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Department of the Treasury

Return of Private Foundation

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

OMB No 1545-0052

For salindary year 2009, or its year beginning	interr	nai He	renue Service Nute. The Touriuation may i	be able to use a copy of tills	return to satisfy state repu	iting requirements	l
Use the IRS Name of foundation Address change Amended return Amended return Address change Amended return Amend	For	calen	dar year 2009, or tax year beginning		, and ending	<u> </u>	
Use the IRS Name of foundation DARYL & STEVEN ROTH FOUNDATION See Specific ON INTERSTRATE PROP 2 10 ROUTE 4 EAST Telephone number 22 – 3339611 Stephone number 20 – 15 – 15 See Specific On INTERSTRATE PROP 2 10 ROUTE 4 EAST Stephone number 20 – 15 – 15 See Specific On INTERSTRATE PROP 2 10 ROUTE 4 EAST Stephone number 20 – 15 – 15 See Specific On INTERSTRATE PROP 2 10 ROUTE 4 EAST Stephone number 20 – 15 – 15 See Specific On INTERSTRATE PROP 2 10 ROUTE 4 EAST Stephone number 20 – 15 – 15 See Specific On Interstrations See Specific On Interstration See Specific See Specific	G	heck	all that apply Initial return	Initial return of a fo	rmer public charity	Final return	
Difference and stands (p P O tox number if read is not decreed to street address) DARYL & STEVEN ROTH FOUNDATION 22-3339511	_		Amended return	Address chang	ge 🔲	Name change	
DARYL & STEVEN ROTH FOUNDATION 22-3339611	Hee	the !	Name of foundation			A Employer identification	number
Otherwise, DARVI & STEVEN ROTH FOUNDATION of type: Committee							
or type: Comparison of the			DADUT & COUNTING DOMIT D	OUNDATION		22-3339611	
See Specific City or town, state, and ZIP code PARAMUS, NJ 07652 H Check type of organization Section 501c(s)3 exempt private foundation Section 4947(s)(1) nonexempt charidable frust			·	livered to street address)	Room/suite		
Instructions Child of Wind State And Carp Office			p, o inidicating inor 2	10 ROUTE 4 EX	AST		00
Contributions Parameters Section Secti			I LIIV OF IOWN STATE AND ZIP CODE			C If exemption application is po	ending, check here
Section 4947(a)(1) nonexempt charitable instit. □ Other taxable private foundation. Fair market value of all assets at end of year	ınsı	ructio	PARAMUS, NJ 07652			D 1. Foreign organizations	, check here
Section 4947(a)(1) nonexempt charitable instit. □ Other taxable private foundation. Fair market value of all assets at end of year	H	heck	type of organization X Section 501(c)(3) ex	empt private foundation		Foreign organizations me check here and attach co	eting the 85% test, pupulation
Fair market value of all assets at end of year (from Part II), co. (c), line 16) \$ 506,084. (Part I, column (g) must be on cash basis.) Part II hallysis of Revenue and Expenses (she with the foundation is in a 60-month termination under section 507(b)(13)(A), check here II this rection 507(b)(13)(A), check here II the foundation is in a 60-month termination under section 507(b)(13)(A), check here II this rection 607(b)(13)(A), check here II thi] Se			tion		
Part Analysis of Revenue and Expenses Che total of amounts a columne (b), (c), and (d) may not necessity equal the amounts an ectionne (b), (c), and (d) may not necessity equal the amounts in columne (b), (c), and (d) may not necessity equal the amounts in columne (b), (c), and (d) may not necessity equal the amounts in columne (b). (c) and (d) may not necessity equal the amounts in columne (b). (c) and (d) may not necessity equal the amounts in columne (b). (d) braits manner (c) Adjusted net income (c) Adjusted net incom	l Fa	air ma				under section 507(b)(1)	(A), check here
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Part I Analysis of Revenue and Expenses (new part Notice of Amounts of Notice and profits of No				mn (d) must be on cash t	pasis.)		
Contributions, grifts, grants, etc., received 850,000. Contributions, grifts, grants,	Pá	art I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment		(d) Disbursements
1 Contributions, grifs, grants, etc., received 2 Check ▶			 (I he total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) 				
Chock Character The fluorednot is not required to stach Sch 8 Interest to makings and temporary and temporary again investments 24,762. 24,762. STATEMENT 1 Sa Gross cents D Net rental income or (floss) San Investments 1 Sa Gross cents D Net rental income or (floss) San Interest Sa Gross cents D Net rental income or (floss) San Interest Sa Gross cents D Net rental income or (floss) San Interest Sa Gross cents Sa Gros		1		850,000.			
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4 Dividends and interest from securities		3	Interest on savings and temporary				
5a Gross rents b Net rental income or (lose) 6a Net gain or (lose) from sale of assets not on line 10 b Gross sales price for all assets on the sale of as				24,762.	24,762.		STATEMENT 1
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27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 2320010 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions. Form 990-PF (2009)	2	20	•	924.469	22	0	924.200
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	الِدَ	27		222/300	€ € •	· · · · · · · · · · · · · · ·	72.12.00.
b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) D . Form 990-PF (2009)	Ź	[*] ,		<49.707	>		
C Adjusted net income (if negative, enter -0-)	Ę	h	•				
923501 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions. Form 990-PF (2009)	သွ	"				0.	
	9235	01		Act Notice, see the instruct	tions.		Form 990-PF (2009)

