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Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052 2009

For	cal	endar	year 2009,	or ta	x year beg	inning		, 2009	, and endin	g	, 20
G	Che	ck all t	hat apply		Initial retui	rn	Initial return	of a former p	oublic charit	у	Final return
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Us	e th	e IRS									
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	or ty	rpe. Decific	C/O ROCI	KDA:	LE CAPIT	AL-65	0 LIBERTY AVE	•		(908) 688-4815
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			m Part II, col				ther (specify)			_ F If the foundatio	n is in a 60-month termination
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55-0823121

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6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 33,578.					· · · · · · · · 	33,5/8.
	5	Dec	reases not included in line 2 (itemize)		5	33
	6	Tota	I net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (b), line 30 6	

	and Losses for Tax on Investigation and Losses for Tax on Investigation and Investigation (i.e., and Losses for Tax on Investigation) and Losses for Tax on Investigation (i.e., and Losses for Tax on Investigation) and Losses for Tax on Investigation (i.e., and Losses for Tax on Investigation) and Losses for Tax on Investigation (i.e., and Losses for Tax on Investigation) and Losses for Tax on Investigation (i.e., and Losses for Tax on Investigation) and Losses for Tax on Investigation (i.e., and Losses for Tax on Investigation) and Losses for Tax on Investigation (i.e., and Losses for Tax on Investigation) and Losses for Tax on Investigation (i.e., and Investigation) and In		(b) How acquired	(c) Date	(d) Date sold
` .	rick warehouse, or common stock, 200	•	P-Purchase D-Donation	acquired (mo, day, yr)	(mo, day, yr)
a SEE PART IV SCHE	DULE		30.10,1011		
b					
C					
d					
е					
(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) min	
а					
b		<u> </u>			····
С					
d					
e					
Complete only for assets sl	nowing gain in column (h) and own	ned by the foundation on 12/31/69		Gains (Col (h) g	
(i) F.M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (ı), ıf any	col	(k), but not less Losses (from co	
a					
b					
С					
d					
e					
Capital gain net income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		59,943.
Net short-term capital gain	or (loss) as defined in sections 12	· · · · · · · · · · · · · · · · · · ·	 		· · · · · · · · · · · · · · · · · · ·
· · ·	line 8, column (c) (see pages 13				
_ ·	ine 8 <u></u>		3		
		iced Tax on Net Investment Inc	ome		
		outable amount of any year in the b	ase perio	d? [Yes X N
		, see page 18 of the instructions be	efore mak	ing any entries	··
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution r (col (b) divided by	atio
2008	127,914.	38,034.		(00) (3) 0,0,000 2	3.363149
2007	140,170.	45,100.	 		3.107982
2006	73,498.	55,584.	 		1.322287
2005	78,493.	147,923.	 		0.530634
2004	78,757.	115,934.			0.679326
		·			
2 Total of line 1, column (d)			2		9.003378
3 Average distribution ratio	for the 5-year base period - divide	the total on line 2 by 5, or by the			
	dation has been in existence if less		3		1.800676
namber of years are realis		, man o your o			
Enter the net value of non	charitable-use assets for 2009 fro	m Part X, line 5	4		52,169
Multiply line 4 by line 3			5		93,939
Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		593
Add lines 5 and 6			7		94,532
	ns from Part XII, line 4		8		
					105,743

Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	he ins	tructio	ons)
1 a	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		5	93.
	here X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			
_	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			93.
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			93.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			93.
6	Credits/Payments 2009 estimated tax payments and 2008 overpayment credited to 2009 6a 1, 267.			
a				
b	Exempt foreign organizations-tax withheid at source			
C	Tax paid with application for extension of time to line (Form 6000)			
_ d 	Backup withholding erroneously withheld		1 2	67.
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			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			74.
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2010 estimated tax 674 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		V	
ıa		4.	Yes	No X
.	participate or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	1a		
b		45		Х
	of the instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1 b		
	published or distributed by the foundation in connection with the activities			
С	Dud the foundation file Form 4400 BOL foother word	1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	''		
u	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
C	on foundation managers \$\			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
_	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			
Ū	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
h	If "Yes," has it filed a tax return on Form 990-T for this year?	$\overline{}$		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
•	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
•	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	_
8a				
	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 ² If "No," attach explanation	8 b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9		_X_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		_X

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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address N/A			
14	Website address ► N/A The books are in care of ► LINDA KAO C/O ROCKDALE CAP. Telephone no ► 908-68	8-48	15	
	Located at ▶650 LIBERTY AVE UNION, NEW JERSEY ZIP+4 ▶ 07083			
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			
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.		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		1 1	
	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)?			
	(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)?	1b		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			
	were not corrected before the first day of the tax year beginning in 2009?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
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?	1		
	If "Yes," list the years			
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	1		
	to all years listed, answer "No" and attach statement - see page 20 of the instructions)	2b		<u>X</u>
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	D			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2009)	3 b		
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	<u> </u>	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4 b	<u> </u>	X

