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Form **990-PF**

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

OMB No 1545-0052

**2009**Department of the Treasury  
Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning , and ending

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return  
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation <b>THE ROTHBERT FUND, INC</b>		A Employer identification number <b>13-6162570</b>
	Number and street (or P O box number if mail is not delivered to street address) Room/suite <b>475 RIVERSIDE DRIVE 1830</b>		B Telephone number (see page 10 of the instructions)
	City or town, state, and ZIP code <b>NEW YORK NY 10115</b>		C If exemption application is pending, check here <input type="checkbox"/>
			D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$ 4,277,413</b>		J Accounting method <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other (specify) <b>MODIFIED CASH</b>	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

## Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>				
1 Contributions, gifts, grants, etc., received (attach schedule)	1,935			
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	5,840	5,840		
4 Dividends and interest from securities	130,315	129,785		
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10 <b>STMT 1</b>	-29,241			
b Gross sales price for all assets on line 6a <b>465,272</b>				
7 Capital gain net income (from Part IV, line 2)		0		
8 Net short-term capital gain			0	
9 Income modifications				
10a Gross sales less returns & allowances				
b Less Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	108,849	135,625	0	
<b>Operating and Administrative Expenses</b>				
13 Compensation of officers, directors, trustees, etc				
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)				
b Accounting fees (attach schedule) <b>STMT 2</b>	6,200	2,067		4,133
c Other professional fees (attach schedule) <b>STMT 3</b>	13,129	13,129		
17 Interest				
18 Taxes (attach schedule) (see page 14 of the instructions) <b>STMT 4</b>	1,968	768		
19 Depreciation (attach schedule) and depletion				
20 Occupancy	9,201			9,201
21 Travel, conferences, and meetings	412			412
22 Printing and publications				
23 Other expenses (att sch) <b>STMT 5</b>	44,469			44,469
24 Total operating and administrative expenses. Add lines 13 through 23	75,379	15,964		58,215
25 Contributions, gifts, grants paid	148,946			148,946
26 Total expenses and disbursements. Add lines 24 and 25	224,325	15,964	0	207,161
27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements	-115,476			
b Net investment income (if negative, enter -0-)		119,661		
c Adjusted net income (if negative, enter -0-)			0	

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

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<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	<b>496,383</b>	<b>134,213</b>	<b>134,213</b>
	3 Accounts receivable ▶ Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶ Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions)			
	7 Other notes and loans receivable (att schedule) ▶ Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	<b>8,333</b>	<b>4,091</b>	<b>4,091</b>
	10a Investments—U S and state government obligations (attach schedule) <b>STMT 6</b>	<b>201,397</b>	<b>201,397</b>	<b>221,500</b>
	b Investments—corporate stock (attach schedule) <b>SEE STMT 7</b>	<b>2,031,766</b>	<b>2,173,028</b>	<b>2,621,860</b>
	c Investments—corporate bonds (attach schedule) <b>SEE STMT 8</b>	<b>1,142,633</b>	<b>1,252,307</b>	<b>1,295,749</b>
	11 Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach sch) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ Less accumulated depreciation (attach sch) ▶			
	15 Other assets (describe ▶ )			
	16 <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	<b>3,880,512</b>	<b>3,765,036</b>	<b>4,277,413</b>
<b>Liabilities</b>	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ <b>SEE STATEMENT 9</b> )			
	23 <b>Total liabilities</b> (add lines 17 through 22)	<b>0</b>	<b>0</b>	
<b>Net Assets or Fund Balances</b>	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	<b>3,850,112</b>	<b>3,730,525</b>	
	25 Temporarily restricted	<b>30,400</b>	<b>34,511</b>	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 <b>Total net assets or fund balances</b> (see page 17 of the instructions)	<b>3,880,512</b>	<b>3,765,036</b>	
	31 <b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions)	<b>3,880,512</b>	<b>3,765,036</b>	

**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	<b>3,880,512</b>
2 Enter amount from Part I, line 27a	2	<b>-115,476</b>
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3	4	<b>3,765,036</b>
5 Decreases not included in line 2 (itemize) ▶	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	<b>3,765,036</b>

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b>	<b>N/A</b>			
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

<b>2</b> Capital gain net income or (net capital loss)	<div style="border: 1px solid black; padding: 2px;">           If gain, also enter in Part I, line 7            If (loss), enter -0- in Part I, line 7         </div>	<b>2</b>	
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8		<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year, see page 18 of the instructions before making 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 ratio (col. (b) divided by col. (c))
2008	221,914	4,757,862	0.046642
2007	216,835	5,180,857	0.041853
2006	216,635	4,741,200	0.045692
2005	249,051	4,588,090	0.054282
2004	231,285	4,472,267	0.051715

  

<b>2</b> Total of line 1, column (d)	<b>2</b>	0.240184
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0.048037
<b>4</b> Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	<b>4</b>	3,881,892
<b>5</b> Multiply line 4 by line 3	<b>5</b>	186,474
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	1,197
<b>7</b> Add lines 5 and 6	<b>7</b>	187,671
<b>8</b> Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.	<b>8</b>	207,161

**Part VI Excise Tax Based on Investment Income** (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	<b>1</b>	<b>1,197</b>
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	<b>0</b>
<b>3</b>	Add lines 1 and 2	<b>3</b>	<b>1,197</b>
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	<b>0</b>
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>	<b>1,197</b>
<b>6</b>	<b>Credits/Payments</b>		
<b>a</b>	2009 estimated tax payments and 2008 overpayment credited to 2009	<b>6a</b>	<b>2,172</b>
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d	<b>7</b>	<b>2,172</b>
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	<b>10</b>	<b>975</b>
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2010 estimated tax</b> <b>975</b> <b>Refunded</b>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		<b>X</b>
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		<b>X</b>
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		<b>X</b>
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <b>\$</b> _____ (2) On foundation managers <b>\$</b> _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>\$</b> _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		<b>X</b>
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		<b>X</b>
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		<b>X</b>
<b>6</b> 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?	<b>X</b>	
<b>7</b> 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	<b>X</b>	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <b>NY</b>		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	<b>X</b>	
<b>9</b> 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		<b>X</b>
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		<b>X</b>

