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Form **990-PF**

Department of the Treasury

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

Intern	al Reven	ue Service	No.	ote The fo	oundation may			·	return to sat	isfy state repo	rting	requirem			
For c	alenda	ar year 2009,	or tax year	beginnin	g JUI	<u>ر 1 ،</u>	2009		, and e	ending	JU	<u> 30</u>			
G C	heck al	II that apply:		Initial retu					ormer public	charity			Final retu	rn	
				Amended	return		Addı	ress chan	ge		Name	change	<u> </u>		
Use	the IRS	s Name of fo	undation								A Er	nployer	identification	on nu	mber
la	ıbel.	L												_	
	erwise				NBACH I				NC.		+		<u>65633</u>	1	
	rint	1			er if mail is not o	delivered t	o street addre	ess)		Room/suite	B Te	•	number		
	type. Specifi	90 JO								501	ļ	<u>(212</u>	<u>)683-</u>	642	24
	uctions	e I city or tow									I				ing, check here
		MEM YO			10038						ID 1	Foreign	organizatio	ns, ch	eck here
H C	٦ .	pe of organiza			on 501(c) <u>(3)</u> e	•					-	check he	re and attach	compu	g the 85% test, tation
<u></u>		ion 4947(a)(1)					axable priva								was terminated
		et value of all		nd of year	I —	-		Cash	X Acc	rual	u	nder sect	tion 507(b)(1)(A)	, check here 🕨 📖
		rt II, col (c),		E0.6		Other (sp			£ \						month termination
<u>▶</u>					Part I, col						ur			<u>1)(B)</u>	, check here
L <u>Pa</u>	ر ننت	Analysis of Re (The total of amo necessarily equa	unts in colun	nns (b), (c), a	and (d) may not	ex	a) Revenue penses per	and books		nvestment ome			isted net ome		(d) Disbursements for charitable purposes (cash basis only)
	1 C	ontributions, (gifts, grants	s, etc., rec	eived		100,	400.							
	_	-			d to attach Sch B										
	3 In	nterest on saving ash investments	s and tempo	rary											
	4 D	lividends and i	nterest fro	m securiti	es		304,	989.	3.0)4,989.		30	4,989	.S	PATEMENT 1
	5a G	ross rents													
	bи	let rental income	or (loss)												
ø		let gain or (loss) f				L	<u>53,</u>	823.			<u> </u>				
ne	b as	iross sales price ssets on line 6a	for all	<u>3,59</u>	<u>5,902.</u>	ļ			ļ		<u> </u>				
Revenue	7 C	Capital gain net in	come (from F	Part IV, line	2)	<u> </u>					·				
4	8 N	let short-term	capıtal gaır	1		<u> </u>			WED	7 <u>9</u> }	ļ	5	<u>3,823</u>	_	
		ncome modific Gross sales less r					1 187			101	<u> </u>				
	10a a	nd allowances	L		<u>46,055</u>		1.5		2 3011						PATEMENT 2
		ess Cost of good	_		55,378	•		MAY,		一個	∔—		0 000	_	PATEMENT 3
		Gross profit or	(loss)			 		323.	100	157-1	₩.		9,323	_	
		Other income				 		1-1-5		0.	-		115		TATEMENT 4
		otal Add line						004	35	8,812	+	34	9,604		100 070
		Compensation of			es, etc		1337			6,024	+		6,02 <u>4</u> 0		126,976.
)ther employee		•		-	142, 113,			1,721	+		$\frac{0}{1,721}$	 +	142,868. 75,061.
S		ension plans, egal fees	етърюуее	Denents		-	113,	5/6.		1,/21	}		1,/41	+	/5,001
Sus		eyar rees. Accounting fee:	c	C.	тмт 5	-	15	181.		845	+		845		14,336.
Expense		Other professio			TMT 6			011.	-	24,511	+		4,511		2,206
ē E		nterest	// Idi 1665	S	IMI O		41,	011.		3 4 , J11	+		4 , J11		2,200
ativ		axes		g	TMT 7	<u> </u>	26	515.		461			461		19,754.
istr		Depreciation ar	nd denletio					222.		125	1		6,097		
μ		Occupancy	14 40p101101	•				645.		2,416	1-		2,416		118,229.
Adr		ravel, confere	nces, and r	neetinas				071.		262			262		13,252
and Administrative		rinting and pu												1	
<u>ā</u>		Other expenses		S	TMT 8		145.	972.	<u> </u>	611			611		148,681.
Operating		otal operating									T				
oer		expenses. Add					744,	063.	3	36,97 <u>6</u>	.	4	2,948		661,363
ō		Contributions,		_				500.						T	18,500
		Total expenses			5									T	
		Add lines 24 ar					<u>76</u> 2,	563.		36,976		4	2,948		679,863.
		Subtract line 26		12:											
	a E	excess of revenue	over expens	ses and disi	pursements		-312,	559.							
	ÞΝ	Vet investmen	t income (f negative, e	enter -0-)				32	21,836					
		Adjusted net ir	ncome (if ne	egative, ente	ar -0-)							30	6,656		
9235	01	ILIA Ear Dr.	vany Ant n	nd Danon	unt Paductio	n Ant No	tica can t	ha inetru	etione						Form 990-PF (2009)