Pa	rt VII-B Statements Regarding Activities f	or Which Form 4	720 May Be Requ	ired (continued)		
5 a	During the year did the foundation pay or incur any amount	unt to				
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (section	1 4945(e))?	Yes XN	o	
	(2) Influence the outcome of any specific public election		•			
	directly or indirectly, any voter registration drive?			Yes X No	o	
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes?		Yes X N	o	
	(4) Provide a grant to an organization other than a chair	ritable, etc , organizatio	on described in			
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?	(see page 22 of the ins	structions)	Yes X N	o	
	(5) Provide for any purpose other than religious, charita	able, scientific, literary,	or educational			
	purposes, or for the prevention of cruelty to children	or animals?		Yes X No	.	
ь	If any answer is "Yes" to 5a(1)-(5), did any of the trans					İ
_	Regulations section 53 4945 or in a current notice regard		,		5b	Х
	Organizations relying on a current notice regarding disas	-		· (
С	If the answer is "Yes" to question 5a(4), does the found			• • • • • • • • • • • • • • • • • • • •		
·	because it maintained expenditure responsibility for the	•		Yes X No		
	If "Yes," attach the statement required by Regulations see					
٠.		, ,				
ьа	Did the foundation, during the year, receive any funds,	•		Yes X No	_	
h	on a personal benefit contract?			• —	1 1	X
D	Did the foundation, during the year, pay premiums, dire	ctly or indirectly, on a	personal benefit contrac	x,	6b	
7.	If "Yes" to 6b, file Form 8870	antico de la manalacidada di Ancio	-h-ltt	Yes X No	_ 1 1	
	At any time during the tax year, was the foundation a pa		•	•		 x -
	If yes, did the foundation receive any proceeds or have t VIII Information About Officers, Directors					^_
rai	and Contractors	s, Trusices, roun	uation managers,	mighty Falu Empi	oyees,	
1	List all officers, directors, trustees, foundation n				uctions).	
	(a) Managard address	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense	account
	(a) Name and address	hours per week	(If not paid, enter	employee benefit plans		
[A] 7\ E		devoted to position	(If not paid, enter -0-)		other allo	
	RREN EISENBERG	hours per week devoted to position TRUSTEE	(If not paid, enter -0-)	employee benefit plans and deferred compensation		wances
245	RREN EISENBERG 5 HARTSHORN DRIVE	devoted to position TRUSTEE	(If not paid, enter	employee benefit plans		
245 RON	RREN EISENBERG HARTSHORN DRIVE NALD EISENBERG	devoted to position	(If not paid, enter	employee benefit plans and deferred compensation 0.		<u>wances</u> 0
245 RON 105	RREN EISENBERG HARTSHORN DRIVE NALD EISENBERG BLUEBERRY DRIVE	devoted to position TRUSTEE	(If not paid, enter -0-)	employee benefit plans and deferred compensation		wances
245 RON 105 DEF	RREN EISENBERG HARTSHORN DRIVE HALD EISENBERG BLUEBERRY DRIVE BORAH EISENBERG	devoted to position TRUSTEE	(If not paid, enter 0-)	employee benefit plans and deferred compensation 0.		0 0
245 RON 105 DEF	RREN EISENBERG HARTSHORN DRIVE NALD EISENBERG BLUEBERRY DRIVE	devoted to position TRUSTEE PRESIDENT & TREAS.	(If not paid, enter	employee benefit plans and deferred compensation 0.		<u>wances</u> 0
245 RON 105 DEF	RREN EISENBERG HARTSHORN DRIVE HALD EISENBERG BLUEBERRY DRIVE BORAH EISENBERG	devoted to position TRUSTEE PRESIDENT & TREAS.	(If not paid, enter 0-)	employee benefit plans and deferred compensation 0.		0 0
245 RON 105 DEF	RREN EISENBERG HARTSHORN DRIVE NALD EISENBERG BLUEBERRY DRIVE BORAH EISENBERG BLUEBERRY DRIVE	devoted to position TRUSTEE PRESIDENT & TREAS. SECRETARY	(If not paid, enter 0-) 0. 0.	employee benefit plans and deferred compensation 0. 0.	other allo	0 0
245 ROM 105 DEF 105	RREN EISENBERG HARTSHORN DRIVE HALD EISENBERG BLUEBERRY DRIVE BORAH EISENBERG	devoted to position TRUSTEE PRESIDENT & TREAS. SECRETARY	(If not paid, enter 0-) 0. 0.	employee benefit plans and deferred compensation 0. 0.	other allo	0 0
245 RON 105 DEF 105	RREN EISENBERG HARTSHORN DRIVE NALD EISENBERG BLUEBERRY DRIVE BORAH EISENBERG BLUEBERRY DRIVE Compensation of five highest-paid employees (or lift none, enter "NONE."	devoted to position TRUSTEE PRESIDENT & TREAS. SECRETARY	(If not paid, enter 0-) 0. 0.	employee benefit plans and deferred compensation 0. 0. 0. e page 23 of the instance (d) Contributions to	other allo	0 0
245 RON 105 DEF 105	RREN EISENBERG HARTSHORN DRIVE NALD EISENBERG BLUEBERRY DRIVE BORAH EISENBERG BLUEBERRY DRIVE Compensation of five highest-paid employees (or	devoted to position TRUSTEE PRESIDENT & TREAS. SECRETARY Ther than those inc (b) Title, and average hours per week	(If not paid, enter 0-) 0. 0.	employee benefit plans and deferred compensation 0. 0. 0. e page 23 of the institutions to employee benefit plans and deferred	other allo	0 0 0
245 RON 105 DEF 105	RREN EISENBERG HARTSHORN DRIVE NALD EISENBERG BLUEBERRY DRIVE BORAH EISENBERG BLUEBERRY DRIVE Compensation of five highest-paid employees (or if none, enter "NONE." Name and address of each employee paid more than \$50,000	devoted to position TRUSTEE PRESIDENT & TREAS. SECRETARY ther than those inc	(If not paid, enter 0-) 0. 0.	e page 23 of the inst (d) Contributions to employee benefit	tructions).	0 0 0
