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: <sub>₼</sub> 990-PF	=
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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052 2009

Int	partme emai Re	nt of the T evenue Se	reasury rvice	Note:	: The foundation	on may l	reated as a Private able to use a copy of	this return to s	atisfy state re	porting requirements.	<u> </u>
_					ax year begii				and ending		, 20
_	_		hat apply:	T	Initial retur	-	Initial return				Final return
Ī	0	on an i	nat appiy.		Amended r			ss change		Name change	_
_			Name of fo	undat						A Employer Identifi	cation number
	1 AL	e IRS				ILY F	OUNDATION, INC				
•	se tr. lab				IE BROOK					20-	3901496
	other						mail is not delivered to street	address)	Room/suite	B Telephone number (see	page 10 of the instructions)
	pri	- 1	Nullibel all	u su c	er (or P O box	i i di iliberii	Thai is not delivered to street	dodreso)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
	or ty		7101 171		NSIN AVE				1012	(30	1) 493-9311
S	ee Sį	oecific							1010	C If exemption applica	tion is
li	nstru	ctions.	City or tow	n, sta	te, and ZIP cod	e				pending, check here	
				. 70	MD 20014	4005				D 1. Foreign organizat	·
_					MD 20814					2. Foreign organiza 85% test, check h	
H	$\overline{}$		_				c)(3) exempt private f		1	computation .	▶ □
$\perp$					mpt charitable	trust	Other taxable pr			E If private foundation	- L I
i			t value of a				unting method. X C	ash Acc	rual	under section 507(b	)(1)(A), check here . ►
		•	m Part II, co				ther (specify)				in a 60-month termination
_		▶ \$				<del></del>	column (d) must be on	casii Dasis.)	í	under section 507(b)	(1)(B), check here . (d) Disbursements
L	art	Analy	sis of Rev	enue	and Expens	es (The	(a) Revenue and	(b) Net inve	estment	(c) Adjusted net	for charitable
		may r	ot necessarii	ly equ	ial the amounts	: In	expenses per books	incom	<b>I</b>	income	purposes
_		colum	n (a) (see pa	ge 11	of the instructi	ons))					(cash basis only)
	1	Contribut	tions, gifts, grants	s, etc , r	received (attach sch dation is <b>not</b> requ	edule) .	1,863.				
	2	Check ]			B		2 100		2 100	2 100	7) M CTT 1
	3	Interest	on savings an	d temp	porary cash inves	tments	3,182.		3,182.	3,182.	ATCH 1
	4	Divider	nds and inter	est fr	om securities		12,253.	1	2,253.	12,253.	ATCH 2
	5 a	Gross r	ents								
	b	Net rent	tal income or (I	oss) _							
<u>e</u>	6 a	Net gan	n or (loss) fron	n sale (	of assets not on I	ine 10	1,155.			DEAT	1) / 1
en.	b		ales price for a on line 6a	JI	369	,520.				NEUL	IVEU
Revenue	7			ome (	(from Part IV, li	ne 2) .			1,155.	8	<u> </u>
œ	8	Net sh	ort-term cap	ıtal ga	ın					9 11 2	
	9									<u>u</u>	l ol
	10 a	Gross sa and allo	ales less return: wances	s						000=	<u> </u>
	ь	Less C	ost of goods so	ıld . [						LUGUE	V. UI
	С	Gross	profit or (loss	s) (atta	ach schedule)		<u> </u>				
	11	Other i	income (atta	ch sch	nedule)				5 500	15 405	
_	12	Total.	Add lines 1 t	hroug	<u>ıh 11</u>		18,453.	<u></u>	6,590.	15,435.	,
	13	Compe	nsation of offic	ers, du	rectors, trustees,	etc	0.				
,.	14	Other	employee sa	larıes	and wages .						
Ses	15	Pensio	n plans, em	oloyee	benefits						
Jen C	16a	Legal f	ees (attach s	chedu	ule)						
ᄶ	ь	Accou	nting fees (a	ttach :	schedule) ATCI	1 3	1,510.		0.	1,510.	0
ķ	С	Other	professional	fees (	attach schedul	e)					
ati	17	Interes	t								
and Administrative Expenses	18	Taxes (a	attach schedule	e) (see	page 14 of the inst	ructions) *	353.				
듣	19	Depre	ciation (attac	h sch	nedule) and dep	oletion.					
F	20	Occup	ancy							· <del></del>	
Q D	21	Travel,	conferences	s, and	meetings						
	22	Printin	g and public	ations	·						
	23				schedule) ATC		152.		152.		
ati	24				nınistrative ex		·				
Operating							2,015.		152.	1,510.	0
õ	25				nts paid		69,900.				69,900
	26		_		ents Add lines 24		71,915.		152.	1,510.	69,900
-	27		ct line 26 fro								
					es and disburseme	nts	-53,462.				
				•	(if negative, en			1	6,438.		
	i				negative, enter					13,925.	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. 9E1410 1 000 05E2LC F854 6/14/2010 4:04:25 PM V 09-6.4