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
Part it Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing			
2 Savings and temporary cash investments	27,994.		
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			
7 Other notes and loans receivable			
Less allowance for doubtful accounts]	
8 Inventories for sale or use 9 Prepaid expenses and deferred charges			
	1,933.	12,873.	
9 Prepaid expenses and deferred charges	1,933.	12,073.	
10a Investments - U.S. and state government obligations	701 000	749,235.	506,084
b Investments - corporate stock STMT 3	781,888.	749,233.	300,004
c Investments - corporate bonds			
11 Investments - land, buildings, and equipment basis			
Less accumulated depreciation			
12 Investments - mortgage loans			
13 Investments - other			,
14 Land, buildings, and equipment. basis ▶			
Less accumulated depreciation			
15 Other assets (describe ►)			
16 Total assets (to be completed by all filers)	811,815.	762,108.	506,084
17 Accounts payable and accrued expenses			······································
18 Grants payable			
19 Deferred revenue			
21 Mortgages and other notes payable			
22 Other liabilities (describe)			
OO Tabliblishing (add base 47 Ab a ab 00)	0.	0.	
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.			
24 Unrestricted			
25 Temporarily restricted			
26 Permanently restricted			
Foundations that do not follow SFAS 117, check here			
and complete lines 27 through 31.			
27 Capital stock, trust principal, or current funds	0.	0.	
28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
29 Retained earnings, accumulated income, endowment, or other funds	0.	0.	
30 Total net assets or fund balances	811,815.	762,108.	
31 Total liabilities and net assets/fund balances	811,815.	762,108.	
art III Analysis of Changes in Net Assets or Fund B			
			
Total net assets or fund balances at beginning of year - Part II, column (a), line	งบ		011 015
(must agree with end-of-year figure reported on prior year's return)		1	811,815
Enter amount from Part I, line 27a		2	<49,707
Other increases not included in line 2 (itemize)		3	0
Add lines 1, 2, and 3		4	762,108
Decreases not included in line 2 (itemize)		5	0
Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	762,108

923511 02-02-10 Form **990-PF** (2009)

