FAMILY FOUNDATION		·7181			Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	or 4948	<u>- see i</u>	nstru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	1	ļ			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here  and enter 1%	1			13	47.
	of Part I, line 27b		Ī			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
	Add lines 1 and 2	3			13	<u>47.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			13	47.
	Credits/Payments:					
	2009 estimated tax payments and 2008 overpayment credited to 2009	ļ				
	Exempt foreign organizations - tax withheld at source 6b		ļ			
	Tax paid with application for extension of time to file (Form 8868)					
	I Backup withholding erroneously withheld  6d					
	Total credits and payments. Add lines 6a through 6d	7	-			0.
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here X if Form 2220 is attached	8				29.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>▶</b> 9				76.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	1			, , ,
	Enter the amount of line 10 to be: Credited to 2010 estimated tax					
	art VII-A Statements Regarding Activities					
_	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inter	vene in	,		Yes	No
	any political campaign?			1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition	1)?		1b		X
•	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publi					
	distributed by the foundation in connection with the activities					
c	Did the foundation file Form 1120-POL for this year?			1c		x
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			"		
u	(1) On the foundation. $\blacktriangleright$ \$ (2) On foundation managers. $\blacktriangleright$ \$	0.				
۵	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	<u> </u>				
٠	managers. > \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		$\tilde{\mathbf{x}}$
_	If "Yes," attach a detailed description of the activities.		_			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporati	on. 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	х	
	o If "Yes," has it filed a tax return on Form 990-T for this year?			4b		X
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		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:					-
	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		x
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
	If "Yes," complete Part II, col. (c), and Part XV.					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) NONE					
	· · · · · · · · · · · · · · · · · · ·					
b	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for	calendar				
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X
			For	m <b>990</b>	-PF(	2009)

Pa	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		Ì	
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	_12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_X	
	Website address ► N/A			
14	The books are in care of ► MR. KURT CELLAR Telephone no. ► 203-65	<u>5 – 4</u>	<u>358</u>	
	Located at ▶ 8 OLD FARM ROAD, DARIEN, CT ZIP+4 ▶06	<u>820</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			Ш
_	and enter the amount of tax-exempt interest received or accrued during the year	<u>N</u>	<u>/A</u>	
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	· · · · · · · · · · · · · · · · · · ·		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<b> </b>	Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No		ŀ	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes X No			
	for the benefit or use of a disqualified person)?  (6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?  N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
_	before the first day of the tax year beginning in 2009?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			1
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	166 1		
	before 2009? Yes X No			'
	If "Yes," list the years <b>&gt;</b>			
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
	<u> </u>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
٠.	during the year?			
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	1		
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)  N/A	<sub>2</sub>		
4.	Form 4720, to determine if the foundation had excess business holdings in 2009)  N/A  Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b 4a		<u>x</u>
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	74		_ 42_
	had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	ł	х
		n <b>990</b>	-PF (	

orm 990-PF (2009) CELLAR FAMILY FOUNDATION			<u> 20-71814</u>	92	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					İ
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	, .,		es X No		
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indir			ł	
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		(**)		
509(a)(1), (2), or (3), or section 4940(d)(2)?			es 🗶 No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or i				1
the prevention of cruelty to children or animals?			es 🗶 No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		in Regulations	37 / 3		
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f					
expenditure responsibility for the grant?		I/A	es L No		,
If "Yes," attach the statement required by Regulations section 53.494				j	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		. <b>.</b>		
a personal benefit contract?		Y6	es 🗶 No	٥.	<b>.</b>
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		-	6b	X
If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax s	halter transaction?		es X No		
b If yes, did the foundation receive any proceeds or have any net income attribut			. –	7b	
Information About Officers Directors Truct		nagers. Highly		,,,	
Part VIII Paid Employees, and Contractors	,		•		
List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E	xpense nt, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allov	vances
CURT CELLAR	TRUSTEE				
OLD FARM ROAD					
ARIEN, CT 06820	10.00	0.	0.		0.
	-			ļ	
	<u> </u>				
<u> </u>	1				
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."	<u>                                     </u>		
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) E	xpense nt, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	accou	nt, other wances
NONE	across to promon				
	1				
	]				
				<u> </u>	
	<u> </u>	<u> </u>	<u> </u>	<u></u>	
otal number of other employees paid over \$50,000			<u> </u>	000 =	0
			Form	990-PI	F (2009)