ATCH 4 JSA

Dart	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of	
Falti	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing		446,336.	446; 336
2	Savings and temporary cash investments	1,381,047.	400,000.	402,506
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 (attach schedule)			
	Less: allowance for doubtful accounts ▶			
8 ام	Inventories for sale or use			
sets 6 a	Prepaid expenses and deferred charges			
Y 10 a	Investments - U.S. and state government obligations (attach schedule) * *		381,249.	366,189
	Investments - corporate stock (attach schedule)			
	Investments - corporate bonds (attach schedule) ATCH 7 Investments - land, buildings, and equipment basis Less accumulated depreciation		100,000.	95,010
12	(attach schedule)			
13	Investments - mortgage loans			
14	Land, buildings, and equipment basis Less accumulated depreciation (attach schedule)			
15	Other assets (describe			·. ·
16	Total assets (to be completed by all filers - see the			
	ınstructions Also, see page 1, item l)	1,381,047.	1,327,585.	1,310,041
17	Accounts payable and accrued expenses			
18	Grants payable			
ន្ឋ 19	Deferred revenue			
Llabilities	Loans from officers, directors, trustees, and other disqualified persons			
윤 21	Mortgages and other notes payable (attach schedule)			
그 <sub>22</sub>	Other liabilities (describe			
23	Total liabilities (add lines 17 through 22)			
	Foundations that follow SFAS 117, check here ▶		}	
	and complete lines 24 through 26 and lines 30 and 31.			
හි 24	Unrestricted			
E 25	Temporarily restricted			
<b>E</b> 26	Permanently restricted			
Net Assets or Fund Balance	Foundations that do not follow SFAS 117,			
죠	check here and complete lines 27 through 31. $\triangleright X$			
<b>5</b> 27	Capital stock, trust principal, or current funds			
\$ 28	Paid-in or capital surplus, or land, bldg , and equipment fund			
SS 29	Retained earnings, accumulated income, endowment, or other funds	1,381,047.	1,327,585.	
30	Total net assets or fund balances (see page 17 of the			
ž	instructions)	1,381,047.	1,327,585.	
31	Total liabilities and net assets/fund balances (see page 17			
	of the instructions)	1,381,047.	1,327,585.	
Part I	Analysis of Changes in Net Assets or Fund E	Balances	<del></del>	
	ıl net assets or fund balances at beginning of year - Part II,			
	of-year figure reported on prior year's return)			1,381,047.
			2	-53,462.
			3	
4 Add	lines 1, 2, and 3		4	1,327,585.
5 Deci	reases not included in line 2 (itemize) ▶		5	
6 Tota	reases not included in line 2 (itemize) ► il net assets or fund balances at end of year (line 4 minus li	ne 5) - Part II, column (b),	line 30 6	1,327,585.

\*\*ATCH 6

F		s and Losses for Tax on Inv d describe the kind(s) of property sold (		(b) How	(c) Date	(d) Date sold
	(a) List and 2-story b	P-Purchase D-Donation	àcquired (mo , day, yr )	(mo, day, yr)		
1 a	SEE PART IV SCHE	DULE				
_	)					
	<b>)</b>					
_c	<u> </u>			<u> </u>		
_€	<u> </u>			ļ	<u> </u>	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
_a	l					
_ <u>t</u>	)			<del> </del>		
					··	·
		howing goin in column (h) and own	ed by the foundation on 12/31/69			<u> </u>
_	omplete only for assets s	(i) Adjusted basis	(k) Excess of col (i)		Gains (Col. (h) g (k), but not less t	
	(i) F M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any		Losses (from co	
_2	·			ļ		
_ <u>t</u>	·			<del> </del>	<del> </del>	
				<del> </del>		
		, If	gain, also enter in Part I, line 7			
2	Capital gain net income or		(loss), enter -0- in Part I, line 7	2		1,155.
3	Net short-term capital gain	، ن م or (loss) as defined in sections 12	· ,	<del></del>		<del></del>
•		line 8, column (c) (see pages 13				
		line 8		3		
E			iced Tax on Net Investment Inc	ome		
W			utable amount of any year in the b	ase репос	d?	Yes X No
			; see page 18 of the instructions be	efore mak	ing any entries	
_	(a)		(c)	lore max	(d)	
c	Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	atio col (c))
_	2008	64,647.	1,208,902.			0.053476
_	2007	64,552.	1,028,512.			0.062763
	2006	59,602.	1,164,036.			0.051203
	2005	0.	492,991.			0.00000
	2004					
2	Total of line 1, column (d)			2		0.167442
3	_	for the 5-year base period - divide				0 041061
	number of years the found	dation has been in existence if less	than 5 years	3		0.041861
			5 . V		1	261 004
4	Enter the net value of non	charitable-use assets for 2009 fro	m Part X, line 5	4	Τ,	361,894.
5	Multiply line 4 by line 3			5		57,010.
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		164.
				_		E7 174
7	Add lines 5 and 6			7	<del></del>	57,174.
8	Enter qualifying distributio	ns from Part XII. line 4		8		69,900.
-	If line 8 is equal to or gree Part VI instructions on page	eater than line 7, check the box i	n Part VI, line 1b, and complete t	hat part i	using a 1% tax	rate. See the

	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of	the in	strugti	<u>ons)</u>
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1		<b>T</b> .	. •
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)			
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check			164.
	here ▶ X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% $\mathcal{J}$ of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2		<del></del> -	1.64
3	Add lines 1 and 2		-	164.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4		<del></del>	0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			164.
6	Credits/Payments.			
а				
Ь				
С				
d			,	500.
7	Total credits and payments Add lines 6a through 6d		<u>`</u>	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		<del></del>	336.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			30.
11	Enter the amount of line 10 to be Credited to 2010 estimated tax > 336. Refunded > 11			
	t VII-A Statements Regarding Activities	$\top$	Yes	N.
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1a	165	No X
	participate or intervene in any political campaign?	·   '		
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	1 b		x
	of the instructions for definition)?	•		
	published or distributed by the foundation in connection with the activities.			
_	Did the foundation file Form 1120-POL for this year?	1 c		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	·		
u	(1) On the foundation >\$(2) On foundation managers >\$			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	-		
C	on foundation managers. > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
-	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	. 3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a	<u> </u>	X
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	<u>'</u>	
5	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? If "Yes," complete Part II, col (c), and Part XV.	. 7	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) $\blacktriangleright$ $\stackrel{\mathrm{MD}}{\sim}$ .	-		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		v	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			х
	27)? If "Yes," complete Part XIV	9		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			х
	names and addresses	10	. '	

