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Form, 990-PF

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

OMB No 1545-0052 2009

	1
epartment of the Treasury	Treated as a Private Foundation
ternal Revenue Service	Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

Fo	r cal	lendar y	ear 2009, c	or ta	ax year beg	inning			, 2009	, and endir	ng	, 20
G	Che	ck all th	at apply	Х	Initial retu	rn		Initial return	of a former p	ublic chari	<u>ty</u>	Final return
_					Amended	return		Addre	ss change		Name change	
		1	Name of fou	ndat	ion						A Employer ide	entification number
ι	lse th	e IRS										
	lab	el. [ˈː	THE HALI	PRI	N FAMILY	FOUN	DATIC	ON B				26-3952678
•			Number and	stre	et (or PO box	number if	mail is no	t delivered to stree	t address)	Room/suit	te B Telephone numb	per (see page 10 of the instructions)
	pri											
S	or ty ee Si	pecific -	1340 PO	rom	AC SCHOO	L ROA	'D					() -
	•	ctions.	City or town.	, sta	te, and ZIP co	de					C If exemption a pending, check	application is
											D 1 Foreign org	ganizations, check here
		I	MCLEAN,	VA	22101							ganizations meeting the
H	Che	ck type	of organiza	tion	X Sect	on 501°(c)(3) ex	empt private	foundation			check here and attach
\perp	s	ection 49	947(a)(1) no	nexe	mpt charitabl			ther taxable p		tion	E If onvate four	ndation status was terminated
Ī	Fair	market	value of all	ass	ets at end	J Acco	unting r	nethod 🔀 C	ash 💹 Acc	crual		1 507(b)(1)(A), check here .
	of ye	ear (fron	n Part II, col	l. (c)	, line		ther (sp			_	F If the foundat	tion is in a 60-month termination
	16)	▶ \$	62	25,	383.	(Part I,	column	(d) must be or	n cash basis)		under section	507(b)(1)(B), check here
F	art l	Analys	sis of Reve	nue	and Expens	ses (The	(a) R	Revenue and	(b) Net inve	natmont	(c) Adjusted ne	(d) Disbursements
		total of	amounts in c it necessariv	olum	ins (b), (c), an	d (d) s in		oenses per	incon	I	income	for charitable purposes
					of the instruc			books	<u></u>			(cash basis only)
	1	Contributio	on <u>s, gift</u> s, grants,	etc , r	eceived (attach sc	hedule) .		624,081	<u> </u>			
ı	2	Check >			lation is not req				<u> </u>			
	3	Interest o			oorary cash inve			138	.1	138.		ATCH 1
	4	Dividend	ds and intere	est fr	om securities			16,056	. 1	6,056.		ATCH 2
	5 a	Gross re	nts									
9					of assets not on	line 10		1,068	·			
Revenue	b	Gross sal	les price for all		1	,068.					 -	
eve	7			me ((from Part IV,	line 2) .				1,068.		
œ	8	Net sho	rt-term capita	al ga	ın							
	9	Income	modification	s ·								
	10 a		es less returns rances • • •									
	b		st of goods solo									
	c	Gross p	rofit or (loss)	(atta	ach schedule)		_					
	11	Other in	come (attacl	h sch	nedule)							
	12				<u>h 11</u>			641,343		7,262.		
	13	Compens	sation of office	rs, dı	rectors, trustees	, etc		0	4			
,a	14	Other e	mployee sala	arıes	and wages .				ļ			
Se	15	Pension	plans, empl	loyee	benefits	· · · · · · · · · · · · · · · · · · ·			ļ		·	
Expenses	16a	Legal fe	es (attach so	hedu	schedule)	= \/F:[)	↓				
ᅑ	b	Account	ling fees (att	lach	schedule)		٠-،		ļ			
	С	Other p	rofessional f		attach schedu	le)				ļ.	·	
Ę	17	Interest		. 2	NOV 1	. (Zu	10 19					
is:	18	Taxes (at	tach schedule)) (See	page 14 of the in:	structions)	RS					
Ę	19	Depreci	ation (attach	ı şch	nedule) and de	pletion	Τ	_				
ġ.	20	Occupa	ncy	ــا.		_		J	<u> </u>			
Ď.	17 18 19 20 21 22 23 24	Travel,	conferences,	and	meetings				ļ			
ē.	22	-	and publica			<i></i> .			ļ			
ing	23	Other e	xpenses (atta	ach s	schedule) $\overset{ ext{AT}}{\cdot}$	сн. 3.		2,627	 	942.		93
rat	24	Total o	perating and	d adr	ministrative e	cpenses.						
ed (,	Add line	es 13 throug	h 23				2,627		942.		93
٠ د	2 5	Contrib	utions, gifts,	gran	nts paid		ļ	29,660			·	29,66
	26	Total expe	nses and disbu	rseme	ents. Add lines :	24 and 25	<u></u>	32,287	+	942.		30,59
,	<u>Ž</u> 7	Subtrac	t line 26 froi	m lın	e 12							
	а	Excess of	revenue over ex	феns	es and disbursen	nents		609,056				
	b	Net inve	estment inc	ome	(ıf negatıve, e	nter -0-)				16,320.		-0-
											_	

c Adjusted net income (if negative, enter -0-).