**Part 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 section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		<b>X</b>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		<b>X</b>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <b>ROTHBERTFUND.ORG</b>	13	<b>X</b>	
14	The books are in care of ► <b>CORPORATION</b> <b>475 RIVERSIDE DRIVE</b> Located at ► <b>NEW YORK, NY</b>	Telephone no ► <b>212-870-3206</b> ZIP+4 ► <b>10115</b>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year	► <b>15</b>   <input type="checkbox"/>		

**Part 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.

		Yes	No
<b>1a</b>	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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(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)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(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 )	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	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)? Organizations relying on a current notice regarding disaster assistance check here	<b>N/A</b>   <b>1b</b>	
<b>c</b>	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?	<b>N/A</b>   <b>1c</b>	
<b>2</b>	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))		
<b>a</b>	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 before 2009? If "Yes," list the years ► 20 , 20 , 20 , 20	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</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) to all years listed, answer "No" and attach statement—see page 20 of the instructions )	<b>N/A</b>   <b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20 , 20 , 20 , 20		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009 )	<b>N/A</b>   <b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		<b>X</b>
<b>b</b>	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?		<b>X</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

<p><b>5a</b> During the year did the foundation pay or incur any amount to</p> <p>(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?</p> <p>(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?</p> <p>(3) Provide a grant to an individual for travel, study, or other similar purposes?</p> <p>(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions)</p> <p>(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?</p> <p><b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here</p> <p><b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d)</p> <p><b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p> <p><b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870</p> <p><b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?</p> <p><b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N/A</b> <input type="checkbox"/> <b>5b</b></p> <p><b>N/A</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N/A</b> <input type="checkbox"/> <b>7b</b></p>	<p><b>5b</b></p> <p><b>6b</b></p> <p><b>7b</b></p>	<p><b>X</b></p>
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**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 10				

**2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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



**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)****3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

**Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1 N/A	
2	
All other program-related investments. See page 24 of the instructions.	
3	
Total. Add lines 1 through 3	



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	3,544,748
b	Average of monthly cash balances	1b	391,442
c	Fair market value of all other assets (see page 24 of the instructions)	1c	4,817
d	<b>Total</b> (add lines 1a, b, and c)	1d	3,941,007
e	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	3,941,007
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of the instructions)	4	59,115
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,881,892
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	194,095

**Part XI Distributable Amount** (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	194,095
2a	Tax on investment income for 2009 from Part VI, line 5	2a	1,197
b	Income tax for 2009 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	1,197
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	192,898
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	192,898
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	192,898

**Part XII Qualifying Distributions** (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	207,161
b	Program-related investments—total from Part IX-B	1b	
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	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	207,161
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	1,197
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	205,964

**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.

**Part XIII Undistributed Income** (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
<b>1</b> Distributable amount for 2009 from Part XI, line 7				<b>192,898</b>
<b>2</b> Undistributed income, if any, as of the end of 2009				
<b>a</b> Enter amount for 2008 only			<b>152,197</b>	
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2009				
<b>a</b> From 2004				
<b>b</b> From 2005				
<b>c</b> From 2006				
<b>d</b> From 2007				
<b>e</b> From 2008				
<b>f</b> Total of lines 3a through e				
<b>4</b> Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ <b>207,161</b>				
<b>a</b> Applied to 2008, but not more than line 2a			<b>152,197</b>	
<b>b</b> Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
<b>c</b> Treated as distributions out of corpus (Election required—see page 26 of the instructions)				
<b>d</b> Applied to 2009 distributable amount				<b>54,964</b>
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b				
<b>c</b> 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				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions				
<b>e</b> Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions				
<b>f</b> Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				<b>137,934</b>
<b>7</b> 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)				
<b>8</b> Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)				
<b>9</b> Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2005				
<b>b</b> Excess from 2006				
<b>c</b> Excess from 2007				
<b>d</b> Excess from 2008				
<b>e</b> Excess from 2009				

**Part XIV Private Operating Foundations** (see page 27 of the instructions and Part VII-A, question 9)

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling					
<b>b</b> Check box to indicate whether the foundation is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed  <b>b</b> 85% of line 2a <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities <b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c  <b>3</b> Complete 3a, b, or c for the alternative test relied upon <b>a</b> "Assets" alternative test—enter <b>(1)</b> Value of all assets <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) <b>b</b> "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed <b>c</b> "Support" alternative test—enter <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) <b>(3)</b> Largest amount of support from an exempt organization <b>(4)</b> Gross investment income	<b>Tax year</b>	<b>Prior 3 years</b>			<b>(e) Total</b>
	<b>(a) 2009</b>	<b>(b) 2008</b>	<b>(c) 2007</b>	<b>(d) 2006</b>	

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see page 28 of the instructions.)