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Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	lation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ent	ter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<u> </u>		
	_	
	<del> </del>	
T. 1		<b>▶</b> 0
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		
	hatral information and ha	<del></del>
List the foundation's four largest direct charitable activities during the tax year. Include relevant state number of organizations and other beneficiaries served, conferences convened, research papers pr	oduced, etc.	Expenses
1 N/A		<del>-</del>
1 24/12		
100		
2		
3		
4		
Det IV D.C. (D. D.L.L.)		
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year of	on lines 1 and 2	Amount
1 N/A	JI lilles I alid 2.	_ Amount
1N/A		
2		
2		
All other program-related investments. See instructions.		
3		

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndation	s, see instructions)
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	1436577.
b	Average of monthly cash balances	1b	26971.
С	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1463548.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1463548.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	21953.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1441595.
6	Minimum investment return. Enter 5% of line 5	6	72080.
P	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certai	n
1	Minimum investment return from Part X, line 6	1	72080.
2a	Tax on investment income for 2009 from Part VI, line 5		· · · · · · · · · · · · · · · · · · ·
b	Income tax for 2009. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	1347.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	70733.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	70733.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	70733.
P	art XII Qualifying Distributions (see 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	49432.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	~~~~	
a	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	49432.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	49432.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies	for the section
	4940(e) reduction of tax in those years.		

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				
line 7				70733.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only		! !	46904.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
<b>b</b> From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.	· · · · · · · · · · · · · · · · · · ·		
4 Qualifying distributions for 2009 from				
Part XII, line 4: ►\$ 49432.			46904.	
a Applied to 2008, but not more than line 2a	-	<del></del>	40304.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount	0.			2528.
e Remaining amount distributed out of corpus	0.			2320.
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			<u>-</u>
<b>b</b> Prior years' undistributed income. Subtract	ng 350-		, , , , , , , , , , , , , , , , , , , ,	
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				4444
be distributed in 2010				68205.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004	0			
not applied on line 5 or line 7	0.	<b></b>		
9 Excess distributions carryover to 2010	^			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2005 b Excess from 2006				
c Excess from 2007				
d Excess from 2007				
e Excess from 2009				
6 EV6099 ILOILI EOO9			<u> </u>	

	FAMILY FOUN				.81492 Page 10
Part XIV   Private Operating F	oundations (see in:	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2009, enter the date of t	he ruling .	<b>&gt;</b>		
<b>b</b> Check box to indicate whether the found	dation is a private operatir	g foundation described i	n section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c 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					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)	-		_		
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income				<del> </del>	
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or m	ore in assets
at any time during t				. ,	
Information Regarding Foundation     a List any managers of the foundation why ear (but only if they have contributed in NONE     b List any managers of the foundation who ther entity) of which the foundation ha	o have contributed more nore than \$5,000). (See s	ection 507(d)(2).)  e stock of a corporation (			
• ,	ou 1070 or grouter interes	, 4			
NONE	ion Orant Oid I -	Cabalaratin -4- 5			
2 Information Regarding Contribut Check here ► X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does r		
a The name, address, and telephone num	ber of the person to who	n applications should be	addressed:		
	•				
<b>b</b> The form in which applications should t	oe submitted and informa	tion and materials they sh	nould include:		
c Any submission deadlines: -					
d Any restrictions or limitations on award	s, such as by geographica	al areas, chantable fields,	kınds of ınstitutions, or o	other factors:	

recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
		:	
		:	
		:	
		:	
		:	
		1	
	_		
	T	<b>▶</b> 3a	49320
		<b>▶</b> 3b	C