245 RON 105 DEF 105	RREN EISENBERG HARTSHORN DRIVE NALD EISENBERG BLUEBERRY DRIVE BORAH EISENBERG BLUEBERRY DRIVE Compensation of five highest-paid employees (or if none, enter "NONE." Name and address of each employee paid more than \$50,000	devoted to position TRUSTEE PRESIDENT & TREAS. SECRETARY Ther than those inc (b) Title, and average hours per week	(If not paid, enter 0-) 0. 0. 1uded on line 1 - se	employee benefit plans and deferred compensation 0. 0. 0. e page 23 of the institutions to employee benefit plans and deferred compensation	tructions).	0 0 0
245 RON 105 DEF 105	RREN EISENBERG HARTSHORN DRIVE NALD EISENBERG BLUEBERRY DRIVE BORAH EISENBERG BLUEBERRY DRIVE Compensation of five highest-paid employees (or if none, enter "NONE." Name and address of each employee paid more than \$50,000	devoted to position TRUSTEE PRESIDENT & TREAS. SECRETARY Ther than those inc (b) Title, and average hours per week	(If not paid, enter 0-) 0. 0.	employee benefit plans and deferred compensation 0. 0. 0. e page 23 of the institutions to employee benefit plans and deferred	tructions).	0 0 0
245 RON 105 DEF 105	RREN EISENBERG HARTSHORN DRIVE NALD EISENBERG BLUEBERRY DRIVE BORAH EISENBERG BLUEBERRY DRIVE Compensation of five highest-paid employees (or if none, enter "NONE." Name and address of each employee paid more than \$50,000	devoted to position TRUSTEE PRESIDENT & TREAS. SECRETARY Ther than those inc (b) Title, and average hours per week	(If not paid, enter 0-) 0. 0. 1uded on line 1 - se	employee benefit plans and deferred compensation 0. 0. 0. e page 23 of the institutions to employee benefit plans and deferred compensation	tructions).	0 0 0
245 RON 105 DEF 105	RREN EISENBERG HARTSHORN DRIVE NALD EISENBERG BLUEBERRY DRIVE BORAH EISENBERG BLUEBERRY DRIVE Compensation of five highest-paid employees (or if none, enter "NONE." Name and address of each employee paid more than \$50,000	devoted to position TRUSTEE PRESIDENT & TREAS. SECRETARY Ther than those inc (b) Title, and average hours per week	(If not paid, enter 0-) 0. 0. 1uded on line 1 - se	employee benefit plans and deferred compensation 0. 0. 0. e page 23 of the institutions to employee benefit plans and deferred compensation	tructions).	0 0 0
245 RON 105 DEF 105	RREN EISENBERG HARTSHORN DRIVE NALD EISENBERG BLUEBERRY DRIVE BORAH EISENBERG BLUEBERRY DRIVE Compensation of five highest-paid employees (or if none, enter "NONE." Name and address of each employee paid more than \$50,000	devoted to position TRUSTEE PRESIDENT & TREAS. SECRETARY Ther than those inc (b) Title, and average hours per week	(If not paid, enter O-) O. O. Unded on line 1 - se	employee benefit plans and deferred compensation 0. 0. 0. e page 23 of the institutions to employee benefit plans and deferred compensation	tructions).	0 0 0
245 RON 105 DEF 105	RREN EISENBERG HARTSHORN DRIVE ALD EISENBERG BLUEBERRY DRIVE BORAH EISENBERG BLUEBERRY DRIVE Compensation of five highest-paid employees (or if none, enter "NONE."	devoted to position TRUSTEE PRESIDENT & TREAS. SECRETARY Ther than those inc (b) Title, and average hours per week	(If not paid, enter O-) O. O. Unded on line 1 - se	employee benefit plans and deferred compensation 0. 0. 0. e page 23 of the institutions to employee benefit plans and deferred compensation	tructions).	0 0 0
245 RON 105 DEF 105	RREN EISENBERG HARTSHORN DRIVE ALD EISENBERG BLUEBERRY DRIVE BORAH EISENBERG BLUEBERRY DRIVE Compensation of five highest-paid employees (or if none, enter "NONE."	devoted to position TRUSTEE PRESIDENT & TREAS. SECRETARY Ther than those inc (b) Title, and average hours per week	(If not paid, enter O-) O. O. Unded on line 1 - se	employee benefit plans and deferred compensation 0. 0. 0. e page 23 of the institutions to employee benefit plans and deferred compensation	tructions).	0 0 0
245 RON 105 DEF 105	RREN EISENBERG HARTSHORN DRIVE ALD EISENBERG BLUEBERRY DRIVE BORAH EISENBERG BLUEBERRY DRIVE Compensation of five highest-paid employees (or if none, enter "NONE."	devoted to position TRUSTEE PRESIDENT & TREAS. SECRETARY Ther than those inc (b) Title, and average hours per week	(If not paid, enter O-) O. O. Unded on line 1 - se	employee benefit plans and deferred compensation 0. 0. 0. e page 23 of the institutions to employee benefit plans and deferred compensation	tructions).	0 0 0
245 RON 105 DEF 105	RREN EISENBERG HARTSHORN DRIVE ALD EISENBERG BLUEBERRY DRIVE BORAH EISENBERG BLUEBERRY DRIVE Compensation of five highest-paid employees (or if none, enter "NONE."	devoted to position TRUSTEE PRESIDENT & TREAS. SECRETARY Ther than those inc (b) Title, and average hours per week	(If not paid, enter O-) O. O. Unded on line 1 - se	employee benefit plans and deferred compensation 0. 0. 0. e page 23 of the institutions to employee benefit plans and deferred compensation	tructions).	0 0 0
245 RON 105 DEF 105 2	RREN EISENBERG HARTSHORN DRIVE ALD EISENBERG BLUEBERRY DRIVE BORAH EISENBERG BLUEBERRY DRIVE Compensation of five highest-paid employees (or if none, enter "NONE."	devoted to position TRUSTEE PRESIDENT & TREAS. SECRETARY Ther than those inc (b) Title, and average hours per week devoted to position	(If not paid, enter O-) O. O. Unded on line 1 - se	employee benefit plans and deferred compensation 0. 0. 0. e page 23 of the institutions to employee benefit plans and deferred compensation	tructions).	0 0 0