<b>1 Information Regarding Foundation Managers:</b> <b>a</b> List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) ) <b>N/A</b>	
<b>b</b> List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest <b>N/A</b>	
<b>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b> Check here <input type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.	
<b>a</b> The name, address, and telephone number of the person to whom applications should be addressed <b>THE ROTHBERT FUND 212-870-3116</b> <b>475 RIVERSIDE DR NEW YORK NY 10115-0252</b>	
<b>b</b> The form in which applications should be submitted and information and materials they should include <b>PLEASE SEE APPLICATION FORM ATTACHED</b>	
<b>c</b> Any submission deadlines <b>FEBRUARY 1. PLEASE SEE ATTACHED APPLICATION FORMS</b>	
<b>d</b> Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors <b>SEE STATEMENT 11</b>	

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Grants and Contributions Paid During the Year or Approved for Future Payment		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Recipient					
Name and address (home or business)					
a Paid during the year					
SCHEDULE ATTACHED					150,000
PARTIAL REFUND OF GRANT					-1,054





The Roothbert Fund, Inc.

undergraduates on grant, 2009-2010:

Denise Arreola Office of the Bursar University of Delaware 116 Hulliben Hull Newark, DE 19716-6210	\$3,000
Nathaniel E. Blood-Patterson Office of the Bursar Haverford College 370 Lancaster Ave. Haverford, PA 19041-1392	\$3,000
Sheli R. Chabon Office of the Bursar Dartmouth College Hanover, NH 03755	\$2,000
Micah J. Colston Office of the Bursar University of Maryland Mitchell Building College Park, MD 20742-5235	\$3,000
Cierra R. Cotton Office of the Bursar Fordham University Leon Lowenstein Building, room 214 113 West 60 <sup>th</sup> Street New York, NY 10023	\$3,000
Claire K. Geruson Office of the Bursar Boston College 140 Commonwealth Ave. Chestnut Hill, MA 02467-3809	\$3,000
Julian D. Glover Office of the Bursar University of Miami Location 20 P. O. Box 025551 Miami, FL 33103-5551	\$3,500

Rafael Y. Grinberg Office of the Bursar Princeton University Box 591 220 West College Princeton, NJ 08542	\$3,000
Sonya B. Guerra Office of the Bursar James Madison University Harrisonburg, VA 22807	\$3,000
Bekinwari O. Idoniboye Outside Scholarship Office University of Pennsylvania 140 Franklin Building 3451 Walnut Street Philadelphia, PA 19104-6270	\$3,000
Yazmin A. Khan Student Financial Services University of Connecticut 233 Glenbrook Road, Unit 4116 Storrs, CT 06269-4116	\$3,000
Monica C. Koshmider Office of Student Financial Aid The Ohio State University P. O. Box 183029 Columbus, OH 43218-3029	\$3,000
Ramya Kumar Office of Financial Assistance Boston University 881 Commonwealth Avenue Boston, MA 02215	\$2,500
Noelle R. Lattimore Office of the Bursar New York University 7 East 12 <sup>th</sup> Street, 7 <sup>th</sup> floor New York, NY 10003-4475	\$3,000
Michelle Y. Lu Outside Scholarship Office	\$3,000



University of Pennsylvania  
140 Franklin Building  
3451 Walnut Street  
Philadelphia, PA 19104-6270

Elijah Q. Mercer	\$2,000
Office of the Bursar	
American University	
4400 Massachusetts Ave., N. W.	
Washington, DC 20016-8001	

Mehreen Merchant	\$3,000
Office of Student Financial Services	
Johns Hopkins University	
146 Garland Hall	
3400 N. Charles Street	
Baltimore, MD 21218-2683	

Neeraj Nandan	\$3,000
Office of Undergraduate Admissions	
Virginia Polytechnic Institute and State University	
201 Burruss Hall	
Blacksburg, VA 24051	

Darryll M. A. Oliver	\$3,000
Outside Scholarship Office	
University of Pennsylvania	
140 Franklin Building	
3451 Walnut Street	
Philadelphia, PA 19104-6270	

Lusdymer H. Pichardo	\$3,000
Student Financial Services	
Yale University	
P. O. Box 208288	
New Haven, CT 06520-8288	

Ivan I. Plis	\$3,000
Office of Student Financial Services	
Georgetown University	
G-19 Healy Hall	
P. O. Box 571252	
Washington, DC 20057-1252	

Alyssa C. Ramos-Reynoso Office of the Bursar Arcadia University 450 South Easton Road Glenside, PA 19038	\$3,000
Laura C. Schaffer Office of Financial Aid University of Notre Dame 115 Main Building Notre Dame, IN 46556	\$3,000
James A. Stinson, III Office of the Bursar University of Michigan 2500 Student Activities Building 515 East Jefferson Street Ann Arbor, MI 48109-1316	\$3,000
Michael T. Sullivan Office of the Bursar The Pennsylvania State University 103 Shields Building University Park, PA 16802	\$3,000
Ngoc-Tran Vu Cashier's Office Brown University P. O. Box 1839 Providence, RI 02912	\$2,000
Brandon C. Walker The Business Office Hampton University Hampton, VA 23668	\$3,000
Dian Yu Student Receivables Office Harvard University 556 Holyoke Center 1350 Massachusetts Avenue Cambridge, MA 02138	\$3,000

Graduate students on grant, 2009-2010:

Za'id Ali	\$1,500
Office of the Bursar	
Mercy College	
555 Broadway	
Dobbs Ferry, NY 10522	
Anita Asiaii	\$3,000
Office of the Bursar	
Brown University	
Box 1839	
164 Angell Street	
Providence, RI 02912	
Jason T. Buhle	\$3,000
Office of Financial Aid	
Columbia University	
100 Hamilton Hall, MC 2802	
1130 Amsterdam Avenue	
New York, NY 10027	
Andrew R. Fallon	\$3,000
Office of the Bursar	
Wesley Theological Seminary	
4500 Massachusetts Ave., N. W.	
Washington, DC 20016	
Simmie L. Foster	\$3,000
Student Finance and Administration	
Yale University School of Medicine	
P. O. Box 208232	
New Haven, CT 06520-8232	
Chris K. Garrecht-Williams	\$3,000
Cashier's Office	
Columbia University	
210 Kent Hall	
1140 Amsterdam Ave.	
New York, NY 10027	
Dawn X. Henderson	\$3,000
Office of Financial Aid	
North Carolina State University	
Raleigh, NC 27695	