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

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Form 990-PF (2009)

PAGE 1

	o mt II	Polonos Shoeta	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of year
L	ğı t II	Balance Sneets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ing			
	2		cash investments	-	117,852.	117,852.
	3					
		Less allowance for dou	ibtful accounts			<u> </u>
	4					
		Less: allowance for dou	ibtful accounts			
	5					"
	6		officers, directors, trustees, and other			
			ach schedule) (see page 16 of the instructions)			
	7	• •	receivable (attach schedule)			
	•		ibtful accounts			
	8					
Assets	9		se			
SS						
٩			te government obligations (attach schedule)			
	i		e stock (attach schedule)			
	11	Investments - land, building	e bonds (attach schedule)s,			
		and equipment basis Less accumulated deprecia	ation N		i	
		(attach schedule)				
	12	investments - mortgage	loans ATCU 4		507,531.	507,531.
	13 14	Land, buildings, and	ach schedule) ATCH 4		307,331.	307,331.
		equipment basis Less accumulated deprecia	ation -			
		(attach schedule)				
	15		>)			
	16		npleted by all filers - see the		625,383.	625,383.
4			page 1, item ()		023,303.	023,303.
	17		accrued expenses			-
	18					-
ies	19					4
ij	20		ors, trustees, and other disqualified persons			-
Liabilities	21		otes payable (attach schedule)			
_	22	Other liabilities (describe	e ▶)			-
_	23_		es 17 through 22)			
			llow SFAS 117, check here ▶			
S		•	24 through 26 and lines 30 and 31.			
ë	24	Unrestricted				-
lan	25	Temporarily restricted				-
8	26					
Ē	24 25 26	Foundations that do	not follow SFAS 117,			
Ţ			nplete lines 27 through 31. ▶ X		605 303	
ō	27	Capital stock, trust prin	cipal, or current funds		625,383	<u>.</u>]
ets	28	Paid-in or capital surplus, o	or land, bldg , and equipment fund			4
Net Assets	29	Retained earnings, accum	ulated income, endowment, or other funds		0.	<u>. </u>
it A	30	Total net assets or fun	d balances (see page 17 of the			
ž		instructions)			625,383	•
	31		t assets/fund balances (see page 17			
		of the instructions)	<u> </u>		625,383	
P	art I	Analysis of Ch	anges in Net Assets or Fund	Balances		
1	Tota	I net assets or fund b	alances at beginning of year - Part II	, column (a), line 30 (mu	st agree with	
	end-	of-year figure reporte	d on prior year's return)		<u>1</u>	
2						609,056.
3	Othe	er increases not includ	line 27a led in line 2 (itemize) ► ATTACH	MENT 5	3	16,327.
					1 4	625,383.
		reases not included in	line 2 (temize) N		5	
6	Tota	I net assets or fund b	alances at end of year (line 4 minus	line 5) - Part II, column (t	o), line 30 6	625,383.

P	art IV Capital Gains	and Losses for Tax on Inve	estment Income			
	(a) List and	d describe the kind(s) of property sold (erick warehouse; or common stock, 200 s	-	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
 1a	SEE PART IV SCHE	D-poriauon				
b b						
c						
d						
e						
	(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					-	
b						
c						
d						
e						
$\overline{}$	omplete only for assets s	howing gain in column (h) and own	ned by the foundation on 12/31/69		Gains (Col (h) g	ain minus
_	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less t Losses (from co	than -0-) or
_				<u> </u>		
_ <u>a</u>				-		
_ <u>b</u>						
_ <u>C</u>		······································				
<u>d</u>						
<u>e</u>		, If	gain, also enter in Part I, line 7			
2	Capital gain net income or	(not contol loca)	(loss), enter -0- in Part I, line 7	2		1,068.
3	Net short-term capital gair	 or (loss) as defined in sections 12	• •			
		line 8, column (c) (see pages 13				
	<u> </u>	line 8		3		
			uced Tax on Net Investment Inc			
W		the section 4942 tax on the distrib	Outable amount of any year in the b		_	Yes No
If "	· · · · · · · · · · · · · · · · · · ·	not qualify under section 4940(e)				
1		ount in each column for each year	, see page 18 of the instructions be	efore mal		
c	(a) Base penod years alendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution r (col (b) divided by	ratio y col (c))
_	2008					
	2007					
_	2006			<u> </u>		
_	2005					
	2004			ļ	<u> </u>	
2	Total of line 1, column (d))		2		
3	Average distribution ratio	for the 5-year base period - divide	e the total on line 2 by 5, or by the			
	number of years the foun	dation has been in existence if less	s than 5 years	3		<u> </u>
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5					<u>. </u>	
5	Multiply line 4 by line 3			5		
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7		
8	Enter qualifying distribution of the second	eater than line 7, check the box	in Part VI, line 1b, and complete	8 that part	using a 1% ta	x rate See the