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If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

			<u> 16563</u>			Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	<u> 948 -</u>	see in	stru	<u>ctio</u>	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	- 1				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1			3,2	18.
	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)					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
	Add lines 1 and 2	3			3.2	18.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5			3 . 2	18.
	Credits/Payments:				<u>-1</u>	
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 18,203.					
	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868) 6c					
	Backup withholding erroneously withheld 6d	1				
	· · · · · · · · · · · · · · · · · · ·	_		1	ດ າ	Λ2
	Total credits and payments. Add lines 6a through 6d	7			<u>5, 4</u>	03.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				 _
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		1	4,9	85.
	Enter the amount of line 10 to be: Credited to 2010 estimated tax	11				<u>0.</u>
	rt VII-A Statements Regarding Activities				 _	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	IU	<u> </u>		<u>res</u>	No
	any political campaign?		-	1a		X
p	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		L	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	d or	-			i
	distributed by the foundation in connection with the activities.		-	l		
C	Did the foundation file Form 1120-POL for this year?		L	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		Γ			
	(1) On the foundation. \blacktriangleright \$ (2) On foundation managers. \blacktriangleright \$ 0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		- 1			
	managers. ► \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		- 1	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	r	1	Į		1
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		F	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/	/a	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,	-	5		X
٠	If "Yes," attach the statement required by General Instruction T.		T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					ļ
٠	By language in the governing instrument, or		Ì	ĺ		ĺ
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state 	law	ĺ			
	remain in the governing instrument?	Idvv	Ì	ا ۽	X	
7			<u> </u>	6	X	
'	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		
0-			1			
Вa	Enter the states to which the foundation reports or with which it is registered (see instructions)				i	1
	NY					
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)		}	_	47	1
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar	}	l		1
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		L	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
			Form	990	-PF ((2009)

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		-1656	331_	F	Page 5
	art'VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		<u>x</u> _
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?	ļ	13	X	
	Website address ► <u>WWW.SCHALKENBACH.ORG</u>				
14	The books are in care of ▶ MARK A. SULLIVAN Telephone no. ▶ (212)6	<u>83-6</u>	424	4
	Located at ► 90 JOHN STREET, NEW YORK, NY ZIP	+4 ► 10	<u>038</u>		
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	<u></u>	N/	<u>/A</u>	
Pa	art 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	a During the year did the foundation (either directly or indirectly):	<u>. </u>			
		X No		į	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
		X No		- 1	
		X No		ĺ	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	_		-	
	·	X No		- 1	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	ľ			
	if the foundation agreed to make a grant to or to employ the official for a period after		1	}	
	termination of government service, if terminating within 90 days.)	X No			
ł	o 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				
(c 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		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			ł	
	defined in section 4942(j)(3) or 4942(j)(5)):				
8	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	==1		1	
		X No			
	If "Yes," list the years ,,,	1		ŀ	
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		1	Ì	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach				
	·	N/A	2b	\dashv	
(this provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			ľ	
_					
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		Ì	Ì	
	during the year? Yes	ا ۱۸۵ لم			
ľ	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	-		ļ	
	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	36		ŀ	
	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,	N7 / 3	.	ļ	
		N/A	3b		37
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	. }	4a		<u>X</u>
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	·	.	}	v
	had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b		<u>X</u>