Nasheed M. Hossain	\$3,000
Office of Financial Aid	
Case Western Reserve University	
School of Medicine	
10900 Euclid Ave., Room T-303	
Cleveland, OH 44106-4920	
Karen E. Kang	\$3,000
Office of the Bursar	
School of Visual Arts	
209 East 23 <sup>rd</sup> Street	
New York, NY 10010-3994	
Lamia Y. Khan	\$3,000
Office of Financial Aid	
Alpert Medical School of Brown University	
Box G-A213	
97 Waterman Street	
Providence, RI 02912-9706	
Melissa A. Latigo	\$3,000
Office of the Bursar	
Case Western Reserve University	
10900 Euclid Avenue	
Cleveland, OH 44106-7043	
Syed S. Mahmood	\$3,000
Office of the Bursar	
Case Western Reserve University	
School of Medicine	
10900 Euclid Avenue	
Cleveland, OH 44106-4920	
Jeninne S. McNeill	\$1,500
Office of Student Accounts	
Hofstra University	
205 Memorial Hall	
126 Hofstra University	
Helpstead, NY 11549-1260	
G. Sherman H. Morrison	\$3,000
Office of the Bursar	
Antioch University	
150 East South College Street	
Yellow Springs, OH 45387	

Soojin S. Oh	\$3,000
Financial Aid Office Harvard Graduate School of Education 13 Appian Way Cambridge, MA 02138	
Elizabeth L. Redley	\$3,000
Office of the Bursar Salen State College 352 Lafayette Street Salem, MA 01970-5353	
Apryl N. Martin	\$3,000
Office of Student Financial Planning Georgetown University School of Medicine Butler Annex, room 6 P. O. Box 571424 Washington, DC. 20057-1424	
Stella I. Rubina	\$3,000
Office of the Bursar New York College of Osteopathic Medicine Northern Boulevard Old Westbury, NY 11568-8000	
Elizabeth A. Theoharis	\$3,000
Office of the Bursar Union Theological Seminary 3041 Broadway New York, NY 10027	
Vijay R. Varma	\$3,000
Office of the Bursar Bloomberg School of Public Health Johns Hopkins University 615 N. Wolfe Street Baltimore, MD 21205-2179	
Brent G. Was	\$3,000
Office of the Bursar Episcopal Divinity School 99 Brattle Street Cambridge, MA 02138	
Gerald L. Williams	\$3,000
Harvard Summer School	

Student Financial Services  
51 Brattle Street  
Cambridge, MA 02138-3722

Anastassia G. Zinke	\$3,000
Office of the Bursar	
Union Theological Seminary	
3041 Broadway	
New York, NY 10027	

D. Andrew Zirschky	\$3,000
Office of the Bursar	
Princeton Theological Seminary	
P. O. Box 821	
Princeton, NJ 08540-0803	

Less: partial refund of grant paid in 2006 to Lehman College	(\$1,054)
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Total	\$148,946
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## Federal Statements

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

Whom Sold	Description	Date Acquired	Date Sold	How Received		Cost	Expense	Depreciation	Net Gain / Loss
				Sale Price					
PUBLICALLY TRADED SECURITIES				PURCHASE					
	VARIOUS			\$ 465,272	\$	494,513	\$	\$	-29,241
TOTAL				\$ 465,272	\$	494,513	\$ 0	\$ 0	\$ -29,241

Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
TAX PREPARATION & AUDITING	\$ 6,200	\$ 2,067	\$	\$ 4,133
TOTAL	\$ 6,200	\$ 2,067	\$ 0	\$ 4,133

Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
INVESTMENT MANAGEMENT FEES	\$ 13,129	\$ 13,129	\$	\$
TOTAL	\$ 13,129	\$ 13,129	\$ 0	\$ 0

Statement 4 - Form 990-PF, Part I, Line 18 - Taxes

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
FOREIGN TAX W/H ON DIVIDENDS	\$ 768	\$ 768	\$	\$
EXCISE TAX - 2009	1,200			
TOTAL	\$ 1,968	\$ 768	\$ 0	\$ 0

## Federal Statements

## Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES				
NYS DEPT OF LAW - FILING FEE	250			250
OFFICE SUPPLIES AND EXPENSES	1,262			1,262
OFFICE MANAGMNT & BOOKKEEPING	21,890			21,890
WEBSITE	1,066			1,066
POSTAGE	1,240			1,240
TELEPHONE	1,307			1,307
INSURANCE	503			503
AMORTIZATION OF FIT-UP EXPENS	3,042			3,042
FELLOWSHIP PROGRAM	8,909			8,909
FEES	5,000			5,000
TOTAL	\$ 44,469	\$ 0	\$ 0	\$ 44,469



**Federal Statements****Statement 6 - Form 990-PF, Part II, Line 10a - US and State Government Investments**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>	<u>Fair Market Value</u>
UST NOTES	\$ 201,397	\$ 201,397	Cost	\$ 221,500
Total	\$ 201,397	\$ 201,397		\$ 221,500

**Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>	<u>Fair Market Value</u>
AMERICAN CAPITAL LTD	\$ 12,855	\$	Cost	\$
BAXTER INTERNATIONAL INC	32,239	61,607	Cost	117,360
BERKSHIRE HATHAWAY INC	50,360	50,360	Cost	65,720
BRISTOL MYERS SQUIBB	77,787	77,787	Cost	40,400
CITIGROUP	82,401	61,801	Cost	4,965
COMCAST CORP	40,272	40,272	Cost	12,662
CVS CAREMARK CORPORATION	14,525	14,525	Cost	16,105
DANAHER CORP	96,057	144,089	Cost	150,400
DOW CHEMICAL	23,610	23,610	Cost	27,630
GOLDMAN SACHS	91,433	91,433	Cost	168,840
HEARTLAND EXPRESS INC	57,359	57,359	Cost	86,520
HONEYWELL INTERNATIONAL	33,614	33,614	Cost	117,600
IBM	107,623	107,623	Cost	130,900
INTEL CORP	113,613	113,613	Cost	81,600
ISHARES TR MSCI EMERGING MARKETS		41,552	Cost	41,500
JACOBS ENGINEERING GROUP	78,645	78,645	Cost	131,635
JOHNSON & JOHNSON	49,260	49,260	Cost	64,410
KHD HUMBOLDT WEDAG INTERNATIONAL	26,468		Cost	
KNIGHT TRANSPORTATION	20,923	20,923	Cost	48,225
MNATECH INTERNATIONAL CORP		36,635	Cost	48,340

**Federal Statements****Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments (continued)**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>	<u>Fair Market Value</u>
MEDTRONIC INC	\$ 98,487	\$ 98,487	Cost	\$ 118,746
MOOG INC	108,043	108,043	Cost	87,690
NUCOR CORP		48,383	Cost	46,650
ORACLE CORPORATION	76,875	76,875	Cost	49,060
PEOPLES UTD FINANCIAL	58,288	58,288	Cost	101,653
PFIZER INC	73,120	73,120	Cost	36,380
PROCTER & GAMBLE	32,275	60,136	Cost	60,630
RIO TINTO	71,507	71,507	Cost	150,773
ROYAL DUTCH SHELL	30,272	30,272	Cost	90,165
RTI INTERNATIONAL METALS	104,415	104,415	Cost	50,340
THERMO FISHER SCIENTIFIC	54,840	54,840	Cost	71,535
UNITED HEALTH GROUP	90,098		Cost	
UNITED PARCEL SERVICE	58,924	58,924	Cost	57,370
UNITED TECHNOLOGIES CORP	89,321	89,321	Cost	194,348
WABTEC CORP	76,257	76,257	Cost	81,680
CICSO SYSTEMS		24,482	Cost	23,940
CLIFFS NATURAL RESOURCES		34,970	Cost	46,088
Total	\$ <u>2,031,766</u>	\$ <u>2,173,028</u>		\$ <u>2,621,860</u>

**Statement 8 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>	<u>Fair Market Value</u>
ALLERGAN INC	\$ 99,650	\$ 99,650	Cost	\$ 107,835
AT&T CORP	50,250	50,250	Cost	55,054
CATERPILLAR FINANCIAL SE	100,000	100,000	Cost	104,029
CONSOLIDATED EDISON	49,750	49,750	Cost	52,731

13-6162570

**Federal Statements**

FYE: 12/31/2009

**Statement 8 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments (continued)**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>	<u>Fair Market Value</u>
DUKE CAPITAL CORP	\$ 101,000	\$	Cost	\$
FEDERAL HOME LOAN CORP		203,030	Cost	197,625
GENERAL FOODS	97,831		Cost	
GOLDMAN SACHS GROUP	100,000	100,000	Cost	100,426
IBM	102,276	102,276	Cost	122,114
JP MORGAN	145,126		Cost	
MERRILL LYNCH & CO	97,500	97,500	Cost	98,017
PEPSICO INC	99,850	99,850	Cost	103,823
PITNEY BOWES		100,671	Cost	107,144
WALMART STORES		100,011	Cost	98,723
WELLS FARGO		49,919	Cost	49,853
WM WRIGLEY JR CO	99,400	99,400	Cost	98,375
Total	\$ 1,142,633	\$ 1,252,307		\$ 1,295,749

**Statement 9 - Form 990-PF, Part II, Line 22 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
EXCISE TAX PAYABLE	\$	\$
Total	\$ 0	\$ 0

## Federal Statements

Statement 10 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees,  
Etc.

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
LEONISA ARDIZZONE C/O THE FUND NEW YORK NY 10115	DIRECTOR	0.00	0	0	0
JAMES G HEINEGG C/O THE FUND NEW YORK NY 10115	DIRECTOR	0.00	0	0	0
JANE FRIEDMAN CENTURY C/O THE FUND NEW YORK NY 10115	VP, DIRECTOR	0.00	0	0	0
JOHN P DEVLIN C/O THE FUND NEW YORK NY 10115	DIRECTOR	0.00	0	0	0
DONNA M JOHNSON C/O THE FUND NEW YORK NY 10115	DIRECTOR	0.00	0	0	0
MARK OVERMYER-VELAZQUEZ C/O THE FUND NEW YORK NY 10115	DIRECTOR	0.00	0	0	0
JENINNE S MCNEILL C/O THE FUND NEW YORK NY 10115	FELLOW REP	0.00	0	0	0
BLAKE T NEWTON III C/O THE FUND NEW YORK NY 10115	PRES, DIRCTR	0.00	0	0	0
JAMES A ROSENGARTEN C/O THE FUND NEW YORK NY 10115	DIRECTOR	0.00	0	0	0
GRACE A TROISI C/O THE FUND	DIRECTOR	0.00	0	0	0

## Federal Statements

**Statement 10 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees,  
Etc. (continued)**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
NEW YORK NY 10115					
CHARLES VAN HORNE C/O THE FUND NEW YORK NY 10115	VP, TREAS, DIR	0.00	0	0	0
STEVEN F WILDER C/O THE FUND NEW YORK NY 10115	ASST TR, DIR	0.00	0	0	0
NATHALIS W WAMBA C/O THE FUND NEW YORK NY 10115	DIRECTOR	0.00	0	0	0
BARBARA A EDWARDS C/O THE FUND NEW YORK NY 10115	DIRECTOR	0.00	0	0	0
JEFFREY K PEGRAM C/O THE FUND NEW YORK NY 10115	DIRECTOR	0.00	0	0	0
NATHANIEL E BLOOD-PATTERSON C/O THE FUND NEW YORK NY 10115	FELLOW REP	0.00	0	0	0