		nd(s) of property sold (e g , or common stock, 200 shs			(b) How acquired P - Purchase D - Donation	(c) Da (mo	te acquired , day, yr)	(d) Date sold (mo , day, yr)
<u>1a</u>						T	-	
b NO	ONE							
_C			 					
d						ļ		
<u>e</u>	1 (0.5							
(e) Gross sales price	(1)	epreciation allowed (or allowable)		t or other basis xpense of sale) Gain or (loss llus (f) minus	
<u>a</u>	-							
<u>b</u>	-							
d	· · · · · ·							
e	1							
Complete only for assets show	ing gain in c	column (h) and owned by th	ne foundation	on 12/31/69		(I) Gains	(Col (h) gain	minus
(i) F M V as of 12/31/69	(i) Adjusted basis as of 12/31/69		cess of col (ı) col (j), ıf any		cól (k), bi	ut not less that es (from col (n -0-) ar
a								
b								
C	ļ							
<u>d</u>	ļ							
<u>e</u>	<u> </u>							
2 Capital gain net income or (net o	capital loss)	If gain, also enter : If (loss), enter -0-	ın Part I, line ' ın Part I, line	7 7	} 2			
3 Net short-term capital gain or (lo			I (6)					
If gain, also enter in Part I, line 8)			 			
If (loss), enter -0- in Part I, line 8 Part V Qualification		ection 4940(e) for	Doducod	Toy on Not	J 3			
Was the foundation liable for the se	alify under s	ection 4940(e) Do not con	nplete this pa	nt				Yes X No
1 Enter the appropriate amount in (a)	each colum		ctions before	making any entries				/d\
Base period years Calendar year (or tax year beginn	una in)	(b) Adjusted qualifying distr	abutions	Net value of non	(c) charitable-use ass	ets	Distrib	(d) ution ratio
2008	iiig iii,		3,593.		771,60		(coi. (b) div	ided by col (c)) 2 • 486306
2007			,240.		880,8			1.65091
2006			1,613.		988,7			1.855525
2005		2,071	1,036.			<u> </u>		.870102
2004		1.691			2,380,2			
		1/0/1	668.		2,380,22			
2 Total of line 1, column (d)			1,668.		2,746,60			.615900
		e period - divide the total or	1,668.	or by the number o	2,746,60	50.		.615900 7.47874
3 Average distribution ratio for the the foundation has been in exist	ence if less t	e period - divide the total or than 5 years	n line 2 by 5,	or by the number o	2,746,60	2		.615900 7.478744 1.495749
 Average distribution ratio for the the foundation has been in exist Enter the net value of noncharita 	ence if less t	e period - divide the total or than 5 years	n line 2 by 5,	or by the number o	2,746,60	2		.615900 7.478744 1.495749 475,136
 Average distribution ratio for the the foundation has been in exist Enter the net value of noncharita Multiply line 4 by line 3 	ence if less t	e period - divide the total or than 5 years ets for 2009 from Part X, lii	n line 2 by 5,	or by the number o	2,746,60	2 3 4		.615900 7.478744 1.495749 475,136
3 Average distribution ratio for the	ence if less t	e period - divide the total or than 5 years ets for 2009 from Part X, lii	n line 2 by 5,	or by the number o	2,746,60	2 3 4		.615900 7.478744 1.495749 475,136 710,684
 Average distribution ratio for the the foundation has been in exist. Enter the net value of noncharita Multiply line 4 by line 3 Enter 1% of net investment income 	ence if less t ble-use assi me (1% of F	e period - divide the total or than 5 years ets for 2009 from Part X, lii Part I, line 27b)	n line 2 by 5,	or by the number o	2,746,60	2 3 4 5		7.478749 1.495749 475,136 710,684 247 710,931

_	1990-PF (2009) DARYL & STEVEN ROTH FOUNDATION		<u> 3339</u>			Page 4
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	<u> 1948</u>	- see i	nstru	<u>ictio</u> i	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1	<u> </u>		2	47.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3			2	47.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4		-		0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			2	47.
6	Credits/Payments					
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 13,120					
	Exempt foreign organizations - tax withheld at source 6b	1				
	Tax paid with application for extension of time to file (Form 8868) 6c	1				
	Backup withholding erroneously withheld 6d	1				
	Total credits and payments Add lines 6a through 6d	7]	1	3,1	20.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	 			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	1			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	 		2,8	73.
	Enter the amount of line 10 to be Credited to 2010 estimated tax 12,873. Refunded	11				0.
_	rt VII-A Statements Regarding Activities	<u>, ,,</u>				
-	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interveni	e in			Yes	No
•	any political campaign?			1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
_	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	ed or				
	distributed by the foundation in connection with the activities.	50 01				
	Did the foundation file Form 1120-POL for this year?			10	1	х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				ļ	1
•	(1) On the foundation \triangleright \$ O . (2) On foundation managers \triangleright \$ O .					
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	<u>-</u>				
-	managers > \$ 0.					
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						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	OI .			1	X
42	•••			3	 	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year?	N	I/A	4a 4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	1.4	, A			Х
J	If "Yes," attach the statement required by General Instruction T.			5		_^_
6	•					
0	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or 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 and the government of the government o	e law		_	v	
-	remain in the governing instrument?			6	X	
1	Did the foundation have at least \$5,000 in assets at any time during the year?			7	Χ	ļ
Α.	If "Yes," complete Part II, col. (c), and Part XV.					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	NJ					
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		,	8b	Х	ļ
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	endar	i			
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		, ,	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	TMT	1 4	10	X	1

STMT 4 10 X Form **990-PF** (2009)

orm	990-PF (2009) DARYL & STEVEN ROTH FOUNDATION	22-3339	PIT		rayes
Pa	st 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 instructions)		11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before				
	August 17, 2008?		12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	n?	13	Х	
	Website address ► NONE				
14		elephone no ▶201-58	37-1	000	
	Located at ▶210 ROUTE 4 E, PARAMUS, NJ	ZIP+4 ▶0 7			
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	▶ 15	N	/A	
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Requ				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly).				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
	a disqualified person?	Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available				
	for the benefit or use of a disqualified person)?	Yes X No			
	(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)	Yes X No			
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)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here	▶. □	-		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were no	t corrected			
	before the first day of the tax year beginning in 2009?		10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operati	ng foundation			
	defined in section 4942(j)(3) or 4942(j)(5)).				
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax ye	ear(s) beginning			
	before 2009?	Yes X No			
	If "Yes," list the years ▶				
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relatively	na to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer				
	statement - see instructions)	N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here				
	>				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
	during the year?	Yes X No			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualif				
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4	•			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Usi				
	Form 4720, to determine if the foundation had excess business holdings in 2009.)	N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	. –	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its cha	ritable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2009?	:- pp	4b		Х