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

orm 990-PF (2009) ROBERT SCHALKENBACH FOUR	NDATION. INC.		<u>13-16563</u>	31	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:		—			Ì
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No		
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir		s X No		
any voter registration drive?	~?		s X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose		Y6	ו מאובבו פי		
(4) Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)?	on described in section	□ v ₂	s X No		
	or adventional purposes, or		S LALINU		
(5) Provide for any purpose other than religious, charitable, scientific, literary the prevention of cruelty to children or animals?	, or educational purposes, or		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur	adar the exceptions described		is LALINU	l l	
section 53.4945 or in a current notice regarding disaster assistance (see instr		in negulations	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check				<u> </u>	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		ined			ļ
expenditure responsibility for the grant?			s 🔲 No		1
If "Yes," attach the statement required by Regulations section 53 494		1/A16	.5		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?	pay premiums on	□ v _e	s X No	1	1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	nersonal henefit contract?	۱۰ لسے	Į.	6Ь	x
If "Yes" to 6b, file Form 8870.	por bonar bonent contract				<u> </u>
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	☐ Ye	es 🗓 No		}
b If yes, did the foundation receive any proceeds or have any net income attribu				7b	
Port VIII Information About Officers, Directors, Trus		nagers, Highly			
raid Employees, and Contractors					
List all officers, directors, trustees, foundation managers and their		1	(d) a . i .		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deterred	(e) l	Expense unt, other
(a) name and accross	to position	`enter -0-) '	compensation	allo	wances
	_				
177 CC1 M117 15	4	122 222	0.564		•
SEE STATEMENT 15	 	133,000.	8,564.		0.
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	*	 			
	†				
	7				
Compensation of five highest-paid employees (other than those in		enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) l	Expense unt, other
(a) Name and address of each employee paid files than \$50,000	devoted to position	(C) Compensation	and deferred compensation		wances
BRIAN WALDBILLIG - 90 JOHN STREET,	ADMIN. ASST.				
SUITE 501, NEW YORK, NY 10038	40.00	52,564.	0.	<u> </u>	0.
	_				
		ļ		<u> </u>	
	-	1			
		-		ļ	
	 			 	
	-				
Total number of other employees paid over \$50,000				J	0
Total number of other employees paid over \$00,000			Form	990-P	F (2009)
			, 4		1-200)

form 990-PF (2009) ROBERT SCHALKENBACH FOUNDATION. INC. 13-	1656331 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Fotal number of others receiving over \$50,000 for professional services	▶ _ 0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
SEE STATEMENT 16	135,929.
THE FOUNDATION CONDUCTS EDUCATION AND OUTREACH ACTIVITIES TO PROMOTE THE SOCIAL AND ECONOMIC THEORY OF HENRY GEORGE AND	
OTHER RELATED ECONOMISTS.	257,478.
THE FOUNDATION SELLS AND DISTRIBUTES BOOKS AND PUBLICATIONS	
TO PROMOTE THE SOCIAL AND ECONOMIC THEORY OF HENRY GEORGE	170 070
AND OTHER RELATED ECONOMISTS.	170,970.
THE FOUNDATION DELVELOPS BOOKS, PUBLICATIONS, AND ELECTRONIC MEDIA, TO PROMOTE THE SOCIAL AND ECONCOMIC THEORY OF HENRY	
GEORGE AND OTHER RELATED ECONOMISTS.	22,694.
Part IX-B Summary of Program-Related Investments	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 <u>N/A</u>	
41/44	
2	
All other program-related investments. See instructions.	·
3	

0.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations	must complete this part	Foreign four	ndations, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitat	ole, etc., purposes:			
a	Average monthly fair market value of securities			1a	9,427,103.
	Average of monthly cash balances			1b	117,086.
С	Fair market value of all other assets			1c	77,901.
d	Total (add lines 1a, b, and c)			1d	9,622,090.
е	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)	l 1e	0.	Ì	
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	9,622,090.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount	t, see instructions)		4	144,331.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and c	on Part V, line 4		5	9,477,759.
6	Minimum investment return. Enter 5% of line 5			6	473,888.
P	part XI Distributable Amount (see instructions) (Section 4942(j)(3) a foreign organizations check here x and do not complete this part		oundations ar	nd certain	
1	Minimum investment return from Part X, line 6			1	
2a	Tax on investment income for 2009 from Part VI, line 5	2a			
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b			
C	Add lines 2a and 2b			2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	<u>-</u>		3	
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	
6	Deduction from distributable amount (see instructions)			6	
<u>7</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Par	t XIII, line 1		7	
P	art XII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pu	rposes:			
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	679,863.
b	Program-related investments - total from Part IX-B			1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charita	able, etc., purposes		2	4,556.
3	Amounts set aside for specific charitable projects that satisfy the:				
a	Suitability test (prior IRS approval required)			3a .	
b	Cash distribution test (attach the required schedule)			3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, a	and Part XIII, line 4		4	684,419.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inv	estment			
	income. Enter 1% of Part I, line 27b			5	3,218.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	681,201.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years	when calculating whether the	e foundation of	qualifies for	the section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2009		— 		
a Enter amount for 2008 only			0.	
b Total for prior years:		· · · · · · · · · · · · · · · · · · ·		_
b rotal for prior years.		0.		
3 Excess distributions carryover, if any, to 2009:		0.		
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ N/A				
a Applied to 2008, but not more than line 2a			<u> </u>	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (if an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
	0.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract		·-··		
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		_	***	
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line			,,	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004	<u> </u>			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010	<u></u>	·		
Subtract lines 7 and 8 from line 6a	0.			
· · · · · · · · · · · · · · · · · · ·				
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				<u> </u>