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	e inst	ructio	ns)	
1à	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)				
b	Domestic_foundations that meet the section 4940(e) requirements in Part V, check		3	26.	
	here and enter 1% of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%				
	of Part I, line 12, col. (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			<u> </u>	
3	Add lines 1 and 2		3	26.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			$\frac{0.}{26.}$	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		3	20.	
6	Credits/Payments				
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a				
b	Exempt foreign organizations-tax withheld at source				
	Tax paid with application for extension of time to fine (i office observed)				
d	Backup withholding erroneously withheld			0.	
7	Total credits and payments Add lines 6a through 6d				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			49.	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ATTACHMENT 6 > 9	-			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11 Par	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶ 11 t VII-A Statements Regarding Activities				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	-	Yes	No	
ıa	participate or intervene in any political campaign?	1a	- 1.00	X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	İ			
	of the instructions for definition)?	1b		Х	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities				
c	Did the foundation file Form 1120-POL for this year?	1 c		X	
d					
	(1) On the foundation ▶\$ (2) On foundation managers ▶\$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers > \$	Ì			
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?	4a		X	
b	b If "Yes," has it filed a tax return on Form 990-T for this year?				
5	5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?				
	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			ŀ	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	_	Х	}	
_	conflict with the state law remain in the governing instrument?	6 7	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			 	
8 a	· · · · · · · · · · · · · · · · · · ·				
L	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	75		 	
3	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page				
	27)? If "Yes," complete Part XIV	9		х	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	_			
	names and addresses ATTACHMENT 7	10	Х	1	

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Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			,
	August 17, 2008?	12		<u> </u>
	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		X	<u> </u>
	Website address ► N/A TANTOE OPTICHOWSKT	Z-01	ī a	
14	Website address ► N/A The books are in care of ► JANICE OBUCHOWSKI Telephone no. ► 703-442 Located at ► 1340 POTOMAC SCHOOL ROAD MCLEAN, VA ZIP+4 ► 22101			- -
	Located at 1340 FOTOMAC SCHOOL ROAD MCBEAR, VA ZIP+4 ZITOT			ТТ
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		•	ш
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Т	Yes	No
4.	•		1.00	<u> </u>
ıa	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if	İ		
	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)			
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)?	1 b	<u> </u>	X .
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			١
	were not corrected before the first day of the tax year beginning in 2009?	1 c	ļ	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2009?			
	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)	1		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	25		
	to all years listed, answer "No" and attach statement - see page 20 of the instructions)	2 b	+	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	İ	İ	İ
_				
3 a	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			
	enterprise at any time during the year?		1	
D				
	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		1	
	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)	3 b		
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			Х
	D. 10. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
_	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	<u> </u>	Х
		Form 9!	90-PF	(2009

Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).

If none, enter "NONE."

(b) Title and average (d) Contributions to (a) Suppose (c) Suppose (

(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation	other allowances
NONE				
		·		
Total number of other ampleyees paid ever \$50,000			·	

Pärt VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If	none, enter "NONE,"
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	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 beneficianes 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	
3 NONE	

Pa	Part X' Minimum Investment Return (All domestic foundations must complete this particle see page 24 of the instructions.)	rt. Foreign foundation	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	a Average monthly fair market value of securities	1a	60,342.
þ	b Average of monthly cash balances	1b	295,951.
C	c Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	d Total (add lines 1a, b, and c)	1d	356,293.
е	e 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	356,293.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page	25	
	of the instructions)	4	_5,344.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, lin	ne 4 5	350,949.
6	Minimum investment return. Enter 5% of line 5	6	17,547.
Pa	Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j foundations and certain foreign organizations check here ▶ □ and do not complete.		
1	Minimum investment return from Part X, line 6		17,547.
	a Tax on investment income for 2009 from Part VI, line 5	326.	
b			
c	c. Add lines 2a and 2h	2c	326.
3	C Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1	3	17,221.
4	Recoveries of amounts treated as qualifying distributions	4	
5		I	17,221.
6	Add lines 3 and 4 Deduction from distributable amount (see page 25 of the instructions)		
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	• • • • • • • • • • • • • • • • • • • •	
•	line 1 · · · · · · · · · · · · · · · · · ·		17,221.
_			
Pa	Part XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а			30,595.
b	• • • • • • • • • • • • • • • • • • • •	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		_
а		3a	0.
b	b Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		30,595.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment in	ncome	
	Enter 1% of Part I, line 27b (see page 26 of the instructions)		
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	30,595.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calc qualifies for the section 4940(e) reduction of tax in those years	ulating whether the fou	undation