4b X Form **990-PF** (2009)

Part VIII Information About Officers, Directors, Trustees, Foundation M Paid Employees, and Contractors (continued)	anagers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE	: II	
(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		▶ 0
Part IX-A Summary of Direct Charitable Activities	 	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informumber of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	mation such as the	Expenses
1 CONTRIBUTIONS TO RECOGNIZED CHARITIES		
		924,200.
2		
3	-	
<u> </u>	· · · · · · · · · · · · · · · · · · ·	
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	d 2	Amount
1 N/A		
2		
All other program-related investments See instructions		•
3		
Total. Add lines 1 through 3		0.
	F	V •

Form **990-PF** (2009)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	482,372.
b		1b	0.
C	Fair market value of all other assets	1c	0.
đ	Total (add lines 1a, b, and c)	1d	482,372.
e	Reduction claimed for blockage or other factors reported on lines 1a and		<u> </u>
	1c (attach detailed explanation) . 1e O .		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	482,372.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,236.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	475,136.
6	Minimum investment return. Enter 5% of line 5	6	23,757.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part)	d certain	•
1	Minimum investment return from Part X, line 6	1	23,757.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	247.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	247. 23,510.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	23,510.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	23,510.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	924,200.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	924,200.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	247.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	923,953.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies fo	r the section

Form **990-PF** (2009)

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI.				
line 7				23,510.
2 Undistributed income, if any, as of the end of 2009			-4	······································
a Enter amount for 2008 only			0.	
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004 1,585,765.				
b From 2005 2,000,195.				
c From 2006 1,825,700.				
d From 2007 1,440,200.				
e From 2008 1,906,224.				
f Total of lines 3a through e	8,758,084.			
4 Qualifying distributions for 2009 from				
Part XII, line 4 ►\$ 924, 200 •				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior		·		111111
years (Election required - see instructions)		0.	·.	
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				23,510.
e Remaining amount distributed out of corpus	900,690.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	9,658,774.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'		· · · · · · · · · · · · · · · · · · ·		
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable	•••••			
amount - see instructions		0.		
e Undistributed income for 2008 Subtract line			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2009 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of		······································		
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				***************************************
not applied on line 5 or line 7	1,585,765.			
9 Excess distributions carryover to 2010.	-			
Subtract lines 7 and 8 from line 6a	8,073,009.			
0 Analysis of line 9				
a Excess from 2005 2,000,195.				
b Excess from 2006 1,825,700.				
c Excess from 2007 1,440,200.				
d Excess from 2008 1,906,224.				
e Excess from 2009 900, 690.				

	STEVEN ROT			22-33	39611 Page 10
Part XIV Private Operating F	oundations (see ins	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter that	it is a private operating			
foundation, and the ruling is effective fo	or 2009, enter the date of t	he ruling	▶ <u> </u>		
b Check box to indicate whether the found	dation is a private operatin	ng foundation described i	n section	3 4942(j)(3) or)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
Income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for	, , ,				
each year listed		-		-	
b 85% of line 2a				<u> </u>	
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
•					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the			 		
alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					_
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from	}				
an exempt organization					
(4) Gross investment income	<u> </u>				<u> </u>
Part XV Supplementary Info			if the foundatio	n had \$5,000 or mo	ore in assets
at any time during t	the year-see the I	nstructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh	o have contributed more t	than 2% of the total conti	ributions received by th	e foundation before the clo	se of any tax
year (but only if they have contributed r	nore than \$5,000). (See s	ection 507(d)(2).)	•		·
NONE					
b List any managers of the foundation wh	o own 10% or more of the	e stock of a corporation (or an equally large nor	tion of the ownership of a n	artnershin or
other entity) of which the foundation ha			or an equally large por	uon or the emicromp or a p	arthoromp or
NONE	·				
		<u> </u>			
2 Information Regarding Contribut					
Check here ► X if the foundation of	only makes contributions t	o preselected charitable (organizations and does	not accept unsolicited requ	iests for funds. If
the foundation makes gifts, grants, etc	(see instructions) to indiv	iduals or organizations u	nder other conditions,	complete items 2a, b, c, and	10
a The name, address, and telephone num	ber of the person to whor	n applications should be	addressed		
b The form in which applications should t	oe submitted and informat	ion and materials they sh	ould include		
c Any submission deadlines					
d Any restrictions or limitations on award	e cuch as hy gangraphica	l areas charitable fields	kinds of institutions of	r other factors	
a rany restrictions of limitations on award	o, outin as by govyrapilled	n areas, chantable lields,	กเกนอ บา แเอนเปนบแร, 01	OUIGI IACIUIS	
		·			