Form 990-PF (2009) ROBERT	SCHALKENBACH	I FOUNDATIO	N. INC.	13-16	56331 Page 10
Part XIV Private Operating F			A, question 9)		
1 a If the foundation has received a ruling o		· · · · · · · ·			
foundation, and the ruling is effective fo			► L		
b Check box to indicate whether the found		foundation described in	·	942(j)(3) or 49	42(1)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2009	(b) 2008	Prior 3 years (c) 2007	(d) 2006	(a) Total
income from Part I or the minimum	(a) 2003	(b) 2008	(6) 2007	(0) 2000	(e) Total
investment return from Part X for	306 656	222 425	704 110	405 044	1 760 056
each year listed	306,656.	323,437.	704,119.		1,760,056.
b 85% of line 2a	260,658.	274,921.	598,501.	361,967.	1,496,048.
c Qualifying distributions from Part XII,	CO4 410	617 000	702 070	670 003	2 (05 202
line 4 for each year listed	684,419.	617,992.	703,978.	6/8,893.	2,685,282.
d Amounts included in line 2c not]	Ì		'	
used directly for active conduct of	18,500.	10 000	22 427	22 410	100 227
exempt activities	10,300.	18,000.	33,427.	32,410.	102,337.
e Qualifying distributions made directly					
for active conduct of exempt activities.	665 010	599,992.	670 651	646 402	2 502 045
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter:	665,919.	599,992.	670,551.	040,483.	2,582,945.
(1) Value of all assets(2) Value of assets qualifying					0.
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter					0.
2/3 of minimum investment return shown in Part X, line 6 for each year listed	315,925.	365,368.	469,413.	413,191.	1,563,897.
c "Support" alternative test - enter:				-	
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					.0.
(2) Support from general public and 5 or more exempt organizations as provided in					-
section 4942(j)(3)(B)(III)					0.
(3) Largest amount of support from			ĺ		•
an exempt organization					0.
(4) Gross investment income		a Alain mant and i	6 Ab - 6	dc 000	0.
Part XV Supplementary Info			i the foundation n	ad \$5,000 or mo	ore in assets
Information Regarding Foundation a List any managers of the foundation why year (but only if they have contributed in NONE)	no have contributed more th		ibutions received by the fo	undation before the clo	se of any tax
b List any managers of the foundation who other entity) of which the foundation ha			or an equally large portion	of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribut Check here ► X if the foundation of	only makes contributions to	preselected charitable of	organizations and does not		
the foundation makes gifts, grants, etc.	`			plete items 2a, b, c, and	l d
a The name, address, and telephone num	iber of the person to whom	applications should be a	addressed:		
b The form in which applications should	be submitted and information	on and materials they sh	ould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	is, such as by geographical	areas, charitable fields,	kınds of ınstitutions, or oth	er factors:	

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount contribution any foundation manager status of Name and address (home or business) or substantial contributor recipient a Paid during the year 8,000. AMERICAN JOURNAL OF NONE PUBLIC OPERATING SUPPORT ECONOMICS & SOCIOLOGY CHARITY 90 JOHN ST NEW YORK, NY 10038 CENTER FOR THE STUDY OF NONE PUBLIC 10,000. OPERATING SUPPORT **ECONOMICS** CHARITY 1518 WALNUT ST PHILADELPHIA, PA 19102 GARDNER GROUP, INC. NONE PUBLIC 500. OPERATING SUPPORT 330 WEST 42ND STREET, CHARITY SUITE 2420 NEW YORK, NY 10036 Total ▶ 3a 18,500. b Approved for future payment NONE 0. Total 923611 02-02-10 Form 990-PF (2009)