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers and Contractors (continued)	, Highly Paid Emplo	yees,	
3 Five high	est-paid independent contractors for professional services (see page 23 of the	instructions). If none,	enter "NO	NE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Comp	
NONE		-		
Total number	er of others receiving over \$50,000 for professional services		▶	NONE
Part IV A	Summary of Direct Charitable Activities			
Fait IA-A	Summary of Direct Charitable Activities			
	dation's four largest direct charitable activities during the tax year. Include relevant statistical information si ons and other beneficiaries served, conferences convened, research papers produced, etc.	uch as the number	Expe	nses
1 NONE				
2				
				
				
3		·		
	· • · · · · · · · · · · · · · · · · · ·			
4				
	· • • • • • • • • • • • • • • • • • • •			
Part IX-B	Summary of Program-Related Investments (see page 23 of the instruction	s)		
Describe the	two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amo	ount
1 NONE				
2				
	gram-related investments. See page 24 of the instructions			
3 NONE				
Total. Add I	ines 1 through 3	<u></u>	_	

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.Pa	Minimum Investment Return (All domestic foundations must complete this part. Forei see page 24 of the instructions)	gn founda	ations,
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	8
b	Average of monthly cash balances	1b	52,963.
C		1c	0.
d	Total (add lines 1a, b, and c)	1d	52,963.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Outstand has Office for Ad	3	52,963.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	794.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	52,169.
6	Minimum investment return. Enter 5% of line 5	6	2,608.
Pa	The provided HTML and Compared the Instructions (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here ▶ □ and do not complete this provided HTML and the provided HT		ng
1	Minimum investment return from Part X, line 6	1	2,608.
2 a			
b]	
C		2c	593.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,015.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	5	2,015.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	2,015.
Pá	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а		1a	105,743.
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	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	4	105,743.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	593.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	105,150.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w qualifies for the section 4940(e) reduction of tax in those years	hether the	foundation

Fe	rt XIII Undistributed Income (see page	26 of the instruction	ris)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				2,015.
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only				
b	Enter amount for 2008 only				
3	Excess distributions carryover, if any, to 2009				
а	From 2004 72, 964				
b	From 2005 72, 614.				
c	From 2006				
ď	1 140 201 1	,			
-	From 2008 126, 012.				
	Total of lines 3a through e	483,344.			
	Qualifying distributions for 2009 from Part XII				
4	line 4 ▶ \$105,743.	,	Ì		
а	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
_	Treated as distributions out of corpus (Election				,
٠	required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount				2,015.
	Remaining amount distributed out of corpus	103,728.			
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:				
_		587,072.	-		
а	•	, , , , , , , , , , , , , , , , , , , ,			
þ	Prior years' undistributed income Subtract				
c	Inne 4b from line 2b				
Ī	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has				
	been previously assessed				<u> </u>
þ	Subtract line 6c from line 6b Taxable				
۵	amount - see page 27 of the instructions Undistributed income for 2008 Subtract line				
٠	4a from line 2a Taxable amount - see page				
	27 of the instructions				
f	Undistributed income for 2009 Subtract lines				
Ī	4d and 5 from line 1. This amount must be		1		
_	distributed in 2010				ļ. <u>.</u>
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)				
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the				
	instructions)	72,964.			
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	514,108.			
10	Analysis of line 9				
	Excess from 2005 72, 614.				
	Excess from 2006 71,553.				
	Excess from 2007				}
d	126 012				
e	Excess from 2009 103,728.				

. Pa	rt XIV Private Oper	rating Foundations	(see page 27 of the	instructions and Pa	rt VII-A, question 9)	NOT APPLICABL
1 a	If the foundation has					
	foundation, and the rulin	g is effective for 2009, e	nter the date of the ruling		. ▶	
b	Check box to indicate wh	ether the foundation is a	private operating found	lation described in section	4942())(3) or 4942(J)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	for the minimum investment return from Part X for each		Ì			
	year listed					
b	85% of line 2a					
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .				<u></u>	
d	Amounts included in line 2c not used directly for active conduct					
	of exempt activities				ļ	
е	Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line					
3	2d from line 2c					-10
3	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					
h	4942(j)(3)(B)(i) "Endowment" alternative test-					
-	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
c	Ine 6 for each year listed "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)(iii)					
	(3) Largest amount of sup-					_
	port from an exempt organization					
_	(4) Gross investment income	<u> </u>		<u> </u>	<u> </u>	L
Pa		ary Information (C during the year - se			ation had \$5,000	or more in assets
_	Information Regardin			Structions.)		
1	List any managers of			e than 2% of the tota	al contributions receiv	ed by the foundation
u	before the close of any					ou by the roundation
	ATTACHM	ENT 5				
	List any managers of		own 10% or more o	f the stock of a corn	oration (or an equally	large portion of the
~	ownership of a partner					large pertien or the
	, ,	•		·		
	N/A					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsl	nip, etc., Programs:		
	Check here ► X If t	the foundation only i	makes contributions	to preselected chara	table organizations a	nd does not accept
	unsolicited requests f				e 28 of the instruction	ns) to individuals or
	organizations under of	<u>`</u>				<u>.</u>
а	The name, address, a	ind telephone number	of the person to whor	n applications should b	e addressed	
-	The face was 1	Jantana at aut 1	handen al a sal sale			
b	The form in which app	nications should be su	omitted and imormati	on and materials they	snould include	
	N/A					
c	Any submission deadl	ines				-
	N/A					
	Any restrictions or I	imitations on swards	euch as hy assar	anhical areas shorts	phia fields kinds of	institutions or other
a	factors	iiiiitations on awafus	, auch as by geogra	apılıcal altas, Clidilla	ibie lielus, Killus Of	manundis, or other
	N/A					