Рa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				17,221.
2	Undistributed income, if any, as of the end of 2009				
a	Enter amount for 2008 only				
b	Total for pnor years 20_07_,20_06_,20_05_				
3	Excess distributions carryover, if any, to 2009				
a	From 2004				
D	From 2005				
C	From 2006				
d	From 2007				
е	From 2008				
f	Total of lines 3a through e				
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$30,595.				
а	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election		ļ		
-	required - see page 26 of the instructions)				<u>-</u>
c	Treated as distributions out of corpus (Election		Ι Τ		
·	required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount				17,221.
	Remaining amount distributed out of corpus	13,374.			
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:				
_		13,374.			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract				
	line 4b from line 2b Enter the amount of prior years' undistributed				
٠	income for which a notice of deficiency has been			:	
	issued, or on which the section 4942(a) tax has				
	been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount - see page 27 of the instructions				
е	Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page		1		
	27 of the instructions				
•	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		ŀ		
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)				
8	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the instructions)				
9	Excess distributions carryover to 2010.				
•	Subtract lines 7 and 8 from line 6a	13,374.			
10	Analysis of line 9				
	Excess from 2005				
	Excess from 2006				
C					
	Excess from 2008 Excess from 2009]		
е	Excess from 2009 13, 374.	l			l

Form	n 990-PF (2009)			26-3	952678	Page 10
.Pa	rt XIV Private Oper	ating Foundations (see page 27 of the	e instructions and Pa	rt VII-A, question 9)	NOT APPLICABLE
1 a `	If the foundation has r	eceived a ruling or de	etermination letter tha	at it is a private oper	ating	
	foundation, and the ruling	is effective for 2009, e	nter the date of the ruling)	. ▶	
b	Check box to indicate who	ether the foundation is a	private operating foun	dation described in section	4942())(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
2 4	justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(9) 1021
	I or the minimum investment		•			
	return from Part X for each year listed					
b	85% of line 2a					
_	Qualifying distributions from Part					
٠	XII, line 4 for each year listed					
d	Amounts included in line 2c not					
	used directly for active conduct					
e	of exempt activities					
_	directly for active conduct of					
	exempt activities Subtract line					
3	2d from line 2c Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying					
	under section					[
ь	4942(j)(3)(B)(i) "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 secunties					
	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)(w)					<u> </u>
	(3) Largest amount of sup- port from an exempt					
	organization					
_	(4) Gross investment income					
Pa	rt XV Supplementa	ary Information (C	omplete this part	only if the found	lation had \$5,000	or more in assets
_		during the year - se				
1	Information Regarding			ra than 20/ of the tate	al contributions roccu	and by the foundation
а	List any managers of before the close of any	the foundation who r	lave contributed mo	re than 2% of the tota more than \$5 000) (S	See section 507(d)(2)	red by the foundation
	·	tax year (but only if th	icy have contributed	more man we,ever (e	,00 0000011 007 (4)(2))	
	N/A					
b	List any managers of	the foundation who	own 10% or more of	of the stock of a corp	oration (or an equally	y large portion of the
	ownership of a partner	ship or other entity) o	f which the foundation	n has a 10% or greate	r interest	
	45					
	N/A	0 1 1 1 1 - 0 - 1	0.00 1 0-1-1	Lin ota Dunanana.		
2	Information Regarding	_				
	Check here ▶ X If t	he foundation only i	makes contributions	to preselected char	itable organizations	and does not accept
					e 28 of the instruction	ons) to individuals or
	organizations under ot					
а	The name, address, a	nd telephone number	of the person to who	m applications should t	oe addressed.	
b	The form in which app	lications should be su	bmitted and informat	ion and materials they	should include:	
С	Any submission deadli	nes				
						 _
d	Any restrictions or li factors	mitations on awards	, such as by geog	raphical areas, charit	able fields, kinds of	institutions, or other

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individual,		<u> </u>			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount		
a Paid during the year	or substantial contributor	700,710				
ATTACHMENT 9						
		ŀ				
		İ				
		1				
	L		<u> </u>	29,660		
Total			▶ 3a_	23,000		
b Approved for future payment			İ			
			İ			
			<u> </u>			
Total		<u> </u>	<u>▶</u> 3b			

Basiness code Amount Exclusion code Amount See page 28 of the instructions The instructions Fees and contracts from government agencies lembership dues and assessments lembership dues and assessments leterest on savings and temporary cash investments involved and and interest from securities et rental income or (loss) from real estate: Debt-financed property Not debt-financed property ther investment income an or (loss) from sales of assets other than inventory et income or (loss) from special events cross profit or (loss) from s	er gross	amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
Fees and contracts from government agencies tembership dues and assessments	- Droaram	sonaco revenio.					Related or exempt function income (See page 28 of the instructions)
Foes and contracts from government agencies embership dues and assessments treest on savings and temporary cash investments widends and interest from securities 14 16,056. It rental income or (loss) from real estate: Debt-financed property 15 14 16,056. It rental income or (loss) from personal property 16 18 1,068. It rental income or (loss) from sales of assets other than inventory 18 18 1,068. It rental income or (loss) from sales of inventory 18 18 1,068. It revenue a 17,262. Ither revenue a 17,262. Ither revenue a 17,262. Ither sevenue a 17,262.	•		•		 		mo mondedno /
Fees and contracts from government agencies tembership dues and assessments							
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	Subtotal otal. Ac worksh rt XVI- e No.	Add columns (b), (d), and (e) [id line 12, columns (b), (d), and (e) ieet in line 13 instructions on page 28 t Relationship of Activities Explain below how each activitie accomplishment of the fo	to verify calco	ulations) complishment of E ch income is reporte exempt purposes (ed in column other than b	oses (e) of Part XVI-A con	tributed importantly
	Subtotal Total. Ac worksh rt XVI- e No.	Add columns (b), (d), and (e) [id line 12, columns (b), (d), and (e) ieet in line 13 instructions on page 28 t Relationship of Activities Explain below how each activitie accomplishment of the fo	to verify calco	ulations) complishment of E ch income is reporte exempt purposes (ed in column other than b	oses (e) of Part XVI-A con	tributed importantly