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated	Unrelated	business income	Excluded	by section 512, 513, or 514	(e)
•	(a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue.	Business code	Amount	sion code	Amount	function income
a					
b					
C		· ·			
d					
e	i i	······································			
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					·····
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	304,989.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			01	53,823.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					-9,323
11 Other revenue:					
a MISCELLANEOUS REVENUE					115
b					
C					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		().	358,812.	-9,208
13 Total. Add line 12, columns (b), (d), and (e)				13	349,604
(See worksheet in line 13 instructions to verify calculations.)					

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).					
10	NET LOSS FROM DISTRIBUTION AND SALE OF BOOKS AND PUBLICATIONS					
10	RELATED TO THE FOUNDATION'S EXEMPT PURPOSE.					
11A	OTHER REVENUE RELATED TO THE FOUNDATION'S EXEMPT PURPOSE					
923621						
02-02-10	Form 990-PF (2009)					

	art X		T SCHALKENBACH		nd Relationships With None	<u>050331</u>		ige 13
-	ai t A	Exempt Organ		and Transactions a	nd Relationships with Non-	charitable)	
1	Did th		rectly engage in any of the following	no with any other organization	n described in section 501(c) of		Yes	No
•)(3) organizations) or in section 5		* *	-	1.00	110
2			ation to a noncharitable exempt of		Zadons.			ì
•	(1)	· · · · · ·	anon to a nononantable exempt of	gamzanon on.		1a(1)		Х
		Other assets				1a(2)		X
h		transactions:				14(2)		
•		ales of assets to a noncharita	hie exempt organization			16(1)		х
			ncharitable exempt organization			1b(2)		X
	٠,	lental of facilities, equipment,	, ,			1b(3)	<u> </u>	X
		Reimbursement arrangements				1b(4)		Х
		oans or loan guarantees				1b(5)		X
	٠.	-	mbership or fundraising solicitation	ons		1b(6)		X
c			iling lists, other assets, or paid en			1c		X
					vays show the fair market value of the go		ets.	
					e in any transaction or sharing arrangem			
			other assets, or services received		- · · · · · · · · · · · · · · · · · · ·	. ,		
(a)	Line no	(b) Amount involved	(c) Name of noncharitabl	e exempt organization	(d) Description of transfers, transactions	s, and sharing ar	rangeme	ents
			N/A			-		
			<u> </u>					
								
								
		•						
					<u> </u>			
2a	ls the	foundation directly or indirec	tly affiliated with, or related to, one	e or more tax-exempt organiz	tations described			
			r than section 501(c)(3)) or in sec	tion 527?		Yes	X	No
<u>b</u>	If "Ye	s," complete the following sch		·				
		(a) Name of org	ganization	(b) Type of organization	(c) Description of rela	tionship		
		N/A		-				
								
_								
	Under	venalties of person Lideolare that Li	nave examined this return including see	ampanying school-les and state-	ents, and to the best of my knowledge and belie	f it in this pare		
1			er than taxpayer or figuriary) is based or		has any knowledge	i, it is true, come	,	
ļ		. O. M	1.1	14/26/11	Secretary &	+		
9	و	gnature of officer or trustee	yeway _	Doto	Title	ivecto-		
Sign Here	, ,		 	Dake	ate Check if F	reparer's identif	ying nun	nber
g	<u>د</u> ج	Preparer's signature	VIAIL	<u> </u>	self-	•	, , , , , , , , , , , , , , , , , , , ,	
Ś	Paid sparer	Figure 1	AND PARR, CPAS	LLP	7 b employed ▶ □			
	Paid Preparer's Use Only	firm's name (or yours LUTZ) if self-employed), 300	EAST 42ND STREE		EIN ►			
	4.⊃	address, and ZIP code NEW	YORK, NY 10017	7.0	Dhona no 21	2-697-	220	Q
		TATEM	TOTAL TAT TOOT!		Phone no 21	<u> </u>	443	

Form **990-PF** (2009)

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 Employer identification number ROBERT SCHALKENBACH FOUNDATION. INC 13-1656331 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, chantable, etc, contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990 PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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

Page 1 of 1 of Parti

Name of organization

Employer identification number

ROBERT	SCHALKENBACH	FOUNDATION.	INC.