Form 990-PF (2009)			55-0823121	Page 11
Part XV Supplementary Information (co	ntinued)			
3 Grants and Contributions Paid Durin	ng the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual,	Foundation status of		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or dapateritor continuotor			
SEE SCHEDULE ATTACHED				104,838.
				·
	1			
			}	
			1	
			1	
			[
			1	
	•			
		Ì		
			1	
			1	
				<u> </u>
Total	<u> </u>		▶ 3a	104,838.
b Approved for future payment				
•				
			<u> </u>	
			<u> </u>	
			1	
Total			> 3b	

Enter gross	amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
•			-			
b					-	<u></u>
с						
_						
f						
g Fees	and contracts from government agencies					
2 Members	ship dues and assessments					
	n savings and temporary cash investments			14	22.	
4 Dividend	ls and interest from securities			14	40.	
5 Net renta	al income or (loss) from real estate				-	
a Debt	f-financed property					
	debt-financed property					
6 Net rental	Income or (loss) from personal property					- 111
7 Other inv	vestment income					
8 Gain or (lo	oss) from sales of assets other than inventory			18	-122.	
9 Net incor	me or (loss) from special events		. <u>.</u>			
0 Gross pr	ofit or (loss) from sales of inventory					
1 Other rev	venue a					
b						, <u></u>
c						
d						
е				_		
e	Add columns (b), (d), and (e)				-60.	
e l 2 Subtotal l 3 Total. Ad	dd line 12, columns (b), (d), and (e)					-60
e 2 Subtotal 3 Total . Ad See worksh	dd line 12, columns (b), (d), and (e) neet in line 13 instructions on page 28 t	to verify calcu	ulations)		13	-60
e l 2 Subtotal l 3 Total. Ad	dd line 12, columns (b), (d), and (e) neet in line 13 instructions on page 28 t Relationship of Activities	to verify calcu to the Ac	ulations) complishment of E	xempt Purp		
e 2 Subtotal 3 Total. Ad See worksh	dd line 12, columns (b), (d), and (e) neet in line 13 instructions on page 28 t Relationship of Activities Explain below how each activity	to verify calcute to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed importantly t
e 2 Subtotal 3 Total. Ad See worksh Part XVI-	dd line 12, columns (b), (d), and (e) neet in line 13 instructions on page 28 to the Relationship of Activities Explain below how each activities accomplishment of the fo	to verify calcute to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed importantly t
e 2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions on page 28 t B Relationship of Activities Explain below how each activithe accomplishment of the forpage 29 of the instructions)	to verify calcute to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed importantly t
e 2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions on page 28 to the second of t	to verify calcute to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed importantly t
e 2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions on page 28 t B Relationship of Activities Explain below how each activithe accomplishment of the forpage 29 of the instructions)	to verify calcute to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed importantly t
e 2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions on page 28 t B Relationship of Activities Explain below how each activithe accomplishment of the forpage 29 of the instructions)	to verify calcute to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed importantly t
e 2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions on page 28 t B Relationship of Activities Explain below how each activithe accomplishment of the forpage 29 of the instructions)	to verify calcute to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed importantly t
e 2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions on page 28 t B Relationship of Activities Explain below how each activithe accomplishment of the forpage 29 of the instructions)	to verify calcute to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed importantly t
e 2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions on page 28 t B Relationship of Activities Explain below how each activithe accomplishment of the forpage 29 of the instructions)	to verify calcute to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed importantly t
e 2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions on page 28 t B Relationship of Activities Explain below how each activithe accomplishment of the forpage 29 of the instructions)	to verify calcute to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed importantly t
e 2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions on page 28 t B Relationship of Activities Explain below how each activithe accomplishment of the forpage 29 of the instructions)	to verify calcute to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed importantly t
e 2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions on page 28 t B Relationship of Activities Explain below how each activithe accomplishment of the forpage 29 of the instructions)	to verify calcute to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed importantly t
e 2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions on page 28 t B Relationship of Activities Explain below how each activithe accomplishment of the forpage 29 of the instructions)	to verify calcute to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed importantly t
e 2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions on page 28 t B Relationship of Activities Explain below how each activithe accomplishment of the forpage 29 of the instructions)	to verify calcute to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed importantly t
e 2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions on page 28 t B Relationship of Activities Explain below how each activithe accomplishment of the forpage 29 of the instructions)	to verify calcute to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed importantly t
e 2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions on page 28 t B Relationship of Activities Explain below how each activithe accomplishment of the forpage 29 of the instructions)	to verify calcute to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed importantly t
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e 2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions on page 28 t B Relationship of Activities Explain below how each activithe accomplishment of the forpage 29 of the instructions)	to verify calcute to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed importantly t
e 2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions on page 28 t B Relationship of Activities Explain below how each activithe accomplishment of the forpage 29 of the instructions)	to verify calcute to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed importantly t
e 2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions on page 28 t B Relationship of Activities Explain below how each activithe accomplishment of the forpage 29 of the instructions)	to verify calcute to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed importantly t
e 2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions on page 28 t B Relationship of Activities Explain below how each activithe accomplishment of the forpage 29 of the instructions)	to verify calcute to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed importantly t
e 2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions on page 28 t B Relationship of Activities Explain below how each activithe accomplishment of the forpage 29 of the instructions)	to verify calcute to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed importantly t
e 2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions on page 28 t B Relationship of Activities Explain below how each activithe accomplishment of the forpage 29 of the instructions)	to verify calcute to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed importantly t
e 2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions on page 28 t B Relationship of Activities Explain below how each activithe accomplishment of the forpage 29 of the instructions)	to verify calcute to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed importantly t