Pa	rt XV	Information Exempt Orga		ransfe	rs To and	d Transa	ections	and R	Relation	nship	s With I	Vonc	harit	able
1 a	ın se	the organization direct ection 501(c) of the C izations? ifers from the reporting f	ode (other than	section	501(c)(3) o	rganization	s) or in	any othe section	er organ 527, rel	zation ating to	described political		Yes	No
		ash										1a(1)		Х
		ther assets				· · · · · ·						1a(2)		X
þ		transactions:	hasitable exempt									15/4)		x
		ales of assets to a noncluded urchases of assets from										1b(1)	1	X
		ental of facilities, equipm										1b(3)		Х
		eimbursement arrangem										1b(4)		X
		oans or loan guarantees										1b(5)	ļ	X
		erformance of services (X
C		ng of facilities, equipmen	•			-							for	
d		e answer to any of of the goods, other												
		in any transaction of		_	•									
	value								3,					
(a)	Line no	(b) Amount involved	(c) Name of r	noncharita	ble exempt orga	nızatıon		escription o	f transfers	, transac	tions, and sha	nng am	angeme	nts
		N/A					N/A							
														
							 				_			
							I					**		
													-	
										•	_			
			•											
		_					<u> </u>							
2 a		foundation directly or	-				more tax	k-exempt	organizat	tions de	scribed in	П.	. —	⊽
		n 501(c) of the Code (ot		501(c)(3))	or in section	527?		• • • • •				Y	'es	∆ No
<u>D</u>	IT_Ye	s," complete the followin (a) Name of organizatio			(b) Type of o	rganization			(c)	Descript	ion of relation	ship		
		(2)	··		(-, -, -,	- G								
														_
					-							_		
									1 -1-1	-4	4- 4b- b4			
	Under belief,	penalties of perjury, dec	plete Declaration	amined thi of preparei	is retum, inclui r (other than ta	ung accomp expayer or fic	anying sci duciary) is	based on a	statemei Informa	nts, and ition of v	to the best vhich prepar	or my er has a	any kno	owiedge
			- [] \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				1//	/10/1	d 🖍 .	D.,	ec to	7		
ė	<u>s</u>	ignature of officer or trustee	2.019				Date	, , , , , ,	<u> </u>	itle				
Her	_					Date		Chec			Preparer's			_
Sign Here	r. S. ≻	Preparer's			20		1/		ik if employed		number (S page 30 of	the ins		
Si	ald parer's Coly		AL SE		Our I	_ //,	19/10	>	 1		P00159			
	Paid Preparer's Use Cnly	Firm's name (or yours if			LC METRO C	ENTED	SUITE	600	E	EIN ▶	34-1862	2269		
	_	self-employed), address and ZIP code	s, v 3 bett Bethes		METRO CI	PNIEK,		0814		hone n	o 301-9	951-	3636	
	L		001110	10171				7017	Į ř	HOHE II	J J J J			

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

THE HALPRIN FAMILY	FOUNDATION B		Limpleyer lacinationados fluidos
	TOURDATION B		26-3952678
Organization type (check or	ne)		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a pr	rıvate fou	ndation
	527 political organization		
Form 990-PF	X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private	e foundat	ion
	501(c)(3) taxable private foundation		
-	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rul	le and a S	Special Rule See
X For an organization	on filing Form 990, 990-EZ, or 990-PF that received, during the year, y one contributor. Complete Parts I and II.	, \$5,000 d	or more (in money or
Special Rules			
sections 509(a)(1	(c)(3) organization filing Form 990 or 990-EZ that met the 331/3% su) and 170(b)(1)(A)(vi), and received from any one contributor, during 2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 99	the year	, a contribution of the greater
the year, aggrega	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that receivite contributions of more than \$1,000 for use exclusively for religious, uses, or the prevention of cruelty to children or animals. Complete Pai	charitabl	le, scientific, literary, or
the year, contributing aggregate to more year for an exclusing applies to this org	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that receive tions for use exclusively for religious, charitable, etc., purposes, but the than \$1,000. If this box is checked, enter here the total contribution evely religious, charitable, etc., purpose. Do not complete any of the prevailable of the prevai	hese con ns that wo parts unles c, contrib	ntributions did not ere received during the ess the General Rule outions of \$5,000 or more
	at is not covered by the General Rule and/or the Special Rules does		
	ust answer "No" on Part IV, line 2 of its Form 990, or check the box -PF, to certify that it does not meet the filing requirements of Schedu		
For Privacy Act and Paperwork Re	eduction Act Notice, see the Instructions	Schedule	B (Form 990, 990-EZ, or 990-PF) (2009)