X

Х

XINO

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

enterprise at any time 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 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)

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

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

Pa	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)		1 6 14	
	During the year did the foundation pay or incur any amou					<b>A)</b> ),	•
- u	(1) Carry on propaganda, or otherwise attempt to influen		1 4945(e))?	Yes X No	,	١ '	•
	(2) Influence the outcome of any specific public election						
	directly or indirectly, any voter registration drive?			Yes X No	,		
	(3) Provide a grant to an individual for travel, study, or ot			· 🖂	1		
	(4) Provide a grant to an organization other than a char						
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?			Yes X No	,		
	(5) Provide for any purpose other than religious, charita						
	purposes, or for the prevention of cruelty to children of			Yes X No	,		
	If any answer is "Yes" to 5a(1)-(5), did any of the trans						
D	Regulations section 53 4945 or in a current notice regard		·		5ь		
	Organizations relying on a current notice regarding disas	-	, , -	·			
	•						
С	If the answer is "Yes" to question 5a(4), does the foundation of the second of the sec	•		Yes X No			
	because it maintained expenditure responsibility for the g			resNC	<b>'</b>		
	If "Yes," attach the statement required by Regulations sec	• •					
6 a	Did the foundation, during the year, receive any funds, o	•	, , ,	Yes X No			
	on a personal benefit contract?			. — —			х
ь	Did the foundation, during the year, pay premiums, direct	ctly or indirectly, on a	personal benefit contra	<sup>317</sup>	6Ь	$\rightarrow$	
_	If "Yes" to 6b, file Form 8870.			Yes X No			
	At any time during the tax year, was the foundation a pa	•	•	. — —			-
	If yes, did the foundation receive any proceeds or have a VIII Information About Officers, Directors						
Pal	t VIII Information About Officers, Directors and Contractors	, Trustees, Four	uation managers,	mymy raid Empl	Jyees,		
1	List all officers, directors, trustees, foundation m	anagers and their	compensation (see	page 22 of the instru	uctions).		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expens		
	(a) Name and address				(e) Expens other all		
		`hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation			<u> </u>
AT	(a) Name and address TACHMENT 8	`hours per week	(If not paid, enter	employee benefit plans			
AT		`hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation			<u> </u>
AT	TACHMENT 8	`hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation			<u> </u>
AT	TACHMENT 8	`hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation			<u> </u>
AT	TACHMENT 8	`hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation			<u> </u>
ĀĪ	TACHMENT 8	`hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation			<u> </u>
	TACHMENT 8	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation  0.	other all		<u> </u>
	TACHMENT 8	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation  0.	other all		<u> </u>
	TACHMENT 8	her than those inc	(If not paid, enter -0-)	e page 23 of the inst	other all	owances	0
2	TACHMENT 8	her than those inc	(If not paid, enter -0-)	e page 23 of the inst  (d) Contributions to employee benefit	other all	e accoul	0 
2	TACHMENT 8  Compensation of five highest-paid employees (other mone, enter "NONE."	her than those inc	(If not paid, enter O-)  0.	e page 23 of the inst	ructions).	e accoul	0 
2 (a	TACHMENT 8  Compensation of five highest-paid employees (other none, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	(If not paid, enter O-)  0.	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	e accoul	0 
2 (a	TACHMENT 8  Compensation of five highest-paid employees (other mone, enter "NONE."	her than those inc	(If not paid, enter O-)  0.	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	e accoul	0 
2 (a	TACHMENT 8  Compensation of five highest-paid employees (other none, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	(If not paid, enter O-)  0.	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	e accoul	0 
2 (a	TACHMENT 8  Compensation of five highest-paid employees (other none, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	(If not paid, enter O-)  0.	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	e accoul	0 
2 (a	TACHMENT 8  Compensation of five highest-paid employees (other none, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	(If not paid, enter O-)  0.	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	e accoul	0 
2 (a	TACHMENT 8  Compensation of five highest-paid employees (other none, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	(If not paid, enter O-)  0.	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	e accoul	0 
2 (a	TACHMENT 8  Compensation of five highest-paid employees (other none, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	(If not paid, enter O-)  0.	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	e accoul	0 
2 (a	TACHMENT 8  Compensation of five highest-paid employees (other none, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	(If not paid, enter O-)  0.	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	e accoul	0 
2 (a	TACHMENT 8  Compensation of five highest-paid employees (other none, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	(If not paid, enter O-)  0.	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	e accoul	0 
2 (a	TACHMENT 8  Compensation of five highest-paid employees (other none, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	(If not paid, enter O-)  0.	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	e accoul	0 

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Empand Contractors (continued)	oloyees,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If no	ne, enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	NONE NONE
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 23 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 NONE	_
2	
	-
All other program-related investments See page 24 of the instructions	<del></del>
3 NONE	-
	-
Total Add lines 1 through 3	<b>▶</b> 1