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

1 a	in sec	ne organization directly ction 501(c) of the Co zations? ers from the reporting fo	ode (other than	section 501(c)(3) org	ganizations						Yes	No
		ash		, •						1a(1)		X
		her assets								1a(2)		X
b	b Other transactions											
	(1) Sa	ales of assets to a nonch	aritable exempt o	organization						1b(1)		X
	(2) Pu	irchases of assets from	a noncharitable e	exempt organization						1b(2)		X
		ental of facilities, equipme								1b(3)		X
		eimbursement arrangeme								1b(4)		X
		ans or loan guarantees								1b(5)		X
	(6) Pe	erformance of services o	r membership or	fundraising solicitations						1b(6)		X
С	Sharın	ig of facilities, equipmen	t, mailing lists, o	ther assets, or paid emplo	yees					1 c		X
d	If the	answer to any of t	he above is "	Yes," complete the fo	ollowing s	chedule	Column (b)	should alv	vays show	the	faır r	narket
	value	of the goods, other	assets, or serv	rices given by the re	porting fo	undation	If the foun	dation rec	eived less	than	fair r	narket
	value	in any transaction or	sharing arran	gement, show in colu	mn (d) th	ne value	of the good	ds, other a	assets, or	service	es rec	eived
												
(a) l	_ine no	(b) Amount involved	(c) Name of	noncharitable exempt organi	zation		scription of trans	fers, transacti	ons, and shar	ing arra	ngeme	nts
		N/A				N/A						
												
				 								
		. ,										
2 a	ls the	foundation directly or	indirectly affilia	ited with or related to	one or n	nore tax-	exempt organ	izations des	cribed in			
		n 501(c) of the Code (oth	•						r		s 🗀	No
b		s," complete the following		55 1(5)(5)) 5. III 555II5II 5							~	
		(a) Name of organization		(b) Type of org	anization	T		(c) Description	on of relations	hip		

	Under	penalties of perjury, I declar	are that I have ex	amined this return, including	ng accompa	nying sche	edules and state	ments, and t	o the best o	f my k	nowled	ge and
	belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of					as .						
	—					4/20	9/10	79	res +	Trea	sure	2
e l	Sig	gnature of officer or trustee				Date	· /	Title				
Sign Here				\sim	Date		Check if		Preparer's number (Se	identif	ying iture o	n
g	ir.s	Preparer's	1/1-		1,,/		self-employ	yed ▶∐	page 30 of t	he instr	uctions)
တ	aid parer's only	signature	10-1-12	7	14/2	6/10 .			P00537			
	Paid Preparer's Use Only	Firm's name (or yours if	DAVID		~	1765	100	EIN ▶ 2	20-2375	/11		
	 -	self-employed), address, and ZIP code		ST HAWTHORNE A'	vE., St	JITE 4			E16 5	02 7	700	
		and Air COUR	VALLE	Y STREAM, NY		11	1580	Phone no	516-5			(2009)
									C.	~~~ uu	11-PF	1200a\

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2009

Name of the organization	LD EISENBERG FOUNDATION	Employer identification number
THE DEBOKAN & KONAI	D EISENBERG TOUNDATION	55-0823121
Organization type (check on	3)	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (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	a private foundation
	501(c)(3) taxable private foundation	
- -	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the Gene	eral Rule and a Special Rule See
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the one contributor. Complete Parts I and II	e year, \$5,000 or more (in money or
Special Rules		
sections 509(a)(1)	c)(3) organization filing Form 990 or 990-EZ that met the 331/ and 170(b)(1)(A)(vi), and received from any one contributor, 2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Fo	during the year, a contribution of the greater
the year, aggregat	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that e contributions of more than \$1,000 for use exclusively for relises, or the prevention of cruelty to children or animals. Comple	igious, charitable, scientific, literary, or
the year, contributi aggregate to more year for an exclusiv applies to this orga	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that ons for use <i>exclusively</i> for religious, charitable, etc., purposes than \$1,000. If this box is checked, enter here the total contively religious, charitable, etc., purpose. Do not complete any canization because it received nonexclusively religious, charital	s, but these contributions did not cributions that were received during the of the parts unless the General Rule ble, etc., contributions of \$5,000 or more
990-EZ, or 990-PF), but it mu or on line 2 of its Form 990-1 990-PF)	t is not covered by the General Rule and/or the Special Rules ust answer "No" on Part IV, line 2 of its Form 990, or check the FF, to certify that it does not meet the filing requirements of S	he box on line H of its Form 990-EZ, Schedule B (Form 990, 990-EZ, or
For Privacy Act and Paperwork Red for Form 990, 990-EZ, or 990-PF.	duction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

THE DEBORAH & RONALD EISENBERG FOUNDATION

Employer identification number 55-0823121

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1_	RONALD EISENBERG 105 BLUEBERRY DRIVE WOODCLIFF LAKE, NJ 07677	\$60,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
2	RONALD EISENBERG 105 BLUEBERRY DRIVE WOODCLIFF LAKE, NJ 07677	\$60,220.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization THE DEBORAH & RONALD EISENBERG FOUNDATION

Employer identification number 55-0823121

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2_	2,000 SHS BED BATH & BEYOND		
		\$	04/20/2009
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>.</u> . i			
n) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
n) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
n) No. From	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or es (see instru
		1

c) (d) estimate) Date received ructions)