Supplementary information		<u> </u>			
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment	T		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose cont	of grant or ribution	Amount
a Paid during the year SEE SCHEDULE ATTACHED-MORGAN STANLEY	or śubstantial contributor	PUBLIC CHARITIES	RECOGNIZED		924,200.
					024 200
Total b Approved for future payment		1	T	▶ 3a	924,200.
NONE					
Total	<u> </u>		<u></u>	▶ 3b	0.
1 UL4 I				► 3h	ı 0.

Part XVI-A Analysis of Income-Producing Activities

	- Unrelated	business income	Louisia	by section 512, 513, or 514	
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclusion code	(d) Amount	(e) Related or exempt function income
1 Program service revenue a	code		code		
b	-	· -			
C					
d					
е					
f			ll_		
g Fees and contracts from government agencies					
2 Membership dues and assessments			<u> </u>		
3 Interest on savings and temporary cash					
investments .			1 1 1	04.760	
4 Dividends and interest from securities			14	24,762.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property	-				
6 Net rental income or (loss) from personal					
property 7 Other investment income	-		 -		
8 Gain or (loss) from sales of assets other			+	•	
than inventory					
9 Net income or (loss) from special events					-
10 Gross profit or (loss) from sales of inventory		·			
11 Other revenue					
a					
b					
C					
d					<u>.</u> .
e	_		<u> </u>		
12 Subtotal Add columns (b), (d), and (e)		0.	·	24,762.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	24,762.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accor	mplishment of E	xempt l	Purposes	
Line No. Explain below how each activity for which inc	n hatanaria in	column (a) of Part YVI-	A contribut	ed importantly to the accom-	olishment of
the foundation's exempt purposes (other tha			- Continuut	ed importantly to the accomp	pasimient of
	-,,,	,			
	•		-		
					· · · · · · · · · · · · · · · · · · ·
					
_					
-					<u> </u>
-			_		
-				 -	
					
	 				
	_				

Form 990-PF (2009) Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1	Did th	ne organization directly or indi	rectly engage in any of the followi	ing with any other organiza	ition described in secti	on 501(c) of		Yes	No
	the C	ode (other than section 501(c))(3) organizations) or in section 5	27, relating to political org	anizations?				
i	Trans	fers from the reporting found	ation to a noncharitable exempt of	rganization of					
	(1) (Cash					1a(1)		Х
	(2) (Other assets					1a(2)		X
i		transactions.							
•		Sales of assets to a noncharita	hle evernt organization				16(1)	Ì	X
			ncharitable exempt organization				1b(2)		X
			, •						X
		Rental of facilities, equipment,	•	-			1b(3)		X
		Reimbursement arrangements					1b(4)		V
		oans or loan guarantees	·		•		1b(5)		X
			embership or fundraising solicitati				1b(6)		X
			uling lists, other assets, or paid en				1c		X
("Yes," complete the following sch					sets,	
	or se	rvices given by the reporting fo	oundation. If the foundation received	ved less than fair market va	alue in any transaction	or sharing arrangement,	show in		
	colun	nn (d) the value of the goods,	other assets, or services received	l.					
a)	Line no	(b) Amount involved	(c) Name of noncharitable	le exempt organization	(d) Description	of transfers, transactions, and	sharing ar	rangeme	ents
			N/A						
_									
_									
_	_								
				•					
				 .					
_	_								
_			L		l	<u>-</u>			
28			tly affiliated with, or related to, one		inizations described	_			_
			r than section 501(c)(3)) or in sec	ction 527?		Ĺ	Yes	LX.	. No
t	If "Ye	s," complete the following sch	edule						
_		(a) Name of org	anization	(b) Type of organization) (c) Description of relations	ship		
		N/A							
			-						
						· · · ·			
٦	Under p	enalties of pergry N declare that I h	ave examined this return, including acco	ompanying schedules and state	ements, and to the hest of	my knowledge and belief it is	true com		
			er than taxpayer or fiduciary) is based on			my knowledge and belief, it is	, 100, 00,10	~4	
		X	. ^	1					
,	<u>-</u>	0 0	<u> </u>						
:	SI	gnature of officer or trustee		Date	Title				
	us .	Preparer's			L COH		rer's identif	ying nun	nber
١,	Paid Preparer's Use Only	signature Duvi			08/24/10 sen	ploved ▶ 📖 PO	0098		
	Paid spare	Firm's name (or yours FAZI	O, MANNUZZA, ROCH	HE, TANKEL, LA	PILUSA LLC	EIN ► 22-261	8498		
	- Par		OMMERCE DRIVE,						
			FORD, NJ 07016-			Phone no (908) 27	2-6	200
				<u></u>	-		orm 990		
						· ·	J JJU	(_0031