Form 990-PF (2009) CELLAR FAMILY	FOUNDATIO	)N		20-	7181492 Page 12
Part XVI-A Analysis of Income-Pro	ducing Activitie	s			
Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		by section 512, 513, or 514	(e)
zinoi gi ose ameanta ameao ethormas maisatea.	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business	Amount	sion code	Amount	function income
a	0000				
b	_		<del>  -                                   </del>		<del> </del>
	1 1				
d					
e	1 1				
f				<del></del>	
g Fees and contracts from government agencies	-	· · · · · · · · · · · · · · · · · · ·			
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments	[				50397
4 Dividends and interest from securities	900001	19718.			
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					-147758
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					<del>-</del> -
a					
b					
C					
d					
e					-
12 Subtotal. Add columns (b), (d), and (e)		19718.		0.	-97361
13 Total Add line 12, columns (b), (d), and (e)				13	-77643
(See worksheet in line 13 instructions to verify calculations	.)				
Part XVI-B Relationship of Activitie	s to the Accom	nlishment of Ev	emnt D	urnoses	
Tield dolloring of Addivide		PHOMISTIC OF EX	ompt i	a. p. 5000	

Line No ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).	f
	· · · · · · · · · · · · · · · · · · ·	
	•	
923621 02-02-10	Form 9	<b>90-PF</b> (2009

	ait A	Exempt Organ		and mansactions at	id Relationships with Noncha	IIIIabit	<i>=</i>	
_	D.4 H	<del></del>			described in costion CO1(a) of	$\overline{}$	Yes	No
1		-	rectly engage in any of the follov		• •	-	163	140
			)(3) organizations) or in section		ations?			
ć		· -	ation to a noncharitable exempt	organization of:				
	(1) (					1a(1)		<u>X</u>
	(2)	Other assets				1a(2)		<u>X</u>
t	Other	transactions:						!
	(1) 5	Sales of assets to a noncharital	ble exempt organization			1b(1)		_ <u>X</u> _
	(2) F	Purchases of assets from a noi	ncharitable exempt organization			1b(2)		<u>X</u> _
	(3) F	Rental of facilities, equipment,	or other assets			1b(3)		Χ_
		Reimbursement arrangements				1b(4)		X
		oans or loan guarantees				1b(5)		X
			mbership or fundraising solicita	tions		1b(6)		X
			uling lists, other assets, or paid e			10		X
					ave chow the fair market value of the goods		otc	
(					ays show the fair market value of the goods, in any transaction or sharing arrangement, s		eis,	
			other assets, or services receive		in any dansaction of sharing arrangement,	)110 W III		
(a)	Line no	(b) Amount involved	(c) Name of noncharita		(d) Description of transfers, transactions, and	sharing an	rangeme	nts
(-)	- Line no	(b) randant intolled	N/A	<del></del>	(a) becampion of datalogs, databasens, and	Situring ar	шіденіс	-
			N/A	·				
		<u> </u>		_		<del></del>		
_								
				<u> </u>				
				·				
					-			
_								
_		=						
_								
_			<u></u>		<u> </u>			
22			tly affiliated with, or related to, o		itions described	_		,
		• • • • • • • • • • • • • • • • • • • •	r than section 501(c)(3)) or in se	ection 527?	L	Yes	X	No
1	If "Ye	s," complete the following sch						
_		(a) Name of org	anization	(b) Type of organization	(c) Description of relations	hib		
		N/A						
							-	
_								
_					<del>-</del>			
	Underp	enalties of perjury, I declare that I h	ave examined this return, including a	ccompanying schedules and statemen	nts, and to the best of my knowledge and belief, it is	true, corre	ct,	
	and cor	nplete Declaration of preparer (other	er than taxpayer or fiduciary) is based	on all information of which preparer h				
		Vust Colla	<b>)</b> _	14/1/11	Resident Truste	, e		
ø		gnature of officer or truster	<u>^</u>	0000	TENDENT   1 97 C			
Sign Here	V 0	· · //		<u>@ate</u>	te Check if Prepare	er's identify	una num	her
둞	o -	Preparer's	1/1/2/2/1011	Da	self	a sidentily	ying num	Del
ૹ૽ૼ	arer, Only	signature / How	p   Vulle CPB		2/14/11  employed ▶			
	Paid Preparer Use Only	Firm's name (or yours VALE		AS, P.C.	EIN ►			
	Pre Us	if self-employed), 3208		E UNIT 1B				
		address, and ZIP code HAMD			Phone no. 203-	<u> 288-</u>	204	0
_						rm <b>990</b>		