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

Name of organization

THE HALPRIN FAMILY FOUNDATION B

Page of Employer identification number 26-3952678

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JANICE OBUCHOWSKI 1340 POTOMAC SHOOL ROAD	\$ 374,081.	Person X Payroll Noncash
	MCLEAN, VA 22101		(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	JANICE OBUCHOWSKI 1340 POTOMAC SCHOOL ROAD MCLEAN, VA 22101	\$\$	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
3	JANICE OBUCHOWSKI 1340 POTOMAC SCHOOL ROAD MCLEAN, VA 22101-2331	\$\$	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 Noncash (Complete Part II if there is a noncash contribution)

12/31/2009 11/15/2010 11/15/2010

6

10.

13.

23.

SCHEDULE D (Form 1041)

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

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

Employer identification number

2009

	THE HALPRIN FAMILY FOUNDATION	В			26-39526	78	
	e: Form 5227 filers need to complete only Pai						
Pa	t 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 price	(e) Cost or other (see page 4 of instructions)	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1 a							
					-		
			-				
b	Enter the short-term gain or (loss), if any, fr	om Schedule D	-1, line 1b			1 b	
2	Short-term capital gain or (loss) from Form	s 4684, 6252,	6781, and 882	4		2	
3	Net short-term gain or (loss) from partners	hips. S corpora	tions, and other	estates or trusts		3	
4	Short-term capital loss carryover. Enter the	amount, if any	, from line 9 of	the 2008 Capital Los	s		(
5	Carryover Worksheet	es 1a through 4	ın column (f)	Enter here and on lin	ne 13,	4	\
D۵	rt Long-Term Capital Gains and Losse				<u></u> ▶	5	
Га	(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	(e) Cost or other (see page 4 of instructions)	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6а Т.	ONG-TERM CAPITAL GAIN DIVIDEN	DS					1,068.

			,				
b	Enter the long-term gain or (loss), if any, fro	om Schedule D-	1, line 6b			6b	
7	Long-term capital gain or (loss) from Form	s 2439, 4684,	6252, 6781, ar	nd 8824		7	
8	Net long-term gain or (loss) from partnersh	nips, S corporat	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 d	of the 2008 Capital Lo	ss	11	(
12	Carryover Worksheet Net long-term gain or (loss). Combine lines	s 6a through 11	ın column (f)	Enter here and on lir	ne 14a,		1,068.
For	column (3) on the back						e D (Form 1041) 200

للنج	ule D (Fòrm 1041) 2009 , Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	Page
	Caution: Read the instructions before completing this pa	art.	(see page 5)	or trust's	(3) Total
3		13			
4	Net long-term gain or (loss):				
а		4a			1,068
b	Unrecaptured section 1250 gain (see line 18 of the wrksht) [1	4b			
C	· · · · · · · · · · · · · · · · · · ·	4c	-		1 000
	Total net gain or (loss). Combine lines 13 and 14a		7.0-4114-1111	- 44 45	1,068
	: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form t V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Pai				
	t IV Capital Loss Limitation				
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Pa				
a	The loss on line 15, column (3) or b \$3,000	1 in		16 (lete the Canital I nes
any	over Worksheet on page 7 of the instructions to figure your capital loss carryover.	1, 1111			ete the capital 2000
Par	Tax Computation Using Maximum Capital Gains Rates		•		
	1041 filers. Complete this part only if both lines 14a and 15 in colum			ount is entered in P	art I or Part II and
	is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more				
	ion: Skip this part and complete the worksheet on page 8 of the instruct ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or	UIIS	II.		
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				
orn	990-T trusts. Complete this part only if both lines 14a and 15 are	gair	s, or qualified divide	ends are included in	income in Part I
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part	and	complete the works	sheet on page 8 of	the instructions if
ithe	r line 14b, col (2) or line 14c, col (2) is more than zero		 ,	· ···	
7	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) .	17		
8	Enter the smaller of line 14a or 15 in column (2)				
_	but not less than zero		<u> </u>		
9	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).				
0	Add lines 18 and 19				
.u !1	If the estate or trust is filing Form 4952, enter the		 		
•	amount from line 4g, otherwise, enter -0-				
2	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		
3					
3			24		
	Enter the smaller of the amount on line 17 or \$2,300		24		
4	Is the amount on line 23 equal to or more than the amount on line 24?		24		
4	Is the amount on line 23 equal to or more than the amount on line 24? Yes. Skip lines 25 and 26, go to line 27 and check the "No" box.	1			
:4 :5	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box No. Enter the amount from line 23	1	25		
.4 .5	Is the amount on line 23 equal to or more than the amount on line 24? Yes. Skip lines 25 and 26, go to line 27 and check the "No" box. No. Enter the amount from line 23	1			
.4 .5	Is the amount on line 23 equal to or more than the amount on line 247 Yes. Skip lines 25 and 26, go to line 27 and check the "No" box. No. Enter the amount from line 23	• •	25 26		
.4 .5	Is the amount on line 23 equal to or more than the amount on line 24? Yes. Skip lines 25 and 26, go to line 27 and check the "No" box. No. Enter the amount from line 23	• •	25		
4 5 6	Is the amount on line 23 equal to or more than the amount on line 24? Yes. Skip lines 25 and 26, go to line 27 and check the "No" box. No. Enter the amount from line 23		25 26 27		
24 25 26 27	Is the amount on line 23 equal to or more than the amount on line 247 Yes. Skip lines 25 and 26, go to line 27 and check the "No" box. No. Enter the amount from line 23		25 26 27		
24 25 26 27	Is the amount on line 23 equal to or more than the amount on line 24? Yes. Skip lines 25 and 26, go to line 27 and check the "No" box. No. Enter the amount from line 23		25 26 27 28		