Pa	Minimum Investment Return (All domestic foundations must complete this part. Fore see page 24 of the instructions.)	ign foundation	ons,
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	316,338.
b	Average of monthly cash balances	1 b	1,066,296.
C	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1 d	1,382,634.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	]	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,382,634.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	20,740.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,361,894.
6	Minimum investment return. Enter 5% of line 5	6	68,095.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here ▶ ☐ and do not complete this		
1	Minimum investment return from Part X, line 6	1	68,095.
2 a	Tax on investment income for 2009 from Part VI, line 5		<u> </u>
ь	Income tax for 2009. (This does not include the tax from Part VI.)	1	
C		2c	164.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	67,931.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	67,931.
6	Add lines 3 and 4  Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	67,931.
Pa	ort XII Qualifying Distributions (see page 25 of the instructions)	<u> </u>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.	T	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	69,900.
b	Program-related investments - total from Part IX-B	1b	0.
2	Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	DUTDOCAG	2	0.
3	Amounts set aside for specific charitable projects that satisfy the.	<del></del>	
a	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3 b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	69,900.
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	164.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	69,736.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w		
	qualifies for the section 4940(e) reduction of tax in those years.	menier die 10	andauon

Pa	rt XIII Undistributed Income (see page	e 26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				67,931.
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only				<u> </u>
b	Total for pnor years 20 07 , 20 06 , 20 05				<del> </del>
3	Excess distributions carryover, if any, to 2009.				
	From 2004				
ь	From 2005				
¢	From 2006				
d	From 2007			•	
		10 017			
f	Total of lines 3a through e	18,917.			
4					
	line 4 ▶ \$69,900.				
а	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election				
	required - see page 26 of the instructions)				67,931.
	Applied to 2009 distributable amount	1,969.			07,931.
	Remaining amount distributed out of corpus	1, 303.			<del> </del>
5	Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:	20,886.			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	20,000			
þ	Prior years' undistributed income Subtract line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has been previously assessed				
_	Subtract line 6c from line 6b Taxable				
a	amount - see page 27 of the instructions				
е	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount - see page 27 of the instructions			<u> </u>	
_	•				
ī	Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be		•		
	distributed in 2010				
7	Amounts treated as distributions out of corpus			,	
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)				
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the	_			
	instructions)	0.			
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	20,886.			
	Analysis of line 9				
а	Excess from 2005				
ь	Excess from 2006				
С	Excess from 2007 14,009.	}			
	Excess from 2008 4,908.			·	
е	Excess from 2009 1,969.	}			1

1 a	If the foundation has refoundation, and the ruling	_						
b	Check box to indicate whe					4942(	)(3) or	4942(J)(5
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	<del></del>		_	(e) Total
	Justed net income from Part I or the minimum investment return from Part X for each year listed	(a) 2009	<b>(b)</b> 2008	(c) 2007	(d) :	2006		
b	85% of line 2a						ļ	
С	Qualifying distributions from Part XII, line 4 for each year listed							
d	Amounts included in line 2c not used directly for active conduct of exempt activities							
e	· .							
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test - enter							
-	(1) Value of all assets (2) Value of assets qualifying under section					<del></del> .		
b	4942(j)(3)(B)(l) "Endowment" alternative test- enter 2/3 of minimum invest- ment 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)					<u>-</u> -	-	
	provided in section 4942 (j)(3)(B)(iii)							
	port from an exempt organization							
Dа	(4) Gross investment income .   rt XV Supplementar	y Information (Co	mplete this part	only if the found	lation had	\$5,000	or moi	o in assot
	at any time du	ring the year - see	page 28 of the ins	tructions.)	ation naa	<b>+</b> 0,000	00.	· ubbe.
1	Information Regarding	_						
а	List any managers of the before the close of any to ARNOLD BORT?	ax year (but only if the	ave contributed more by have contributed m	than 2% of the tota ore than \$5,000) (S	al contributi See section 5	ons receiv 507(d)(2))	ed by th	e foundatior
	List any managers of the		wn 10% or more of	the stock of a corn	oration (or	an equally	large n	ortion of the
	ownership of a partners					an equally	iaige p	ordon or the
	N/A							
2	Information Regarding Check here ► X if the unsolicited requests for organizations under other	e foundation only m funds. If the found	akes contributions t ation makes gifts, gr	preselected char ants, etc (see page	itable orgar e 28 of the	izations a instructio	nd does ns) to 11	not accept ndividuals of
a	The name, address, and	i telephone number o	f the person to whom	applications should b	e addressed	İ		
b	The form in which applic	ations should be sub	mitted and information	and materials they	should inclu	ıde <sup>.</sup>		<del></del>
С	Any submission deadline	es				<del></del>		<del></del>
	Any restrictions or lim	itations on awards	such as by apparar	high great charite	his fields	lem de . e.f		no or other

Form 990-PF (2009)			20-3901496	Page <b>1</b> '
Part XV' Supplementary Information (c 3 Grants and Contributions Paid Dur	ontinued)			
	ing the Year or App		uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
ATTACHMENT 9				
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		1 1		
		1		
		<u> </u>	<b>&gt;</b> 20	69,900
b Approved for future payment	<u> </u>	<del>; ; ; ; ; ;</del>	▶ 3a	
<b>b</b> Approved for future payment				
		] [		
	<u></u>	<u>                                     </u>		
Total	<u> </u>		<u> ▶ 3b</u>	