Department of the Treasury Internal Revenue Service

# **Power of Attorney** and Declaration of Representative

► Type or print. ► See the separate instructions

OMB No 1545-0150

For IRS Use Only

Received by

Name		
Telephone		

Part I Power of Attorney	Telephone	
Caution: Form 2848 will not be honored for any purpose other than represer	ntation before the IRS.	Function
1 Taxpayer information Taxpayer(s) must sign and date this form on page 2, line 9.		Date / /
Taxpayer name(s) and address		Employer identification number
		20-7181492
CELLAR FAMILY FOUNDATION		Plan number (if applicable)
8 OLD FARM ROAD	Daytime telephone number	
DARIEN, CT 06820	203-655-4358	<del></del>
hereby appoint(s) the following representative(s) as attorney(s)-in-fact		
2 Representative(s) must sign and date this form on page 2, Part II.	1005	004000
Name and address		-28498R
MILOVA C. T. VIA I DVMTATO CDA		03-288-2040
THOMAS J. VALENTINO, CPA		03-288-2029
3208 WHITNEY AVENUE	Check if new: Address Telep	phone No. Fax No.
HAMDEN, CT 06518		
Name and address	CAF No.	
	Telephone No.	•
	Fax No.	
	Check if new: Address Tele	phone No Fax No
Name and address	CAF No.	
	Telephone No.	
	Fax No.	
	Check if new: Address Telep	phone No. Fax No.
to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:		
3 Tax matters		<del></del>
Type of Tax (Income, Employment, Excise, etc.)	Tax Form Number	Year(s) or Period(s)
or Civil Penalty (see the instructions for line 3)	(1040, 941, 720, etc.) (see	e the instructions for line 3)
4 Specific use not recorded on Centralized Authorization File (CAF) If the power of attorney this how See the instructions for Line 4. Specific Uses Not Recorded as CAF	is for a specific use not recorded on CAF, ch	eck
this box. See the instructions for Line 4. Specific Uses Not Recorded on CAF  Age outborized. The representatives are authorized to receive and inspect confidential tax infer	program and to perform any and all sate that	t I (wa) oon porform with
5 Acts authorized. The representatives are authorized to receive and inspect confidential tax inforespect to the tax matters described on line 3, for example, the authority to sign any agreemen power to receive refund checks (see line 6 below), the power to substitute another representat or the power to execute a request for disclosure of tax returns or return information to a third   Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may Preparer on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the No. 230 (Circular 230). An enrolled retirement plan administrator may only represent taxpayer instructions for restrictions on tax matters partners. In most cases, the student practitioner's (under the supervision of another practitioner). List any specific additions or deletions to the acts otherwise authorized in this power of attorned.	its, consents, or other documents. The authorive, or additional representatives, the power party. See the line 5 instructions for more infonly represent taxpayers in limited situations he extent provided in section 10.3(d) of Treas to the extent provided in section 10.3(e) of (levels k and l) authority is limited (for exampley:	ority does not include the to sign certain returns, formation.  s. See Unenrolled Return sury Department Circular f Circular 230. See the line 5 ole, they may only practice
6 Receipt of refund checks If you want to authorize a representative named on line 2 to receive initial here and list the name of that representative below.	e, BUT NOT TO ENDORSE OR CASH, refund o	checks,
Name of representative to receive refund check(s)		