**Form 990-PF, Part XV, Line 2b - Application Format and Required Contents****Description**

PLEASE SEE APPLICATION FORM ATTACHED

**Form 990-PF, Part XV, Line 2c - Submission Deadlines****Description**

FEBRUARY 1. PLEASE SEE ATTACHED APPLICATION FORMS

**Statement 11 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations****Description**

THE ROTHBERT FUND MAKES TWO TYPES OF GRANTS:

1. SCHOLARSHIP GRANTS FOR GRADUATE AND UNDERGRADUATE STUDY. APPLICANTS FOR THESE GRANTS ARE REQUIRED TO COMPLETE THE APPROPRIATE APPLICATION.
2. FELLOWSHIP GRANTS TO ORGANIZATIONS QUALIFIED UNDER I.R.C. SECTION 501(C)(3) ON BEHALF OF FELLOWS, INDIVIDUALLY OR IN GROUPS, WHO ARE NO LONGER RECEIVING SCHOLARSHIP GRANTS. QUALIFYING FELLOWS MAY APPLY FOR THESE GRANTS AT ANY TIME AND THEIR APPLICATIONS ARE REVIEWED AND ACTED UPON BY A COMMITTEE MADE UP OF MEMBERS OR FORMER MEMBERS OF THE BOARD OF DIRECTORS OF THE FUND.

# The Roothbert Fund, Inc.

475 Riverside Drive, Room 1830  
New York, NY 10115  
phone: 212.870.3116  
www.roothbertfund.org

## SCHOLARSHIP APPLICATION • 2010

due February 1, 2010

How did you hear of The Roothbert Fund?

- ☐ Scholarship Guide Book  
☐ Counselor  
☐ Internet (www. \_\_\_\_\_)  
☐ Past Award Recipient (if so, who?). \_\_\_\_\_

☐ Scholarship referral service (if so, which one?). \_\_\_\_\_

☐ Other: \_\_\_\_\_

**IMPORTANT NOTE:** This is a four-page form; all pages must be completed and submitted, or the Fund cannot consider the application

*Please attach a recent photograph of yourself here. Write your name and the date taken on the back. This will not be returned. A passport- or driver's license-size photo is fine.*

PLEASE REPLY TO ALL QUESTIONS FULLY. PLEASE TYPE OR PRINT CLEARLY. USE ADDITIONAL PAPER AS NECESSARY.

Last Name (family)	First Name (given)	Middle initial	Title (Mr /Ms /Rev./etc )	Male/Female
--------------------	--------------------	----------------	---------------------------	-------------

Current Address	Number and Street	Apartment #	E-mail address
-----------------	-------------------	-------------	----------------

City	State	Zip	Home Phone with area code	Work Phone with area code
------	-------	-----	---------------------------	---------------------------

Date of Birth (month/day/year)	Place of Birth (State/Country)	Country of Citizenship
--------------------------------	--------------------------------	------------------------

Applicant's Marital Status	If married, Spouse's name	Spouse's occupation	Number of dependents
----------------------------	---------------------------	---------------------	----------------------

Permanent address (if different from current address)	Number and Street	Apartment #
---	-------------------	-------------

City	State (Country)	Zip/Postal code	Phone with area code and/or Country & City codes if non-U S
------	-----------------	-----------------	---

Family/Parents' Names	Parent(s)' occupation(s)
-----------------------	--------------------------

Parent(s) Address	Number and Street	Apartment #
-------------------	-------------------	-------------

City	State (Country)	Zip/Postal code	Phone with area code and/or Country & City codes if non-U.S
------	-----------------	-----------------	---

Interview city preferred (Specify by circling one of the following New Haven, New York, Philadelphia, or Washington, DC)

**Reminder:** All applications must be *complete* and post-marked by (or hand-delivered *no later than 5 pm* on) **February 1, 2010** to be considered. Application requires 1) completed and signed form; 2) official transcripts; 3) three letters of recommendation, and 4) a recent photo. For details, please read attached instruction sheet

(For RFI use only)

REPLY TO ALL QUESTIONS FULLY.

**PRESENT EDUCATIONAL STATUS**

Are you currently enrolled in a school/college/university?

☐ Yes ☐ No

If so, where? Name and address of institution:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what degree program? \_\_\_\_\_

When did you begin this program? \_\_\_\_\_

What year do you expect to complete it? \_\_\_\_\_

**EDUCATIONAL PLAN** (Do not answer if you are planning to continue program described at left)

What college/university do you hope to attend in the coming academic year?

\_\_\_\_\_

What degree program? \_\_\_\_\_

What year do you expect to complete it? \_\_\_\_\_

In what academic field do you plan to specialize?

\_\_\_\_\_

In a sentence or two, describe your plan or aim in undertaking this study. \_\_\_\_\_

**EDUCATIONAL HISTORY** (Please complete the following and furnish official transcripts of all your academic work to date)

Secondary School (Name)	City	State	(Country)	Dates Attended
Undergraduate College (Name)	City	State	(Country)	Dates Attended
Undergraduate College (Name)	City	State	(Country)	Dates Attended
Undergraduate Major	Undergraduate Minor	Degree earned		Date of Graduation
Graduate School (Name)	City	State	(Country)	Dates Attended
Graduate Subject	Degree Earned			Date of Graduation
List your scores on the SAT	Verbal	Math	Date(s) taken	
List subject areas and scores of the ACT, GRE, LSAT, MCAT or other				Date(s) taken

**BACKGROUND INFORMATION** (Use extra sheets as needed)

Employment: List all jobs you have held, including summer jobs. Are you currently employed? ☐ Yes ☐ No

If so, list current employer below, on the first line.