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

2009

D.	ARYL & STEVEN ROTH FOUNDATION	22-3339611								
Organization type (check	one):									
Filers of:	Section:									
Form 990 or 990-EZ	501(c)() (enter number) organization									
	4947(a)(1) nonexempt charitable trust not treated as a private foundation									
	527 political organization									
Form 990-PF X 501(c)(3) exempt private foundation										
4947(a)(1) nonexempt charitable trust treated as a private foundation										
501(c)(3) taxable private foundation										
· -	is covered by the General Rule or a Special Rule. 5)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.								
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mo olete Parts I and II.	oney or property) from any one								
Special Rules										
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg (b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.									
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.										
contributions for or If this box is check purpose. Do not co	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes exclusively for religious, charitable, etc., purposes, but these contributions did not agained, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because it lie, etc., contributions of \$5,000 or more during the year.	gregate to more than \$1,000. ly religious, chantable, etc ,								
but it must answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Schedule En Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 ling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990, 990-EZ, or 990-PF.

Employer identification number

DARYL & STEVEN ROTH FOUNDATION

22-3339611

Part 1	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	STEVEN ROTH 107 APAQUOGUE RD E. HAMPTON, NY 11937	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
923452 02-0		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

FORM 990-PF DIVIDENT	DS AND	INTER	EST FROM	SECUE	RITIES	ST	ATEMENT	1
SOURCE		GROSS	AMOUNT	-	TAL GAINS	С	OLUMN (A))
MORGAN STANLEY			24,762.		0.		24,70	52.
TOTAL TO FM 990-PF, PART I,	LN 4		24,762.		0.	24,762.		
FORM 990-PF		TAX	ES			ST	ATEMENT	2
DESCRIPTION	EXP	(A) ENSES BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		(D) CHARITAI PURPOSI	
FEDERAL INCOME TAXES		247.		0.		0.		0.
TO FORM 990-PF, PG 1, LN 18		247.		0.		0.		
FORM 990-PF	CC	RPORAT	E STOCK			ST	ATEMENT	3
DESCRIPTION				вос	OK VALUE	FA	IR MARKE' VALUE	r
CORPORATE STOCK					749,235.		506,0	84.
TOTAL TO FORM 990-PF, PART I	I, LIN	NE 10B			749,235.		506,0	84.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	4
NAME OF CONTRIBUTOR	ADDRESS		
DARYL AND STEVEN ROTH	PO BOX 669 EAST HAMPTON, NY 1937		

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CONTINUED

Busines Scape Account # 618-092198-110

MorganStanley SmithBarney

THE DARYL & STEVEN ROTH FOUNDATION ATTENTION: STEVEN ROTH

DEBITS

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

2009 Annual Review

CHECKS

CHECKS WITH NO CODE

(1 000 00) (200 00 (2,000 00) (1,000 00) (00 000 5) (1,000 00) (1 000 00) (20,000 00) (10 000 00) (10 000 00) \$(15,000 00 (2 500 00 (20,000 00) (25,000,00 (10 000 00 (2 500 00 10,000 00 (2 000 00 (1 000 00 (10,000 00 (750 00 00 000.1) (1 000 00 Expense Category POLICEMEN'S BENEVOLENT ASSN IN ALBERT EINSTEIN COLLEGE OF MED ALBERT EINSTEIN COLLEGE OF MED SOMERSET HILLS LEARNING INSTIT JEWISH BD OF FACA & CHILDREMS INTREPID FALLEN HEROES FUND CROHMS & COLITIS FOUNDATION ART EDUCATION FOR THE BLIND LABYRINTH THEATER CO THE CITY COLLEGE OF MY CANCER RESEARCH INST CITY MEALS ON WHEELS INTREPID RELIEF TUND UJA FEDERATION OF NY DARTMOUTH COLLEGE THE BARROW GROUP NISKALA AROSE INC BIG APPLE CIRCUS NEW DRAMATISTS THE DUBOIS INST PRIDARY STAGES NY CITY CENTER LIVE OUT LOUD GUILD HALL JUMPSTART MGA FDN CL LON 4563 1,565 1555 1567 1133 1134 1568 4569 1570 1573 1561 1132 1,571 1572 4574 1562 1,96.1 Check Check. Check Chick Chrick Check Check Chrck Chrich Check Check Clicck Cleck Check Check Check Check Check Check Check Chect Chect. Chec. Check 1/26 2/20 2/20 2118 3/1 3 4/16 3/16 :125 4/29 1/30 2/11 3/31 3/30 4774 4/24 1121 2/3 6/7 2/5 :1/3 ë ≅ Written 12/19 3/16 4715 4/15 4730 1/30 3/25 3/25 3/30 4/13 17.30 9