Form 2848 (Rev 5-2008)	<u> CELLAR FAMILY FOUR</u>	NDATION 20-7181	492 Page 2
7 Notices and cor	nmunications Original notices and other writ	ten communications will be sent to you and a copy to the first representative listed of	on line 2.
a If you also want	the second representative listed to receive a	copy of notices and communications, check this box	▶ □
b If you do not wa	nt any notices or communications sent to you	r representative(s), check this box	▶ □
8 Retention/revoc	ation of prior power(s) of attorney The filing	of this power of attorney automatically revokes all earlier	
power(s) of atto	rney on file with the Internal Revenue Service	for the same tax matters and years or periods covered by this	
document. If you	do not want to revoke a prior power of attor	ney, check here	▶ □
	ACH A COPY OF ANY POWER OF ATTORNEY		
9 Signature of tax	payer(s). If a tax matter concerns a joint retu	rn, <b>both</b> husband and wife must sign if joint representation is	
		orate officer, partner, guardian, tax matters partner, executor, receiver,	
		at I have the authority to execute this form on behalf of the taxpayer.	
► IF NOT SIGN	ED AND DATED, THIS POWER OF ATTORNEY	WILL BE RETURNED.	
11. 4	Ø DD		
FUN	10 cla	4/1/11 Trustee	
	Signature	Date Title (if applicab	ole)
13 5	Cellar 13		
人してす	Cellar 13	6 CELLAR FAMILY FOUNDATION	
		Number Print name of taxpayer from line 1 if other than indi	vidual
	Signature	Date Title (if applicab	ıle)
	Print Name PIN	Number	
	_ <del></del>	······································	
Part II Dec	laration of Representative		
Caution: Students v	with a special order to represent taxpave	rs in qualified Low Income Taxpayer Clinics or the Student Tax Clinic	
	nd I), see the instructions for Part II.		
Under penalties of per			
<ul> <li>I am not curren</li> </ul>	itly under suspension or disbarment from pra	ctice before the Internal Revenue Service;	
<ul> <li>I am aware of r</li> </ul>	egulations contained in Circular 230 (31 CFR,	Part 10), as amended, concerning the practice of attorneys, certified public account	ants,
enrolled agents	, enrolled actuaries, and others;		=
<ul> <li>I am authorized</li> </ul>	f to represent the taxpayer(s) identified in Par	l for the tax matter(s) specified there; and	
<ul> <li>I am one of the</li> </ul>	following:		
a Attorney -	a member in good standing of the bar of the l	nighest court of the jurisdiction shown below.	
b Certified P	ublic Accountant - duly qualified to practice as	s a certified public accountant in the jurisdiction shown below.	
c Enrolled A	gent - enrolled as an agent under the requiren	nents of Circular 230.	
d Officer - a	bona fide officer of the taxpayer's organization	1.	
e Full-Time (	Employee - a full-time employee of the taxpay	er.	
f Family Me	mber - a member of the taxpayer's immediate	family (for example, spouse, parent, child, brother, or sister).	
-		ard for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority	
to practice	before the Internal Revenue Service is limited	by section 10.3(d) of Circular 230).	
<b>h</b> Unenrolled	l Return Preparer - the authority to practice be	efore the Internal Revenue Service is limited by Circular 230, section 10.7(c)(1)(viii).	
You must	have prepared the return in question and the i	eturn must be under examination by the IRS. See Unenrolled Return Preparer	
on page 1	of the instructions.		
k Student At	torney - student who receives permission to p	practice before the IRS by virtue of their status as a law student under section 10.7(c	J) of Cırcular 230.
I Student C	PA - student who receives permission to prac	ice before the IRS by virtue of their status as a CPA student under section 10.7(d) o	f Cırcular 230.
r Enrolled R	etirement Plan Agent - enrolled as a retiremer	t plan agent under the requirements of Circular 230( the authority to practice before	the
Internal Re	evenue Service is limited by section 10.3(e)).		
► IF THIS DECLARA	TION OF REPRESENTATIVE IS NOT SIGNED A	ND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. See the Part II instru	ictions.
Designation - Insert	Jurisdiction (state) or	Signature	Date
above letter (a-r)	identification		
B	CONNECTICUT		

Part IV Capital Gains and Los	ses for Tax on Investment Income				
	describe the kind(s) of property solo		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a M & F WORLDWIDE	E CORP		P	12/31/07	01/05/10
b M & F WORLDWIDE			P	12/31/07	
c M & F WORLDWIDE			P	12/31/07	
d WELLS FARGO ADV	VANTAGE		P	01/08/10	04/01/10
e TRICO MARINE SI			P	10/19/07	
1 AMERICAN FUNDS	BOND FUND		P	07/29/09	06/29/10
g WELLS FARGO ADV	V ST BOND FUND		P	11/16/09	06/29/10
h AMERICAN FUNDS	BOND FUND		P	02/26/07	06/29/10
WELLS FARGO ADV	V ST BOND FUND		P	11/16/09	08/12/10
_ OPEN PROSHARES	AT YEAR END		P	10/18/10	
k ALLIANCE ONE IN	NTL, INC		P	10/19/07	<u>10/28/10</u>
m					
<u>n</u>					
0		···			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		) Gain or (loss) blus (f) minus (g)	
a 20450.		26999.			-6549.
b 20445.		26999.			-6554.
c 40540.		53997.			<u>-13457.</u>
d 104995.		104139.			856.
e 4275.		96769.			<u>-92494.</u>
f 890.		866.			24.
g 67927.		67250.			677.
h 22420.		24148. 9805.			-1728.
9950. 4415.		4415.			145. 0.
CEEOO		94198.			-28678.
k 6552U•		74170.			20070.
m					
n					
0					
Complete only for assets showing	g gain in column (h) and owned by t	he foundation on 12/31/69		sses (from col. (ħ))	_
(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		of col. (h) gain over iot less than "-0-")	col. (k),
a					-6549.
b					-6554.
С					-13457.
d			**		856.
е					<u>-92494.</u>
f			**		24.
g			**		677.
h					-1728.
1			**		145.
<u> </u>			**		0.
<u>K</u>					<u>-28678.</u>
<u> </u>	· · · · · · · · · · · · · · · · · · ·	<del></del>			<del></del>
m				<del>-</del>	
<u>n</u>					
0	<u></u>			<del></del>	
2 Capital gain net income or (net cap		_	2		-147758.
	s) as defined in sections 1222(5) an	d (6):			
If gain, also enter in Part I, line 8, of If (loss), enter "-0-" in Part I, line 8	column (c).	P			1702.
ii (1055), citter -U- III Fait i, iiile o			3		1/04.