13-1656331

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	NEILSON TRUST FUND A C/O BANK ONE TRUST, 1 BANK ONE PLAZA CHICAGO, IL 60670	\$ 39,592.	Person X Payroli 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
2	NEILSON TRUST FUND B C/O JP MORGAN TRUST, 21 SOUTH CLARK CHICAGO, IL 60670	\$49,869.	Person X 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 Oncash (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)

Name of organization

Employer identification number

ROBERT SCHALKENBACH FOUNDATION. INC.

13-1656331

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 s	
(a) No. rom Part I	(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 estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(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 estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization

of Part III

art III	SCHALKENBACH FOUNDATI Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complet Part III, enter the total of exclusively religi \$1,000 or less for the year (Enter this inf	ndividual contributions to section e columns (a) through (e) and the four ous, charitable, etc, contributions	
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
-			
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

FORM 990-PF DIVIDENDS AND	INTEREST FROM	SECURITIES	STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
CAPITAL GAIN DIVIDEND DISTRIBUTIONS INTEREST AND DIVIDEND INCOME	5,669. 299,320.	0.	5,669. 299,320.
TOTAL TO FM 990-PF, PART I, LN 4	304,989.	0.	304,989.

FORM 990-PF	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10		STATEMENT	2
INCOME				
1. GROSS RECEIPTS 2. RETURNS AND ALLOWAN 3. LINE 1 LESS LINE 2	CES	46,055	46,	055
	(LINE 15)	55,378	-9,	323
6. OTHER INCOME	• • • • • • • • • • • • • • • • • • • •	_		
7. GROSS INCOME (ADD L	INES 5 AND 6)	=	-9,	323
8. INVENTORY AT BEGINN 9. MERCHANDISE PURCHAS 10. COST OF LABOR 11. MATERIALS AND SUPPL 12. OTHER COSTS	ED	55,378		
13. ADD LINES 8 THROUGH		-	55,	378
14. INVENTORY AT END OF 15. COST OF GOODS SOLD	(LINE 13 LESS LINE 14)	=	55,	378

				
FORM 990-PF COST	OF GOODS SC	OLD - OTHER CO	OSTS	STATEMENT
DESCRIPTION				TUUOMA
COST OF GOODS SOLD			-	55,378
TOTAL OTHER COSTS			-	55,378
FORM 990-PF	OTHER I	NCOME		STATEMENT
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MISCELLANEOUS REVENUE		115.	0	. 115
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	115.	0	. 115
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
ACCOUNTING FEES	15,181.	845	. 84!	5. 14,336
TO FORM 990-PF, PG 1, LN 16B	15,181.	845	84	5. 14,336
FORM 990-PF C	THER PROFES	SSIONAL FEES		STATEMENT
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	(D) CHARITABLI E PURPOSES
OTHER PROFESSIONAL FEES	27,011.	24,511	. 24,51	1. 2,206
TO FORM 990-PF, PG 1, LN 16C	27,011.	24,511	. 24,51	1. 2,206

FORM 990-PF	TAX	ES 	SI	ATEMENT 7	
DESCRIPTION -	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
EXCISE TAXES PAYROLL TAXES	6,300. 20,215.	0. 461.	0. 461.	0. 19,754.	
TO FORM 990-PF, PG 1, LN 18 =	26,515.	461.	461.	19,754.	
FORM 990-PF	OTHER E	XPENSES	STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
TELEPHONE SUPPLIES OUTREACH OFFICE EXPENSES INSURANCE POSTAGE & DELIVERY BOOK DEVELOPMENT FUNDRAISING EXPENSES MISCELLANEOUS EXPENSES LOSS ON DISPOSAL OF ASSETS	4,753. 10,208. 106,586. 1,535. 5,851. 3,129. 7,301. 1,582. 4,197. 830.	95. 204. 0. 31. 117. 63. 0. 0. 84. 17.	95. 204. 0. 31. 117. 63. 0. 0. 84. 17.	4,658. 10,004. 110,263. 1,504. 6,026. 3,066. 7,301. 1,582. 3,464. 813.	
TO FORM 990-PF, PG 1, LN 23	145,972.	611.	611.	148,681.	
FORM 990-PF OTHER INCREASES DESCRIPTION UNREALIZED GAIN ON INVESTMENT CHANGE IN VALUE OF INTEREST TO THE PERIODIC PENSION RELATED CHAN	rs In Charitabl	E REMAINDER TF		AMOUNT 746,374. 316,668.	
COSTS				43,303.	