Schedule D (Form 1041) 2009

33

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ATTACHMENT 1

-	1
FNT	1
HMF	1
7)
A T T T	•
	1

INVESTMENTS	
Y CASH	
ON TEMPORARY	
INTEREST O	
- Н	
PART	
990PE,	
FORM	

	NET	INVESTMENT	INCOME	22. 116.	138.
REVENUE	AND	EXPENSES	PER BOOKS	22. 116.	138.
					TOTAL
			DESCRIPTION	ML BANK DEPOSIT PROGRAM SUNTRUST	

ATTACHMENT 2

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

	NET	INVESTMENT	INCOME	
REVENUE	AND	EXPENSES	PER BOOKS	
			DESCRIPTION	

16,056.

16,056.

TOTAL

MERRILL LYNCH

16,056.

16,056.

ATTACHMENT 3

- OTHER EXPENSES PART I FORM 990PF,

REVENUE	AND	EXPENSES	PER BOOKS		75	1,87
						FEES
			DESCRIPTION	FEES	FILING FEE	PROFESSIONAL

NET	INVESTMENT	INCOME			93
AND	EXPENSES	PER BOOKS	7.	750.	1,870.

CHAKLTABLE	PURPOSES	935	

935.

942.

TOTALS

•

- OTHER INVESTMENTS

PART II

FORM 990PF,

ATTACHMENT

BOOK VALUE ENDING

ENDING

MUTUAL FUNDS

DESCRIPTION

TOTALS

507,531.

507,531.

507,531.

507,531.

PAGE 20

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

TRUOMA

UNREALIZED GAIN

16,327.

TOTAL

16,327.

. :

26-3952678

	1
CONTRIBUTORS	
SUBSTANTIAL	
NEW	
<u>~</u>	
0.	
E 1	
LINE	
VII-A,	
PART	
990PF,	
FORM	

DIRECT PUBLIC SUPPORT	374,081.	200,000.	.000 50,000.
DATE	05/27/2009	10/27/2009	01/01/2009
NAME AND ADDRESS	JANICE OBUCHOWSKI 1340 POTOMAC SHOOL ROAD MCLEAN, VA 22101	JANICE OBUCHOWSKI 1340 POTOMAC SCHOOL ROAD MCLEAN, VA 22101	JANICE OBUCHOWSKI 1340 POTOMAC SCHOOL ROAD MCLEAN, VA 22101-2331

624,081.

TOTAL CONTRIBUTION AMOUNTS

ATTACHMENT 8	EXPENSE ACCT AND OTHER ALLOWANCES	.0	.0	0
ATTACH	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS		Ö	0
	COMPENSATION	.0	. 0	0.
OF OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRUSTEE 1.00	TRUSTEE 1.00	GRAND TOTALS
FORM 990PF, PART VIII - LIST OF OFFICERS,	NAME AND ADDRESS	JANICE OBUCHOWSKI 1340 POTOMAC SCHOOL ROAD MCLEAN, VA 22101	ALBERT HALPRIN 1340 POTOMAC SCHOOL ROAD MCLEAN, VA 22101	

26-3952678

ATTACHMENT 9

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
THE HEIGHTS 10400 SEVEN LOCKS ROAD POTOMAC, MD 20854	NONE PUBLIC CHARITY	GENERAL	25,000.
AVE MARIA MISSIONS SAN MARCOS, CARAZO NICARAGUA	NONE PUBLIC CHARITY	GENERAL	. 099
ARCHDIOCESE FOR MILITARY SERVICES 1025 MICHIGAN NE WASHINGTON, DC 20017	NONE PUBLIC CHARITY	GENERAL	1,000.
A WOMAN'S CHOICE 1234 E. LIME STREET LAKELAND, FL 33801	NONE PUBLIC CHARITY	GENERAL	1,000.
MARY MOTHER OF GOD MISSION SOCIETY 1854 JEFFERSON AVE ST PAUL, MN 55105	NONE PUBLIC CHARITY	GENERAL	1,000
CATHOLIC RELIEF SERVICES 228 W. LEXINGTON ST. BALTIMORE, MD 21201	NONE PUBLIC CHARITY	GENERAL	1,000.