FORM 990-PF INTEREST ON SAV	INGS AI	ND TEM	PORARY C	ASH II	NVESTMENTS	STATE	MENT	1
SOURCE						AM	OUNT	
INTERNAL REVENUE SERVICE UBS FINANCIAL SERVICES							5035	16. 51.
TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMN A				5039	97.
FORM 990-PF DIVIDENT	DS AND	INTER	EST FROM	SECUE	RITIES	STATE	MENT	2
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS		MN (A)	)
UBS FINANCIAL SERVICES	_		19718.		0.		1971	18.
TOTAL TO FM 990-PF, PART I, I	LN 4 =		19718.		0.		1971	18.
FORM 990-PF	ACC	COUNTI	NG FEES			STATE	MENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		(D) ARITAI URPOSI	
ACCOUNTING AND TAX SERVICES		2766.		2766.		0.		0.
TO FORM 990-PF, PG 1, LN 16B		2766.		2766.		0.		0.
FORM 990-PF (	OTHER 1	PROFES	SIONAL F	EES		STATE	MENT	4
DESCRIPTION	EXPE	A) NSES BOOKS		EST-	(C) ADJUSTED NET INCOM		(D) ARITAI URPOSI	_
OFFICE EXPENSES		112.		0.		0.	11	L2.
TO FORM 990-PF, PG 1, LN 16C		112.		0.		0.	11	L2.
			: <del></del>					=

FORM 990-PF U.S. AND STATE/O	CITY GOV	ERNMENT	OBLIGATIONS	STATEMENT	5
DESCRIPTION	U.S. GOV'T		BOOK VALUE	FAIR MARKE	r
US GOVT. OBLIGATIONS/MUTUAL FUNDS	X		266329.	2425	83.
TOTAL U.S. GOVERNMENT OBLIGATIONS		•	266329.	2425	83.
TOTAL STATE AND MUNICIPAL GOVERNMEN	NT OBLIG	ATIONS			
TOTAL TO FORM 990-PF, PART II, LINE	E 10A	=	266329.	2425	83.
FORM 990-PF COI	RPORATE	STOCK		STATEMENT	6
DESCRIPTION			BOOK VALUE	FAIR MARKE	r
CORPORATE STOCK		-	490797.	3983	68.
TOTAL TO FORM 990-PF, PART II, LINE	E 10B	-	490797.	3983	68.
FORM 990-PF COR	RPORATE	BONDS		STATEMENT	7
DESCRIPTION		-	BOOK VALUE	FAIR MARKE	r
CORPORATE BONDS		-	566192.	7565	13.
TOTAL TO FORM 990-PF, PART II, LINE	E 10C	-	566192.	7565	13.
		=			