			
FORM 990-PF OTHER DECREASES IN N	ET ASSETS OR F	UND BALANCES	STATEMENT 10
DESCRIPTION			AMOUNT
WRITE DOWN OF INVESTMENT IN FILM PR	1,024,000.		
TOTAL TO FORM 990-PF, PART III, LIN	1,024,000.		
FORM 990-PF OTHE	R INVESTMENTS		STATEMENT 11
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
VANGAURD MUTUAL FUND - INTER-TERM	FMV		
INVEST-GR ADM VANGAURD MUTUAL FUND - SHORT-TERM	FMV	1,290,983.	1,290,983.
INVEST-GR ADM VANGAURD MUTUAL FUND - STRATEGIC	FMV	630,653.	630,653.
EQUITY FUND		194,247.	194,247.
VANGAURD MUTUAL FUND - EXPLORER FUND ADMIRAL	FMV	208,085.	208,085.
VANGAURD MUTUAL FUND - TOTAL INT'L STOCK INDEX	FMV	2,610,731.	2,610,731.
VANGAURD MUTUAL FUND - TOTAL STOCK	FMV		·
MKT IDX ADM VANGAURD MUTUAL FUND - U.S. GROWTH	FMV	1,347,412.	1,347,412.
FUND ADMIRAL VANGAURD MUTUAL FUND - WINDSOR II	FMV	441,094.	441,094.
FUND ADM		444,465.	444,465.
VANGAURD MUTUAL FUND - TOTAL BOND MKT INDEX ADM	FMV	2,124,276.	2,124,276.
VANGAURD MUTUAL FUND - PRIME MONEY MKT FUND	FMV	2.	2.
TOTAL TO FORM 990-PF, PART II, LINE	13	9,291,948.	9,291,948.
FORM 990-PF DEPRECIATION OF ASSET	S NOT HELD FOR	RINVESTMENT	STATEMENT 12
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE FURNITURE, COMPUTERS AND EQUIPMENT LEASEHOLD IMPROVEMENTS	29,252. 14,023.	15,668. 7,142.	13,584. 6,881.
TOTAL TO FM 990-PF, PART II, LN 14	43,275.	22,810.	20,465.
= 101111 10 111 550 11, 11M(1 11, 11M 14	=3,213.		20, 203.

FORM 990-PF	OTHER ASSETS		STATEMENT 13		
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE		
REMAINDER INTEREST IN TRUST SECURITY DEPOSITS INVESTMENT IN CLS, LLC	3,985,156. 35,099. 1,124,000.	4,301,824. 35,099. 100,000.	35,099.		
TO FORM 990-PF, PART II, LINE 15	5,144,255.	4,436,923.	4,436,923.		
FORM 990-PF OT		STATEMENT 14			
DESCRIPTION		BOY AMOUNT	EOY AMOUNT		
ACCRUED PENSION LIABILITY		263,083.	255,624.		
TOTAL TO FORM 990-PF, PART II, LI	NE 22	263,083.	. 255,624.		

	LIST OF OFFICERS, DAND FOUNDATION MANA		STATI	EMENT 15
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
WYN ACHENBAUM 90 JOHN STREET, SUITE 501 NEW YORK, NY 10038	DIRECTOR 1.00	0.	0.	0.
HERBERT BARRY III 90 JOHN STREET, SUITE 501 NEW YORK, NY 10038	DIRECTOR 1.00	0.	0.	0.
WILLIAM BATT 90 JOHN STREET, SUITE 501 NEW YORK, NY 10038	DIRECTOR 1.00	0.	0.	0.
RICHARD BIDDLE 90 JOHN STREET, SUITE 501 NEW YORK, NY 10038	DIRECTOR 1.00	0.	0.	0.
EDWARD H. CLARKE 90 JOHN STREET, SUITE 501 NEW YORK, NY 10038	DIRECTOR 1.00	0.	0.	0.
GEORGE COLLINS 90 JOHN STREET, SUITE 501 NEW YORK, NY 10038	DIRECTOR 1.00	0.	0.	0.
FRANK DE JONG 90 JOHN STREET, SUITE 501 NEW YORK, NY 10038	DIRECTOR 1.00	0.	0.	0.
EDWARD J. DODSON 90 JOHN STREET, SUITE 501 NEW YORK, NY 10038	DIRECTOR 1.00	0.	0.	0.
GREGG ERICKSON 90 JOHN STREET, SUITE 501 NEW YORK, NY 10038	DIRECTOR 1.00	0.	0.	0.
JOSHUA FARLEY 90 JOHN STREET, SUITE 501 NEW YORK, NY 10038	DIRECTOR 1.00	0.	0.	0.
BOB FITCH 90 JOHN STREET, SUITE 501 NEW YORK, NY 10038	DIRECTOR 1.00	0.	0.	0.