TOTAL CONTRIBUTIONS PAID

29,660.

ATTACHMENT 9
PAGE 25

V 09-8 5

THE HALPRIN FAMILY FOUNDATION B
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property Description Gross sale price less allowable expenses of sale TOTAL GAIN (LOSS) CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME Because of Description Cost or FMV Adj basis Excess of Gain or FMV over as of FMV over adj basis 12/31/69 and basis (loss) TOTAL LONG-TERM CAPITAL GAIN DIVIDENDS TOTAL GAIN (LOSS) TOTAL GAIN (LOSS) TOTAL GAIN (LOSS)	Date sold
Gross sale price less of allowed/ other as of as of FMV over or expenses of sale allowable basis 12/31/69 12/31/69 adj basis (loss) TOTAL LONG-TERM CAPITAL GAIN DIVIDENDS 1,068.	
TOTAL LONG-TERM CAPITAL GAIN DIVIDENDS 1,068.	
TOTAL GAIN(LOSS)	
TOTAL GAIN (LOSS)	

, Form 8	868 (Rev	4-2009)						Page 2
		e filing for an Additional (Not Automatic) 3-Month Extension, comple	ete only Par	t II a	nd check this bo	x		
		complete Part II if you have already been granted an automatic 3-mo				-		
	-	e filing for an Automatic 3-Month Extension, complete only Part I (or			a providuoly ind		0000.	'
		Additional (Not Automatic) 3-Month Extension of Time.		he i	original (no co	nies	neede	ed)
		Name of Exempt Organization			Employer identi			
Type		THE HALPRIN FAMILY FOUNDATION B			26-39526			•
print		Number, street, and room or suite no. If a P.O. box, see instructions			For IRS use only		·	
File by extend		1340 POTOMAC SCHOOL ROAD			TO INC USC ONLY			
due da filing ti		City, town or post office, state, and ZIP code For a foreign address, see instru	uctions					
return	See	MCLEAN, VA 22101						
		of return to be filed (File a separate application for each return):			The Management of Assessed			D-MANUFACTOR
		1 990 X Form 990-PF	ı		Form 1041-A	ſ	For	m 6069
		1 990-BL Form 990-T (sec. 401(a) or 408(a) trust	. .		Form 4720	İ		m 8870
Н		n 990-EZ Form 990-T (trust other than above)	' !	ᅥ	Form 5227	L	, 0,,	0070
STO		not complete Part II if you were not already granted an automatic	: 3-month e	xter		oush	filed Fo	0m 8868
- Th	. 500	ks are in the care of ALBERT HALPRIN			ioioii oii u pioti	odoly	mod i	01111 00001
• III	e noo	ne No. ► 301 913-0459 FAX No ►						
		panization does not have an office or place of business in the United S	***************************************	thic	hav		_	► □
		for a Group Return, enter the orga <u>niza</u> tion's four digit Group Exemptio						•
		ble group, check this box > If it is for part of the group, ch					15	
		- · · · · · · · · · · · · · · · · · · ·	eck this box	• •	. Pand atta	acn a		
		names and EINs of all members the extension is for.						
		out an additional of month extension of time and				 -		
		alendar year 2009, or other tax year beginning			ding			 :
		tax year is for less than 12 months, check reason. Initial return				_		ting period
7		te in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER UNIFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.						
	THE	INFORMATION NECESSARY TO PREPARE A COMPLETE F	AND ACCUI	KAI	E RETURN.			
							,	
8 a		application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, e	nter the ten	tativ	e tax, less any			
		fundable credits. See instructions.				8a	\$	
b		application is for Form 990-PF, 990-T, 4720, or 6069, enter any re						
	tax p	ayments made. Include any prior year overpayment allowed as a	credit and	any	y amount paid			
	previ	ously with Form 8868				8b	\$	
C		nce Due. Subtract line 8b from line 8a Include your payment with the			• •	1		
	with	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Pa	yment Syster	<u>n). S</u>	See instructions	8c	\$	
		Signature and Verif	ication					
		es of penury, I declare that I have examined this form, including accompanying scheet, and complete, and that I am authorized to pregare this form	edules and sta	teme	nts, and to the best	of my	knowledg	ge and belief,
1, 15 11	aa, will	not and completely and that I am additioned to proper and form						_
			000				v /	
Signat			DP a		Date		0/10	1/10
		CBIZ MHM, LLC				Fon	m 8868 ((Rev 4-2009)
		B BETHESDA METRO CENTER, SUITE 600						
]	BETHESDA, MD 20814						