Part XVI-	A Analysis of Income-Produ	icing Activ	vities			
Enter gross	amounts unless otherwise indicated		ated business income		y section 512, 513, or 514	(e) Related or exempt function income
1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See page 28 of the instructions )
-						
						·
e						
f						
g Fees	and contracts from government agencies		· · · ·			
2 Members	hip dues and assessments				2 100	
	savings and temporary cash investments	<u> </u>		14	3,182.	
	s and interest from securities			14	12,253.	
	I income or (loss) from real estate:	ļ				<del></del>
	financed property					<u> </u>
	ebt-financed property					
	income or (loss) from personal property					
	estment income			18	1,155.	<del></del>
· ·	ss) from sales of assets other than inventory			+	1,100.	·····
	ne or (loss) from special events	<del> </del>	<u> </u>			
•	ofit or (loss) from sales of inventory					
	enue a					
	<del></del>					
e						
	Add columns (b), (d), and (e)				16,590.	
	d line 12, columns (b), (d), and (e)				13	16,590.
	eet in line 13 instructions on page 28					
Line No. ▼	Explain below how each active the accomplishment of the for page 29 of the instructions )					
						·
					<del> </del>	
		- · · ·				
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			NOT APPLICAB	T.F.		
		<del></del>	NOT THE BIOLES			
			<del></del>		<del></del>	<del> </del>
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_			<del></del> -			· · · · · · · · · · · · · · · · · · ·
<del></del>			· <del>-</del> -		<del></del>	

Form	990-PF	(2009)	•						20-39	01496				Pa	age 13
Pal	t XVI	_	Information Exempt Orga		Transfers	To and	Transa	ctions	and R	elation	ships	With I	Vonc	harii	table
1	Did t ın se	he org	ganization directl 501(c) of the C	y or indirectly code (other tha	engage in an section 5	any of the 01(c)(3) org	e followin ganizations	g with b) or in	any othe	er organi 527, rela	zation di ating to	escribed political		Yes	No
а	organi Trans	zations fers fro	s? om the reporting f	foundation to a	nonchantable	exempt orga	nızatıon of.								
													1a(1)		х
			sets										1a(2)		Х
b	Other			• • • • • • • • • • • • • • • • • • • •											
	(1) S	ales of	assets to a nonc	haritable exempt	organization			<i>.</i> .					1b(1)		Х
			es of assets from										1b(2)		Х
			f facilities, equipm										1b(3)		Х
			sement arrangem										1b(4)		Х
			r loan guarant <del>ee</del> s										1b(5)		Х
			ance of services of										4	1	Х
С			acilities, equipmer										1		Х
		-	ver to any of										-	fair i	market
	value	of th	e goods, other	assets, or se	rvices given	by the re	porting fo	undation.	. If the	foundate	on recei	ved less	than	fair i	market
			ny transaction o												
(a) L	ine no	(b)	Amount involved	(c) Name o	f noncharitable	exempt organi	zation	(d) De	scription of	f transfers,	transaction	s, and sha	ring arra	ngeme	nts
		N/	'A					N/A							
				ļ											
	_														
				ļ											
				<u></u>											
				ļ											
											-				
											<del> </del>				
										-					
_		<u> </u>				<u></u>									
2 a	ls the	found	dation directly or	indirectly affili	ated with, or	related to,	one or n	nore tax-	exempt o	rganizatio	ons desc	ribed in			
	sectio	n 501(	c) of the Code (otl	her than section								[	Y6	s 📑	No P
	11_16		Name of organization		(k	) Type of orga	anization			(c) D	escription	of relations	ship		
					ļ										
					<u> </u>										
	Under belief,	penaltie it is tru	s of perjury, I decle convect, and com	lare that I have e	xamined this re of preparer (of	eturn, includin ther than taxp	g accompa ayer or fidu	nying sche	edules and ased on all	statement I informati	s, and to on of whic	the best on the prepared	frmy kı rhasar	nowled ny knov	ge and vledge
		(	Lu-en.	2 Son	<del>-</del>			7-2	1,10	<b>L</b> 9	Suns	tau			
ا بع	► sı	gnature	e of officer or trustee		<del>- :::</del>			Date		Titl	le				
Sign Here	er's	Prepa	arer's	Dr. s	Bar		Date	10	Check self-er	if mployed	► D P	reparer's umber (Se age 30 of t	e Signa he instr	ture or	
	Paid epare e Or	signa		REGAR	DIE. BRO	OOKS & I	LEWIS,	CHTD		EIN		-1038			
	Pre Us		s name (or yours if		WISCONSI			TE 10	12	EIF	V ▶ 52	1000	, , , ,		

7101 WISCONSIN AVENUE, SUITE 1012

Form 990-PF (2009)

BETHESDA,

self-employed), address,

and ZIP code

20814-4805 Phone no 301-654-9000

ARNOLD BORTMAN FAMILY FOUNDATION, INC.
FORM 990-PF - PART IV

CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME Date Date sold Kind of Property Description acquired FMV Gain Adj basis Excess of Gross sale Depreciation Cost or FMV over price less allowed/ other as of as of or (loss) adı basıs expenses of sale allowable basis 12/31/69 12/31/69 SCHEDULE ATTACHED PROPERTY TYPE: SECURITIES 1,045. 324,612. 323,567. SCHEDULE ATTACHED 44,908. 44,798. 110. 1,155. TOTAL GAIN(LOSS) .....

N	
CASH	
TEMPORARY CASH I	
NO	
INTEREST ON	
I	
PART I	
FORM 990PF,	

ADJUSTED NET INCOME	3,182.	3,182.
NET INVESTMENT INCOME	3,182.	3,182.
REVENUE AND EXPENSES PER BOOKS	3,182.	3,182.
		TOTAL
DESCRIPTION	MORGAN STANLEY	

~
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	i
SECURITIES	
FROM	
INTEREST	
AND	
DIVIDENDS	
- Н	
PART	
990PF,	
FORM	

ADJUSTED NET INCOME	12,253.	12,253.
NET INVESTMENT INCOME	12,253.	12,253.
REVENUE AND EXPENSES PER BOOKS	12,253.	12,253.
		TOTAL
	EY	
DESCRIPTION	MORGAN STANLEY	

ч	
ı	
Н	I
PART	
990PF,	
FORM	

CHARITABLE PURPOSES		0
ADJUSTED NET INCOME	1,510.	1,510.
NET INVESTMENT INCOME		0
REVENUE AND EXPENSES PER BOOKS	1,510.	1,510.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

FORM 990PF, PART I - TAXES

REVENUE AND

EXPENSES PER BOOKS

FEDERAL INCOME TAX

DESCRIPTION

353.