Job	Employer	Dates Employed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



REPLY TO ALL QUESTIONS FULLY.

## FINANCIAL INFORMATION

Estimated annual expenses related to your education

Tuition and Fees

Estimate for books and supplies

Room and Board

Transportation/commuting

Other continuing indebtedness or obligations

TOTAL EXPENSES

What financial resources do you have available?

Savings and earnings, including summer employment

From Family or other private means

Other College scholarships or Fellowships

TOTAL RESOURCES

List where else you are applying for financial aid

Approximate amount requested from The Roothbert Fund, Inc

## PRESENT ACTIVITIES

State of your health specify any recent severe illness or operation

Religious affiliation

Active with any institution or congregation?

Volunteer/community activities

Artistic or athletic activities

Other extracurricular pursuits of importance to you

Honors or awards

Other information of interest

Publications

List three books (or authors) that have had the most influence on the way you view the world.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

REPLY TO ALL QUESTIONS FULLY.

#### AUTOBIOGRAPHICAL INFORMATION

In considering your application the Fund takes particular interest in your values, goals and motivation. Please complete this section carefully to present a clear picture of yourself. In doing so, tell us about your *real* self in your own terms.

A) On separate paper please write no more than two pages, describing fully an experience or event (aside from your studies or occupation) that has had significant impact on your life and how you changed as a result

B) On separate paper, write a *brief* autobiographical statement (no more than two pages), tell more about your life story, your values, and your aspirations

#### LETTERS OF RECOMMENDATION

Please ask three persons who know you well (one from school) to write to us on your behalf. Letters must now be mailed to the Fund as part of your application packet but may be in sealed envelopes; in any case, they will be treated as confidential. Please stress that they should include your *full name*. Below list names, relationships to you (teacher, employer, etc.), and phone numbers with area code for contacting these people. **NOTE: Each of these letters should be current and NONE should be written by relatives.**

1 Name	Relationship to applicant	Phone (with area code)
2 Name	Relationship to applicant	Phone (with area code)
3 Name	Relationship to applicant	Phone (with area code)

#### REQUIRED

I understand that interviews will be scheduled on extremely short notice in March, 2010 and will probably be held in the New York City, New Haven, Philadelphia and Washington, DC areas. The Fund will not pay any transportation charges or other costs of applicants who are invited to be interviewed. Applicants from outside easy access range of the above cities should reconsider submitting an application if the expense and time required by such travel will be unduly burdensome. Although no grant is awarded by the Fund without a personal interview, making an application does not guarantee being invited for an interview and being invited for an interview does not guarantee a scholarship.

Signature of applicant

Date

Soc. Sec. #

**Reminder:** All applications must be *complete* and post-marked by (or hand-delivered *no later than 5 pm* on) **February 1, 2010** to be considered. Application requires 1) completed and signed form, 2) official transcripts; 3) three letters of recommendation; and 4) a recent photo.

**PLEASE NOTE:** All persons receiving Roothbert scholarship grants will be required to attend a weekend of meetings during their first year on grant. Typically these meetings are held at a conference center near Philadelphia. The fee for your attendance, room and board will be paid by the Fund. Reasonable ground transportation to and from these events will be reimbursed. Two such weekends will be scheduled and you will be able to choose the one most suited to your schedule.

# The Roothbert Fund, Inc.

475 Riverside Drive, Room 1830  
New York, NY 10115  
phone: 212.870.3116  
www.roothbertfund.org

**IMPORTANT NOTE.** This is a two-page form; both pages must be completed and submitted, or the Fund cannot consider the application. **As part of this renewal, you are also expected to log on to Fellows section of the Roothbert Fund website to confirm or update your contact, school, and degree information at [www.roothbertfund.org](http://www.roothbertfund.org).**

## APPLICATION FOR SCHOLARSHIP RENEWAL • 2010 due February 1, 2010

PLEASE REPLY TO ALL QUESTIONS FULLY. PLEASE TYPE OR PRINT CLEARLY. USE ADDITIONAL PAPER AS NECESSARY.

Last Name (family)	First Name (given)	Middle initial	Title (Mr /Ms /Rev /etc.)	Male/Female
Current Address		Number and Street	Apartment #	E-mail address
City	State	Zip	Home Phone with area code	Work Phone with area code

☐ Check here if this is a new name or address. If so, please indicate your old name or address:

Please provide a name, address, phone and email address of an emergency contact who knows how to reach you

Name and address of Institution where you are currently enrolled:

Major subjects

Degree Goal \_\_\_\_\_ Date expected to complete goal \_\_\_\_\_  
(Explain any changes from last year and any delays in expected completion date on separate page)

### EDUCATION

1. Are you planning to continue your formal education for another academic year? ☐ Yes ☐ No  
Will there be any change in your institution? ☐ Yes ☐ No If so, explain:

Will you be continuing in the same program for which you have previously received a scholarship grant? ☐ Yes ☐ No  
If not, please explain:

REPLY TO ALL QUESTIONS FULLY.

2. In what ways have you changed or clarified your career goals since you last applied to the Roothbert Fund?

## FINANCES

1. What amount are you requesting from The Roothbert Fund? \_\_\_\_\_

2. Do you anticipate any changes in your financial situation for next year (other grants, employment, assistance from family)? Please explain.

## PERSONAL DEVELOPMENT

1. Of the books you read last year, which one has had the greatest impact on your thinking? Why?

2. What courses of study or other activity during the past year did you find especially challenging or rewarding?

3. Has there been any noteworthy change in your spiritual outlook during the past year?

4. Do you have other comments to offer that you feel may be helpful to our Scholarships Committee in considering your request for scholarship renewal?