MorganStanley SmithBarney

THE DARYL & STEVEN ROTH FOUNDATION ATTENTION. STEVEN ROTH

2009 Annual Review

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

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DEBITS

CHECKS

CHECKS WITH NO CODE (CONTINUED)

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Page 12 of 20

CONTINUED

BusinesScape Account # 618-092198-110

MorganStanley SmithBarney

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

2009 Annual Review

THE DARYL & STEVEN ROTH FOUNDATION ATTENTION: STEVEN ROTH

DEBITS

CHECKS

CHECKS WITH NO CODE (CONTINUED)

	Amount	(3 000 00)	(1 000 00)	(25,000 00)	(1 (100 (10)	(1,200 00)	(10,000 00)	(1 100 00)	(10 000 00)	(2 500 00)	(10,000 00)	(00 009)	(200 00)	(50 00)	(00 000,01)	(200 00)	(100 000 001)	(1,000 00)	(1,000 00)	(15,000 00)	(15,000 00)	(1,000 00)	(1 000 00)	(1 000 00)	(2,500 00)	(2,000 00)	(1 000.00)	(2,000 00)
	Exoense Category																											
	Pavec	SIGNATURE THEATER CO	TANENBAUM	THE MELANOMA RESEARCH ALLIANCE	THE NEW 42ND STREET INC	LINCOLN CENTER THEATER	THE JEWISH THEOLOGICAL SEMINAR	THE BREAST CANCER RESEARCH FON	AMERICAN FRIENDS OF THE ISPACE	BAY STREET THEATRE	NEW YORK RESTORATION PROJECT	TRANSPORT GP	OVERCOMING OBSTACLES	JACOBSON CENTER FOR THE PERFOR	THE ACTORS FUND	THE ANIMAL MED CTR	HORACE MANN SCH	NYS TISCH SCHOL OF THE ARTS	BROADWAY CARES EQUITY FIGHTS A	THE JEWISH THEOLOGICAL SEMINAR	MANHATTAN THEATER CLUB	AMERICAN FRIENDS OF THE ISRAEL	AMERICAN I RIENDS OF THE ISRAIL	FRIENDS OF TUCKER FDN	YM YWHA OF NORTHERN JERSEY	DARTMOUTH COLLEGE HILLEL	YESHIVA UNIV	LIVE OUT LOUD
	Check Manher	1591	4592	4593	1591	-1596	1155	4597	1156	4598	4599	009:	1157	1159	4601	1602	1160	4603	4604	1161	1605	1162	4606	1165	1164	1166	.1608	4609
	Activity Type	Chrcs.	Check.	Chrck.	Check	Cherl.	Check	Chect.	Check	Check	Check.	Check.	Check	Check.	Chect:	Check	Chect.	Check	Check	Check	Check	Check:	Check	Check	Check	Check	Check.	Check
1	Date	1; /i6	8/23	8/28	1.216	9/16	9/18	9/25	9/30	10/14	10/26	10/13	10/22	10/29	10/23	11/5	10/30	11/5	10/28	10/30	11/6	11/6	61/11	11175	11/25	12/22	12/10	12/22
	Date	8/20	8/20	8/20	8/25	8/25	6/6	9/18	17/6	10/5	10/2	10/5	10/19	10/19	10/19	10/19	10/51	10/21	10/21	10/27	10/30	11/2	11/12	11/17	11/23	12/4	1217	12/7

MorganStanley SmithBarney

THE DARYL & STEVEN ROTH FOUNDATION ATTENTION; STEVEN ROTH

2009 Annual Review

CLIENT STATEMENT | For the Period Occember 1-31, 2009

DEBITS

CHECKS

CHECKS WITH NO CODE (CONTINUED)