TOTALS

353.

- OTHER EXPENSES PART I FORM 990PF, REVENUE

EXPENSES PER BOOKS AND

INVESTMENT INCOME NET

152.

DESCRIPTION
BANK SERVICE FEES

152.

TOTALS

152.

ATTACHMENT 5

- U.S. AND STATE OBLIGATIONS

PART II

FORM 990PF,

02432

PAGE 20

ATTACHMENT 6

ENDING FMV

BOOK VALUE ENDING

381,249.

366,189.

US OBLIGATIONS TOTAL

GNMA 09-50 DB

DESCRIPTION

381,249.

366,189.

ATTACHMENT 6

ARNOLD BORTMAN FAMILY FOUNDATION, INC. FORM 990PF, PART II - CORPORATE BONDS

DESCRIPTION

SCRIPTION

15NC3M STEP-UP CALLABLE CPN MS

TOTALS

/	ENDING
ATTACHMENT	ENDING

ENDING
BOOK VALUE

100,000.

FMV

100,000.

95,010.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS,	ICERS, DIRECTORS, AND TRUSTEES		ATTACH	ATTACHMENT 8	' <b>*</b> .
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	
ARNOLD BORTMAN 7101 WISCONSIN AVE. SUITE 1012 BETHESDA, MD 20814-4805	DIRECTOR 1.00	0	Ö	Ö	
NADINE LEVIN 7101 WISCONSIN AVE. SUITE 1012 BETHESDA, MD 20814-4805	DIRECTOR 1.00	.0	.0	Ö	
EILEEN G LEHRER 7101 WISCONSIN AVE. SUITE 1012 BETHESDA, MD 20814-4805	DIRECTOR 1.00	.0	°	Ö	
	GRAND TOTALS	0.	0.	0	

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

ATTACHMENT 9

3:52:39 PM

6/15/2010

OSEZIC F854

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ADAS ISRAEL	NONE	GENERAL SUPPORT	34,000.
2850	PUBLIC CHARITY		
QUEBEC STREET, N.W.			
WASHINGTON, DC 20008			
AMERICAN CANCER SOCIETY	NONE	GENERAL SUPPORT	.000
11331 AMHERST AVENUE	PUBLIC CHARITY		
SILVER SPRING, MD 20902			
НАDASSAH	NONE	GENERAL SUPPORT	10,000.
50 WEST 54TH STREET	PUBLIC CHARITY		
NEW YORK, NY 10019			
BRAIN ANEURISM FOUNDATION	NONE	GENERAL SUPPORT	2,500
269 HANOVER STREET	PUBLIC CHARITY		
BUILDING 3			
HANOVER, MA 02339			
JEWISH FEDERATION OF GREATER WASH	NONE	GENERAL SUPPORT	10,000.
6101 MONTROSE ROAD	PUBLIC CHARITY		
ROCKVILLE, MD 20852			
AMERICAN FRIENDS OF ALYN HOSPITAL	NONE	GENERAL SUPPORT	2,500
51 E. 42ND ST. SUITE 308	PUBLIC CHARITY		
NEW YORK, NY 10017			

20-3901496

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

05E2LC F854 6/14/2010

4.04:25 PM

02432

ATTACHMENT 9 PAGE 24

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

ATTACHMENT 9 (CONT'D)

4,900.

WASHINGTON, DC 20011

RECIPIENT NAME AND ADDRESS

JEWISH PRIMARY DAY SCHOOL 6045 SIXTEENTH STREET NW

PUBLIC CHARITY NONE

GENERAL SUPPORT

TOTAL CONTRIBUTIONS PAID

.006,69

# SCHERULE D (Form 1041)

**Capital Gains and Losses** 

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2009

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

ARNOLD BORTMAN FAMILY FOUNDATION, INC.

Employer identification number 20-3901496

C/O REGARDIE BROOKS AND LEWIS

Note: Form 5227 filers need to complete only Parts I and II.

Pai	Short-Term Capital Gains and Lo	sses - Assets	Held One Ye	ar or Less			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales pnce	(e) Cost or other (see page 4 of instructions)	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1 a							
		1					
b	Enter the short-term gain or (loss), if any, fi	rom Schedule D	-1, line 1b			1 b	1,045.
2	Short-term capital gain or (loss) from Form	ns 4684, 6252,	6781, and 882	4		2	
3 4	Net short-term gain or (loss) from partners Short-term capital loss carryover. Enter the					3	
_	Carryover Worksheet			Enter here and on lin		4	( )
5	column (3) on the back					5	1,045.
Pa	Long-Term Capital Gains and Losse			e Year	(e) Cost or other	nasis	(f) Gain or (loss) for
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price	(see page 4 of instructions)	the	the entire year Subtract (e) from (d)
6a							
b	Enter the long-term gain or (loss), if any, fr	om Schedule D-	1, line 6b			6 b	110.
7	Long-term capital gain or (loss) from Form	s 2439, 4684, 6	6252. 6781. ar	nd 8824		7	
8	Net long-term gain or (loss) from partnersh	nips, S corporati	ions, and other	estates or trusts		8	
9	Capital gain distributions					9	
10	Gain from Form 4797, Part I					10_	
11	Long-term capital loss carryover Enter the	amount, if any	, from line 14 o	f the 2008 Capital Los	s	44	(
12	Carryover Worksheet		ın column (f)			11	<u> </u>
	column (3) on the back	_			t t	12	110.