JSA 9E1254 1 000

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

Deborah & Ronald Eisenberg Family Foundation Charitable Contributions

EIN# 55-0823121 2009

<u>Organization</u>	4	<u>Amount</u>	<u>Purpose</u>
Sunrise Day Camp 15 Neil Court Oceanside, NY 11572	\$	500	General
Bergen County YJCC 605 Pascack Rd. Township of Washington, NJ 07676	\$	18,000	General
Careers Through Culinary Arts Program 250 West 57th Street Suite 2015 New York, NY 10107	\$	250	General
My Sisters' Place One Water Street White Plains, NY 10601	\$	2,500	General
Reed Academy 85 Summit Avenue Garfield, NJ 07026	\$	1,000	General
Temple Emanuel 87 Overlook Drive Woodcliff Lake, NJ 07677	\$	8,333	General
The Leukemia & Lymphoma Society 475 Park Avenue South 8th Flr New York, NY 10016	\$	500	General
Avon Walk for Breast Cancer PO Box 742509 Cinncinati, OH 45276	\$	100	General
Project Renewal 200 Varick St. 9th Floor New York, NY 10014	\$	2,500	General
Israel Children's Centers 3275 West Hillsboro Blvd. Deerfield Beach, FL 33442	\$	5,000	General

Deborah & Ronald Eisenberg Family Foundation Charitable Contributions

EIN# 55-0823121 2009

<u>Organization</u>	<u>Amount</u>	<u>Purpose</u>
White Columns, Inc. 320 West 13th St.	\$ 275	General
New York, NY 10014		
Feinstein Institute for Medical Research 125 Community Drive Great Neck, NY 11021	\$ 1,000	General
Bergen County YJCC 605 Pascack Rd, Township of Washington, NJ 07676	\$ 2,500	General
Jimmy Fund/PMC c/o Robert Doherty 171 W. 71st Street	\$ 500	General
New York, NY 10023		
Israel Children's Centers 3275 West Hillsboro Blvd. Deerfield Beach, FL 33442	\$ 2,500	General
UJA Federation of Northern New Jersey 50 Eisenhower Drive Paramus, NJ 07652	\$ 22,730	General
UJA Federation of Northern New Jersey 50 Eisenhower Drive Paramus, NJ 07652	\$ 15,000	General
Muscular Dystrophy Association 2035 Lincoln Highway #1100 Edison, NJ 08817	\$ 50	General
United States Holocaust Museum PO Box 9098 Washington, DC 20090	\$ 300	General
Bergen County YJCC 605 Pascack Rd Township of Washington, NJ 07676	\$ 10,000	General
Temple Emanuel 87 Overlook Drive Woodcliff Lake, NJ 07677	\$ 1,800	General

Deborah & Ronald Eisenberg Family Foundation Charitable Contributions

EIN# 55-0823121 2009

<u>Organization</u>	4	Amount	<u>Purpose</u>
Melanoma Research Foundation c/o Powered by Powerhouse 1375 Broadway, 3rd Flr New York, NY 10018	\$	1,000	General
New Museum of Contemporary Art 235 Bowery New York, NY 10002	\$	5,000	General
Chai Lifeline 151 W 30th Street 3rd Flr. New York, NY 10001	\$	600	General
Valley Chabad 100 Overlook Drive Woodcliff Lake, NJ 07677	\$	2,900	General
Total	\$	104,838	

ATTACHMENT

- INTEREST ON TEMPORARY CASH INVESTMENTS FORM 990PF, PART I

		2.	2.
NET INVESTMENT	INCOME	22.	22.
REVENUE AND EXPENSES	PER BOOKS	22.	22.
			TOTAL
	DESCRIPTION	BANK OF AMERICA	

ATTACHMENT

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

	ĽΝ	I	40.	40.
	$egin{array}{c} egin{array}{c} \egin{array}{c} \egin{array}{c} \egin{array}{c} \egin{array}$	INCOME		
REVENUE	AND EXPENSES	PER BOOKS	40.	40.
				TOTAL
		DESCRIPTION	US TRUST	

ATTACHMENT 2

ATTACHMEN

FEES	
ACCOUNTING	
ı	
Н	
PART	
990PF,	
FORM	

CHARITABLE PURPOSES	875.	875.
ADJUSTED NET INCOME		0
NET INVESTMENT INCOME	875.	875.
REVENUE AND EXPENSES PER BOOKS	1,750.	1,750.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

ď

ATTACHMENT

THE DEBORAH & RONALD EISENBERG FOUNDATION

ATTACHMENT

OTHER EXPENSES DESCRIPTION

NJ DIV. OF CONSUMER AFFAIRS
US TRUST FEES ı PART I FORM 990PF,

EXPENSES PER BOOKS REVENUE AND

INVESTMENT INCOME

-214.

CHARITABLE PURPOSES 30.

-214.

-184.

TOTALS

-214.

ATTACHMENT 5

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

RONALD EISENBERG WARREN EISENBERG

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

						entification number		
THE DEBORAH & RONALD EISENBERG FOUNDATION 55-08231 Note: Form 5227 filers need to complete only Parts I and II						. ∠ ⊥		
Pa			Held One Ye	ar or Less				
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales pnce	(e) Cost or other (see page 4 of instructions	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)	
1a				·	mot dottons	<u>'</u>	Subtract (e) non (u)	
b	Enter the short-term gain or (loss), if any,	from Schedule D	-1, line 1b			1b	59,943.	
2	2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824							
3 4	Short-term capital loss carryover Enter the	he amount, if any	, from line 9 of	the 2008 Capital Los	SS	3		
_	Carryover Worksheet					4	(
	column (3) on the back	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	•	5	59,943.	
Pai		es - Assets Held	More Than On	e Year	(a) Cost or other	hasis	(f) Coin or (loss) for	
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(see page 4 of instructions)	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)	
6a								
b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b								
7	7							
8	8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts							
9	Capital gain distributions	9						
10	Gain from Form 4797, Part I					10		
11	Long-term capital loss carryover Enter th	ne amount, if any	, from line 14 o	of the 2008 Capital Lo	ss	11	(
12	Net long-term gain or (loss). Combine line	es 6a through 11	ın column (f)	Enter here and on li	ne 14a,	12	<u> </u>	
For	3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss Carryover Worksheet 5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back. Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (a) Description of property (Example 100 shares 7% preferred of "2" Co) (b) Date acquired (mo, day, yr) (c) Date sold (mo, day, yr) (d) Sales price (e) Cost or oth (see page 4 instruction) 6a b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b. 7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 9 Capital gain distributions 10 Gain from Form 4797, Part I 11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2008 Capital Loss Carryover Worksheet 12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back.				e D (Form 1041) 200			