Date	Date					to rom o
Writen	Paid	Activity Type	Check Number	Payee	Expense Category	Turning Co.
9/71	12/21	Chrck	1167	LINCOLN CENTER FOR THE PERFORM	16)	(00 000 00)
11/21	12/18	Check	1168	JIMSA	?)	(2,500 00)
17/11	12/16	Check	1169	AMERICAN JEWISH COMAN		(2,500 00)
12/11	82/21	Chock	1170	SOMERSET HILLS LEARNING INSTIT	.)	(1,000 00)
12/11	12/21	Chock	1171	COLD SPRING HARBOR LAB		(1,000 00)
31,61	12/21	3000	1172	ANTI-DEFAMATION LEAGUE	1)(1)	(10,000 00)
01/21	1999	3.21.5	1173	UNITED STATES HOLOCAUST MEMORI		(1,000 00)
12/10	12/23	Cilich	1176	THOTER WALL	010	(100,000,001)
11/21	12/29	Check	0/12		(c)	(00 000 50)
12/18	12/31	Check	1176	PRINCETON UNIVERSITY THE PARENT		(-2,500,00)
TOTAL CH	TOTAL CHECKS WITH NO CODE	0 CODE			76	02426

TOTAL CHECKS

INTEREST CHARGED

Transaction	Settlement					(amollono))
Oato	Date	Activity Type	Description	Comments		THINDS A COUNTY
200		Margin Interest Charged	Thru 06/15/09 For 1 Days	\$1,088 36	9 1/2%	\$(1.07)
000				6101532	9 1/292	(8: O)
07/30	9/30	Margin Interest Charged	111tu 09/15/09 For 1 Days	51 040 54	2 112.70	
0,01	0,01	thannia lateract Charact	Margin Interest Adjustment	On 10/09/09		8 t O
6//1	1010	Bidigit manager		100,100		(6): (6)
12/31	12/31	Margin Interest Charged	Thru 12/31/09 For 3 Days	re 308 128	y U4 I	121 021
l	ı					(6) 1(1)
TOTAL INTE	<i>FOTAL INTEREST CHARGED</i>	GED				(50,17)

OTHER DEBITS

Inflows/(Outflows)	100 5073	100 53/8	25.00	(32 00)	CONTINUED
Comments					
Con					
		INTERLY SERV CITG	[REVFRSAL	CFS MONTHLY SERV CHG	
farrand	Description	CLS MO	D I VVV	CFS MO	
	ACLIVITY 1 YPE	Account Charge	Account Charge-Adı	Account Charge	
nent	อาเด	1/5	1//	2/3	
Transaction	Date	1/5	1/6	2/3	

PFRSDBM • CCODA 18

Form	8868 (Rev 4-2009)				Page 2				
• If y	rou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and chec	k this box			ightharpoonup				
Note	. Only complete Part II if you have already been granted an automatic 3-month extension on a previou	usly filed F	orm 8	868.					
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).								
Par	Additional (Not Automatic) 3-Month Extension of Time. Only file the origin	nal (no cop	ies n	eeded).					
Туре	Name of Exempt Organization	ļ	Empl	oyer identif	fication number				
print			_						
•	DARIL & STEVEN ROTH FOUNDATION		2	<u>2–3339</u>	611				
File by the extended Number, street, and room or suite no. If a P.O. box, see instructions. For IRS use only									
due date for C/O INTERSTATE PROP 210 ROUTE 4 EAST									
City, town or post office, state, and ZIP code. For a foreign address, see instructions. PARAMUS, NJ 07652									
Chec	k type of return to be filed (File a separate application for each return):								
	Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 104	11-A 🗀	☐ Fo	rm 5227	Form 8870				
	Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 472	20 🗆	ີ Fo	rm 6069					
STO	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a	previous	y file	d Form 886	88.				
	STEVEN ROTH								
• Th		52							
Te	te books are in the care of ► 210 ROUTE 4 E, PARAMUS, NJ - 0765 stephone No. ► 201-587-1000 FAX No. ►				·				
	the organization does not have an office or place of business in the United States, check this box				▶ □				
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	. If this	ıs for	the whole	group, check this				
	▶ ☐ . If it is for part of the group, check this box ▶ ☐ and attach a list with the names and El								
4	request an additional 3-month extension of time until NOVEMBER 15, 2010.	110 01 011 111		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
5	For calendar year 2009, or other tax year beginning, and e	endina							
6	If this tax year is for less than 12 months, check reason: Initial return Final return	· · ·		Change in a	ccounting period				
7	State in detail why you need the extension			J	٠.				
	ADDITIONAL TIME REQUIRED TO OBTAIN INFORMATION NEC	CESSAR	Y '	ro					
	FILE A COMPLETE 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 estimate	ted							
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid								
	previously with Form 8868.		8b	\$	1,933.				
C	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, dep	osit			_				
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instr	ructions	8c	\$	0.				
	Signature and Verification								
	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, ue, correct, and complete, and that I am authorized to prepare this form	and to the t	est o	my knowled	ge and belief,				

Title 🕨

Form 8868 (Rev 4-2009)

Date 🕨

Signature ►