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

Schedule D (Form 1041) 2009

Part III Summary of Parts I and II		(1) Beneficiaries'	(2) Esta	ate's	(2) Te4-1
Caution: Read the instructions before completing this page	art.	(see page 5)	or trus		(3) Total
13 Net short-term gain or (loss)	13				1,045.
14 Net long-term gain or (loss):					
	14a				110.
),	l4b				
	14c				<del></del>
15 Total net gain or (loss). Combine lines 13 and 14a ▶ [					1,155.
Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Pai	1990 11/	T, Part I, line 4a) If line	s 14a and 15	5, colui shoot	mn (2), are net gains, go
	LIVE	ind the Capital Loss Can	yover work	orreet, a	as necessary.
Part IV Capital Loss Limitation		- 4 6 - 4 4 Abo	-allas of	$\overline{}$	
16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Pa				16	1
a The loss on line 15, column (3) or b \$3,000	i lin	e 22 (or Form 990-T. lu	L ne 34). is a l	oss. co	omplete the Capital Loss
Carryover Worksheet on page 7 of the instructions to figure your capital loss carryover					
Part V Tax Computation Using Maximum Capital Gains Rates					
Form 1041 filers. Complete this part only if both lines 14a and 15 in colum			ount is ent	ered i	n Part I or Part II and
there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more	thar	N ZEFO.			
Caution: Skip this part and complete the worksheet on page 8 of the instruction. Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or	ions	т:			
Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.					
Form 990-T trusts. Complete this part only if both lines 14a and 15 are	gain	s, or qualified divide	nds are in	clude	d in income in Part I
of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part					
either line 14b, col (2) or line 14c, col (2) is more than zero					
17 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34	)	17			
18 Enter the smaller of line 14a or 15 in column (2)					
but not less than zero					
19 Enter the estate's or trust's qualified dividends					
from Form 1041, line 2b(2) (or enter the qualified					
dividends included in income in Part I of Form 990-T) 19					
20 Add lines 18 and 19					
21 If the estate or trust is filing Form 4952, enter the					
amount from line 4g, otherwise, enter -0 ▶ 21					
Subtract line 21 from line 20 If zero or less, enter -0		. 22			
Subtract line 22 from line 17. If zero or less, enter -0-		. 23			
				1	
Enter the smaller of the amount on line 17 or \$2,300		. 24		- 1	
25 Is the amount on line 23 equal to or more than the amount on line 24?		i			
Yes. Skip lines 25 and 26, go to line 27 and check the "No" box.					
No. Enter the amount from line 23					
Subtract line 25 from line 24		. 26			
Are the amounts on lines 22 and 26 the same?  Yes. Skip lines 27 thru 30, go to line 31  No. Enter the smaller of line 17 or line		27			
Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line	22	27			
Enter the amount from line 26 (If line 26 is blank, enter -0-)		28			
Effect the difficult with the 20 (if the 20 to blank, effect of	• • •	.			
Subtract line 28 from line 27		29			
30 Multiply line 29 by 15% (.15)				30	
31 Figure the tax on the amount on line 23 Use the 2009 Tax Rate					
(see the Schedule Ginstructions in the instructions for Form 1041)				31	
32 Add lines 30 and 31				32	
Figure the tax on the amount on line 17 Use the 2009 Tax Rate	Sch	edule for Estates an	d Trusts	T	
(see the Schedule Ginstructions in the instructions for Form 1041)				33	<u> </u>
Tax on all taxable income. Enter the smaller of line 32 or line 33 he	ere a	nd on Form 1041, S	chedule		
G, line 1a (or Form 990-T, line 36)				34	

Schedule D (Form 1041) 2009

## SCHEDULE D-1 (Form 1041)

Part I

1 a

**Continuation Sheet for Schedule D** (Form 1041)

(c) Date sold

(mo, day, yr)

► See instructions for Schedule D (Form 1041). ▶ Attach to Schedule D to list additional transactions for lines 1a and 6a. OMB No 1545-0092

2009

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

ARNOLD BORTMAN FAMILY FOUNDATION, INC.

(a) Description of property (Example 100 sh 7% preferred of "Z" Co)

SCHEDULE ATTACHED

Short-Term Capital Gains and Losses - Assets Held One Year or Less

acquired

(mo, day, yr)

Employer identification number

20-3901496 (d) Sales price (see page 4 of the instructions) (e) Cost or other basis (f) Gain or (loss) Subtract (e) from (d) (see page 4 of the instructions) 323,567 324,612 1,045.

		_	
 	 <u> </u>		

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

1,045.

Schedule D-1 (Form 1041) 2009

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

Employer identification number

Part II Long-Term Capital Gains a	nd Losses - Asse	ts Held More Th	an One Year		
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	( <b>b)</b> Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a SCHEDULE ATTACHED			44,908.	44,798.	110.
				-	
6b Total. Combine the amounts in colur	mn (f) Enter here a	nd on Schedule D	, line 6b		110.