5. Have you attended a Pendle Hill retreat? \_\_\_\_\_ If not, when do you plan to do so? \_\_\_\_\_

## REQUIRED:

Signature of applicant: \_\_\_\_\_ Date \_\_\_\_\_

**Reminder:** This application must be post-marked no later than **February 1, 2010** to be considered. Please reply to all questions fully. Please type or print clearly. It is essential that you furnish an up-to-date official transcript to the Fund no later than **February 1, 2010**. Please set forth below the full address of your school's Bursar's office to which The Fund can send your grant.

# The Roothbert Fund, Inc.

475 Riverside Drive, Room 1830  
New York, NY 10115  
phone: 212.870.3116  
www.roothbertfund.org

Please read the following carefully **BEFORE**  
preparing a scholarship application.

## ABOUT THE ROTHBERT FUND SCHOLARSHIP APPLICATION

1. **On the Location of Applicants:** As a rule, The Roothbert Fund does not make Scholarship Grants **except** to applicants whose current or permanent address is located in one of the following States of the United States and applicants planning to move to one of such States prior to March 1 of the year in which the application is made: **Maine, New Hampshire, Vermont, Rhode Island, Massachusetts, Connecticut, New York, New Jersey, Pennsylvania, Ohio, Delaware, Maryland, District of Columbia, Virginia, West Virginia, or North Carolina.** It is probably counter-productive to submit an application if you live outside this area
2. **On Recommendation Letters:** Each application **must** be accompanied by three (3) recommendation letters from non-family members. Each letter **must** be originally signed, dated a current date and be addressed to The Roothbert Fund. Submission of recommendation letters addressed "to whom it may concern" or that were originally intended for other purposes will not carry as much weight with the Scholarships Committee. Writers of recommendation letters **must** explain who they are and how they know the applicant. Letters may be in sealed envelopes and, in any case, will be treated as confidential.
3. **On Essays:** Two (2) separate, original essays **must** accompany each application. The topics are set forth on page 4 of the application and have been chosen for a purpose. Copies of essays originally used for other purposes are generally recognizable and will not be accepted.
4. **On Completing Blanks:** The applications are designed to elicit information the Scholarships Committee needs to evaluate your application. All blanks should be completed with responsive information. If an applicant is unable to complete a blank or believes the information sought is inapplicable he or she should so indicate and explain
5. **On Photographs:** Due to the number of applications received, The Roothbert Fund and the volunteers who review the applications have found that applicants are more easily remembered throughout the process if their applications are accompanied by photographs. The Fund knows that some applicants object to enclosing photographs for a variety of reasons and tries to accommodate such applicants. But the Fund appreciates the assistance provided by photographs. (Snapshots, passport photos, and even clear color photocopies will do).
6. **The Application Packet:** Due to the volume of material the Fund receives, the Fund **now** requires that applicants send all materials in a *single envelope*. An application will be rejected if it does not contain a completed and signed application, together with all accompanying materials—two essays, three recommendation letters, and academic transcripts. Transcripts and letters of recommendation may be sealed within individual envelopes, but all supporting documents should accompany the application.
7. **On Mailing Deadlines:** To be eligible, a complete application packet containing all required documents **must** either be (i) delivered to The Roothbert Fund office by 5 pm (New York time) on February 1, (ii) mailed and postmarked no later than February 1, or (iii) shipped by overnight express (FedEx, UPS, etc.) for delivery on February 1. If February 1 falls on a Saturday or Sunday, the deadline will be deemed 5 pm (New York time) on the following Monday. *Emailed and faxed applications WILL NOT* be accepted. The Fund strongly discourages use of courier or messenger services, or Certified Mail delivery which may require someone to be present in the office to sign for the package or to go to the Post Office to claim it. The Fund is unable to make daily trips to the Post Office so that applications which are held there may not be received by the Fund on time. Applicants who wish to know if their documents have been received are welcome to enclose a stamped, self-addressed postcard, which the Fund will return

**Federal Statements****Direct Public Support**

<u>Contributor</u>	<u>Cash Contribution</u>	<u>Noncash Contribution</u>
INDIVIDUAL DONATIONS UNDER \$5K EACH	<u>1,935</u>	<u></u>
TOTAL	<u><u>1,935</u></u>	<u><u>0</u></u>

**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>
INVESTMENT ACCOUNT INTEREST	\$ 5,826			
CHECKING ACCOUNT INTEREST	14			
TOTAL	<u>\$ 5,840</u>			

**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>
INVESTMENT ACCOUNT DIVIDENDS	\$ 56,454			
INVESTMENT ACCOUNT INTEREST	73,331			
TOTAL	<u>\$ 129,785</u>			

Form **8868**

(Rev. April 2009)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868****Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>THE ROTHBERT FUND, INC</b>	Employer identification number <b>13-6162570</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>475 RIVERSIDE DRIVE 1830</b>	
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions <b>NEW YORK NY 10115</b>	

Check type of return to be filed (file a separate application for each return)

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ            | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **CORPORATION**

Telephone No ► **212-870-3206**FAX No ► **212-870-3373**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☒ calendar year **2009** or
- ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0</b>
<b>b</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.	<b>3b</b>	\$	<b>2,200</b>
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev. 4-2009)



- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)**

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	<b>THE ROTHBERT FUND, INC</b>	<b>13-6162570</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>475 RIVERSIDE DRIVE 1830</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>NEW YORK NY 10115</b>	

Check type of return to be filed (File a separate application for each return)

- |                                      |  |                                      |                                    |
|--------------------------------------|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990    | <input checked="" type="checkbox"/> Form 990-PF                  | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **CORPORATION**  
Telephone No **212-870-3206** FAX No **212-870-3373**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this 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 **11/15/10**
- 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 ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

**ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	2,200
c <b>Balance Due</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature 

Title **CPA**

Date **8/12/2010**  
Form **8868** (Rev 4-2009)