	AND CONTRIBUTIONS DURING THE YEAR	STATI	EMENT 8
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
COMMUNITY FUND DARIEN 701 POST ROAD DARIEN, CT 06820	NO RELATIONSHIP PROMOTION OF STRATEGIC AND FINANCIAL LEADERSHIP SERV	EXEMPT ORGANIZATI	7500.
DARIEN POLICE ASSOCIATION 25 HECKER AVENUE NORWALK, CT 06820	NO RELATIONSHIP LOCAL LAW ENFORCEMENT SERVICE	EXEMPT ORGANIZATI	350.
PHI BETA CAPA 1606 NEW HAMPSHIRE AVE NW WASHINGTON, DC 20009	NO RELATIONSHIP CELEBRATE AND ADVOCATE EXCELLENCE IN LIBERAL ARTS ST		2500.
THE UCLA FOUNDATION 10920 WILSHIRE BLVD STE 900 LOS ANGELES, CA 90024-6519		EXEMPT ORGANIZATI	2500.
WORLD VISION PO BOX 9716 DEPT.W FEDERAL WAY, WA 98063	NO RELATIONSHIP COMMUNITY DEVELOPMENT AND DISASTER RELIEF		10770.
EZER MIZION 1281 49TH STREET BROOKLYN, NY 11219		EXEMPT ORGANIZATI	5000.
NATIONAL MS SOCIETY PO BOX 4527 NEW YORK, NY 10163		EXEMPT ORGANIZATI	2500.
PAN MASS CHALLENGE 77 4TH AVENUE NEEDHAM, MA 02494		EXEMPT ORGANIZATI	250.

CETTAD	EXMITTE	FOUNDATION
CELLAR	LWMIT	LOUNDATION

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CDDDING TIMEDED TOOMDATION		20	7101472
	TO SUPPORT ORGANIZATION RESPONSE TO INTERNATIONAL CRISES	ORGANIZATI	
WATER.ORG 920 MAIN STREET SUITE 1800 KANSAS CITY, MO 64105	NO RELATIONSHIP TO PROVIDE SAFE DRINKING WATER AND SANITATION TO DEVELOPING COUNTRIES	EXEMPT ORGANIZATI	5000.
FIRST GIVING-ALS HOPE FOUNDATION 219 NORTH BROAD STREET 7TH FLOOR PHILADELPHIA, PA 19107	GENERAL GRANT FOR ALS		500.
ADAPTIVE SPORTS CENTER PO BOX 1639 CRESTED BUTTE, CO 81224	NO RELATIONSHIP TO PROVIDE LIFE ENHANCING ACTIVITIES FOR DISABLED PEOPLE AND THEIR FAMILIES	EXEMPT ORGANIZATI	5000.
TPTO 7 OLD FARM ROAD DARIEN, CT 06820	NO RELATIONSHIP PROVIDE GENERAL SUPPORT FOR THE TOKENEKE SCHOOL PARENTS ORGANIZATION	EXEMPT ORGANIZATI	650.
FOOD BANK OF LOWER FAIRFIELD COUNTY 461 GLENBROOK ROAD STAMFORD, CT 06906	TO SUPPORT THE HUNGER	ORGANIZATI	
YMCA DARIEN 2420 POST ROAD DARIEN, CT 06820	NO RELATIONSHIP TO SUPPORT THE CHRISTIAN PRINCIPLES OF HEALTHY MIND, BODY AND SPIRIT	EXEMPT ORGANIZATI	100.
SPECIAL OLYMPICS 1133 19TH STREET NW WASHINGTON, DC 20036	NO RELATIONSHIP TO SUPPORT THE ORGANIZATION HELP HANDCAPPED PEOPLE COMPETE IN SPORTS	EXEMPT ORGANIZATI	100.
CHARITY CHECKS 30473 MULHOLLAND HWY #64 AGOURA HILLS, CA 91301	NO RELATIONSHIP TO PROMOTE GIVING THROUGH CHECKS TO BE USED BY IRS RECOGNIZED CHARITIES	EXEMPT ORGANIZATI	5000.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A	-	49320.

# FORM 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying Number		
CELLAR FAMILY FOUNDATION 20-71					81492	
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty	
Date	Amount	-0-	Baidlice Due	Penalty Nate		
04/15/10	247.	247.	30	.000109589		
05/15/10	246.	493.	92	.000109589		
08/15/10	247.	740.	92	.000109589		
11/15/10	246.	986.	151	.000109589	1	
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nalty Due (Sum of Colum	n F).				2	

<sup>\*</sup> Date of estimated tax payment, withholding credit date or installment due date.