SCHEDVLL- Part IV

REALIZED GAIN/(LOSS) DETAIL

													CONTINUED	2101100
	,	Comments	47	,	21	-	٦	,	5.7	1	1.5	-		
7	Keanzed	Cain(Loss)	\$(40 99)	100 01	(11)		(34.84)	1. 2	(87, 202)	(20112)	(261.42)	(=		
Orio / Adi	Total Cost	Julai cual	\$1,969.76	4 200 00	1,302.68	4 64 6 70	1,6/4.50		9,745 26		12,563 59			
Sales	Proceeds		1/ 826.14	1 275 57	10 017'1	1 630 66	1,039.00	07 67 6	9,542 4B	11 200 11	17,302,17			
	Quantity	1 020 770	0// 076'1	1 275 570	010 014,1	1 639 660	200 2001	0 542 400	9,342 400	12 202 170	0/1 705 71			
Date	Sold	08/20/09	00/20/03	09/20/08	22.12.10.0	10/20/09		11/20/04	2007	12/20/09				
Date	Acquired	60/60/20	2000	60/60/20	1000	60/60//0	0.000	50/50//0	2000000	50/50//0				
		5 000 4-20-39	1											
•	Security Description	GNMA 09-50 DB												

Active Assets Account # 642-062335-181

Page 8 of 18

# CLIENT STATEMENT | For the Period December 1-31, 2009

SCHEDULE PARTE

ARNOLD BORTMAN FAM FOUNDATION INC 10500 ROCKVILLE PIKE APT 1703

MorganStanley SmithBarney

# REALIZED GAIN/(LOSS) DETAIL (CONTINUED)

Realized	Gain/(Loss) Comments	7.5 00.0	LS 000	T S 00 0	T 2 000	D 00 57	000	000	1.7 000	126.48 ST	230 60 57	208 72 51	21802 57	257 39 5 7	253 77 5-7	173 16 ST	144 79 57	109 93 LT
Orig / Adj	Total Cost	18,182 94	26,280 64	24,672 22	25,175 24	19,278 60	17,532 49	10,230 68	4,580 97	14,328 52	26,123 38	23,644.72	24,698 95	29,158 77	28,748 19	19,616 39	16,402 23	12,453.47
Sales	Proceeds	18,182 94	26,280 64	24,672,22	25,175 24	19,278 60	17,532 49	10,230 68	4,580 97	14,455 00	26,353 98	23,853 44	24,916.97	29,416 16	29,001 96	19,789 55	16,547 02	12,563 40
	Quantity	18,182 940	26,280 640	24,672 220	25,175 240	19,278 600	17,532,490	10,230 680	4,580.970	14,455.000	26,353,980	23,853 440	24,916 970	29,416.160	29,001 960	19,789 550	16,547 020	12,563.400
Date	Sold	01/20/09		03/20/09	04/20/09	05/20/09	06/20/09	07/20/09	08/20/09	01/20/09	02/20/09	03/20/09	04/20/09	05/20/09	06/20/09	07/20/09	08/20/09	09/20/09
Date	Acquired	06/11/08	06/11/08	06/11/08	06/11/08	06/11/08	06/11/08	06/11/08	06/11/08	08/29/08 01/20/09	08/53/08	08/29/08	08/29/08	08/29/08	08/29/08	08/29/08	08/29/08	08/23/08
		5 1/2 3.20-38								5 1/2 2-20-38								
	Security Description	GNMA 2008-51 HA								GNMA 2008-77 GA 5 1/2 2-20-38								ļ

Gain / loss information is provided for informational purposes only information about gain / loss reporting	Shurt Herr 321612 33356 8 104574 10745 1004574	Say 1613	gain / loss section of the o	Isolosures for important  10.45  11.94
	10,14	369519	902364	1 55 1

\*\*\*\*

\$1,155.72

\$368,364.19

\$369,519.91

Net Realized Gam/(Loss) Year to Date

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PERSONAL ACCOUNTS

# Form 8868

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

Internal Revenue S	ervice Prile a separate application for each return.	
<ul> <li>If you are f</li> </ul>	ling for an Automatic 3-Month Extension, complete only Part I and check this box	×
	ling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page	
	ete Part II unlessou have already been granted an automatic 3-month extension on a previou	isly filed Form 8868.
Part Auto	matic 3-Month Extension of Time. Only submit original (no copies needed).	
·-	equired to file Form 990-T and requesting an automatic 6-month extension - check this box a	nd complete
Part I only	• • • • • • • • • • • • • • • • • • • •	لــا ►
	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 ome tax retums.	004 to request an extension of
	ng (e-file) Generally, you can electronically file Form 8868 if you want a 3-month auto	
	turns noted below (6 months for a corporation required to file Form 990-T). However if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms	
	omposite or consolidated From 990-T. Instead, you must submit the fully completed and	
8868. For mor	e details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for C	hanties & Nonprofits.
Type or	Name of Exempt Organization ARNOLD BORTMAN FAMILY FOUNDATION, INC	Employer Identification number
print	C/O Regardie Brooks and Lewis	20-3901496
File by the	Number, street, and room or suite no. If a P.O. box, see instructions	
due date for filing your	7101 Wisconsin Ave.	
return See	City, town or post office, state, and ZIP code For a foreign address, see instructions	
Instructions	Bethesda, MD 20814-4805	
Check type o	return to be filed (file a separate application for each return):	
Form 990	— (	m 4720
Form 990		m 5227
Form 990		m 6069
X Form 990	-PF Form 1041-A For	m 8870
Telephone	are in the care of ► ARNOLD BORTMAN  No. ► FAX No. ►	<del></del>
relephone	170. P	
If the organ	ization 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
	group, check this box	d attach a list with the
	at an automatic 3-month (6 months for a corporation required to file Form	n 990-T) extension of time
until	08/15, 2010 , to file the exempt organization return for the organization	•
for the or	ganization's return for:	
► X	calendar year 2009 or	
<b>&gt;</b> []	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
3a If this ar	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any
	dable credits. See instructions	3a 5 100
	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax pages	ayments
	clude any pnor year overpayment allowed as a credit.	3b \$ O
	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	
	D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System	m). See 700
Instruction		3c   \$
	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and	d Form 8879-EO
for payment ins		
For Privacy Ad	t and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev 4-2009)