Sche	、 dule D (Form 1041) 2009					Page 2
Pa	rt Summary of Parts I and II		(1) Beneficiaries'	(2) Es	tate's	<u></u>
	Caution: Read the instructions before completing this part		(see page 5)	or tr		(3) Total
13	Net short-term gain or (loss) 13	-		-	_	59,943.
14	Net long-term gain or (loss):	\dagger				-
а	Total for year	,				
b	Unrecaptured section 1250 gain (see line 18 of the wrksht).	$\overline{}$	-		 ·	
	28% rate gain	-		<u> </u>		
15	Total net gain or (loss). Combine lines 13 and 14a	_				59,943.
Not	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 99 art V, and do not complete Part IV If line 15, column (3), is a net loss, complete Part IV	0-	T, Part I, line 4a) If lines	14a and yover Worl	15, colum ksheet, as	n (2), are net gains, go
Pa	rt IV Capital Loss Limitation					
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I,	lın	e 4c, if a trust), the sm	aller of		
а	The loss on line 15, column (3) or b \$3,000		•		16 ()
Note	The loss on line 15, column (3) or b \$3,000 e: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, I	ıne	22 (or Form 990-T, lin	e 34), is a	loss, con	plete the Capital Loss
	rover Worksheet on page 7 of the instructions to figure your capital loss carryover	_				
	Tax Computation Using Maximum Capital Gains Rates					_
	n 1041 filers. Complete this part only if both lines 14a and 15 in column (ount is ei	ntered in	Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more tha t ion: Skip this part and complete the worksheet on page 8 of the instructions					
	ither line 14b, col. (2) or line 14c, col. (2) is more than zero, or	3 11	•			
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero					
of F	n 990-T trusts. Complete this part only if both lines 14a and 15 are ga orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part an er line 14b, col. (2) or line 14c, col. (2) is more than zero.	ins id	s, or qualified divide complete the works	nds are i heet on p	ncluded page 8 d	in income in Part I of the instructions if
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)		. 17			
18	Enter the smaller of line 14a or 15 in column (2)	-]	
	but not less than zero					
19	Enter the estate's or trust's qualified dividends					
	from Form 1041, line 2b(2) (or enter the qualified					
	dividends included in income in Part I of Form 990-T) 19					
20	Add lines 18 and 19					
21	If the estate or trust is filing Form 4952, enter the					
	amount from line 4g, otherwise, enter -0 ▶ 21					
22	Subtract line 21 from line 20 If zero or less, enter -0-		_ 22			
23	Subtract line 22 from line 17 If zero or less, enter -0-	•	23		1 1	
		•			1 1	
24	Enter the smaller of the amount on line 17 or \$2,300		24			
25	Is the amount on line 23 equal to or more than the amount on line 24?	•	•		i	
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box					
	No. Enter the amount from line 23		25			
26	Subtract line 25 from line 24	•	26		i	
27	Are the amounts on lines 22 and 26 the same?	•	•		1	
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22		27			
	1 VO. Cittle the Smaller of life 17 of life 22				1	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28			
- 0	Lines and amount from the 20 (if the 20 is plant, effect *0*)	•	. 20			
29	Subtract line 28 from line 27		29			
30		-	• • • • • • • • • • • • • • • • • • • •		30	
31	Multiply line 29 by 15% (15)				30	
J 1					24	
	(see the Schedule Ginstructions in the instructions for Form 1041)	•	• • • • • • • • • • • • • • • • • • • •		31	
32	Add lines 30 and 31				32	

Schedule D (Form 1041) 2009

33

34

G, line 1a (or Form 990-T, line 36)

Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule

SCHEDULE D-1 (Form 1041)

Continuation Sheet for Schedule D (Form 1041)

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

2009

Department of the Treasury Internal Revenue Service

Employer identification number

Name of estate or trust THE DEBORAH & RONALD EISENBERG FOUNDATION 55-0823121 Short-Term Capital Gains and Losses - Assets Held One Year or Less (d) Sales price (see page 4 of the instructions) (b) Date (e) Cost or other basis (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (f) Gain or (loss) Subtract (e) from (d) (c) Date sold (see page 4 of the instructions) acquired (mo, day, yr) (mo, day, yr) 1a 2,000 SHS BED BATH & BEYOND 04/20/2009 04/23/2009 60,098. 155. 59,943.

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

59,943.

Schedule D-1 (Form 1041) 2009

FORM 990-PF - PART IV

			
CAPITAL GAINS AND			
CADITAL CAIMS AND	I VGGEG EVD	TAY ONLINIVECTRIEN	T INICORAC
CAPIIAI GAINS AND	しいううとう といだ		I INC. CHAIL
<u> </u>			

Kınd of F	roperty	NS AND LOSSES FOR TAX ON INVEST Description				lor l	Date	Date sold	
Gross sale	sale Depreciation Cost or FMV Adulhasis Fw				Excess of	D acquired Gain		2010 0010	
price less expenses of sale	allowed/ allowable	other basis	as of 12/31/69	as of 12/31/69	FMV over adj basis		or (loss)		
60,098.		2,000 SHS B 155.				D	04/20/2009 59,943.	04/23/2009	
OTAL GAIN(L	OSS)				•••••		59,943.		