ROBERT SCHALKENBACH	FOUNDATION.	INC.		13	3-1656331
MATTHEW HARRIS 90 JOHN STREET, SUITE NEW YORK, NY 10038	501	DIRECTOR 1.00	0.	0.	0.
TED GWARTNEY 90 JOHN STREET, SUITE NEW YORK, NY 10038	501	DIRECTOR 1.00	0.	0.	0.
CAY HEHNER 90 JOHN STREET, SUITE NEW YORK, NY 10038	501	DIRECTOR 1.00	0.	0.	0.
BRENDAN HENNIGAN 90 JOHN STREET, SUITE NEW YORK, NY 10038	501	DIRECTOR 1.00	0.	0.	0.
BENJAMIN HOWELLS 90 JOHN STREET, SUITE NEW YORK, NY 10038	501	DIRECTOR 1.00	0.	0.	0.
BRUCE W. OATMAN 90 JOHN STREET, SUITE NEW YORK, NY 10038	501	DIRECTOR 1.00	0.		0.
WILLIAM PIERCE 90 JOHN STREET, SUITE NEW YORK, NY 10038	501	TREASURER 1.00	0.	0.	0.
GILBERT HERMAN 90 JOHN STREET, SUITE NEW YORK, NY 10038	501	PRESIDENT 1.00	0.	0.	0.
ADELE WICK 90 JOHN STREET, SUITE NEW YORK, NY 10038		VICE-PRESIDENT 1.00	0.	0.	0.
MARK A. SULLIVAN 90 JOHN STREET, SUITE NEW YORK, NY 10038	501	SECRETARY & ADI	MIN. DIR. 75,000.	8,564.	0.
DAMON GROSS 90 JOHN STREET, SUITE NEW YORK, NY 10038	501	PROGRAM DIRECTO	OR 42,000.	0.	0.
CLIFFORD COBB 90 JOHN STREET, SUITE NEW YORK, NY 10038	501	FILM AND PRES A	ADVISOR 16,000.	0.	0.
MATT STILLMAN 90 JOHN STREET, SUITE NEW YORK, NY 10038	501	FILM PROMOTION 10.00	0.	0.	0.
TOTALS INCLUDED ON 990)-PF, PAGE 6,	PART VIII	133,000.	8,564.	0.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT

16

ACTIVITY ONE

THE FOUNDATION PROMOTES THE SOCIAL AND ECONOMIC PHILOSOPHY OF HENRY GEORGE AND OTHER RELATED ECONOMISTS BY CONTRACTING THE SERVICES OF AND MAKING GRANTS TO SCHOLARS, WRITERS AND OTHERS FOR PUBLISHING, RESEARCH AND OUTREACH PROJECTS.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

135,929.

Date Acquired	Security name	Date sold	Shares	Proceeds	Cost	Gain/loss
12/22/2004	Total international Stock Index Fund	7/7/2009 10/21/2009 1/6/2010	4,340.28 8,075.37 8,064.52	50,000.00 120,000.00 120,000.00	55,512.16 103,283.98 103,467.74	(5,512.16) 16,716.02 16,532.26
10/23/2008 F	Prime Money Mkt Fund /5887	7/14/2009 10/23/2009 6/30/2010 5/26/2010	120,000.00 120,000 00 1.61 55,365.00	120,000.00 120,000.00 1.61 55,365.00	120,000 00 120,000.00 1.61 55,365.00	-
8/23/2007 \	Nindsor II Fund Adm	7/7/2009	606.98	20,000.00	37,711.67	(17,711.67)
8/24/2007 \$	Short-Term Invest-Gr Adm	7/27/2009 7/7/2009 10/26/2009 1/25/2010 4/26/2010 4/5/2010 5/26/2010	534.72 1,947.42 581.31 584.42 589 32 11,246.49 6,944.34	5,512.98 20,000.00 6,138.62 6,247.41 6,317.50 120,000.00 74,235.00	5,625 28 20,486.86 6,109.56 6,153.90 6,223.21 118,762.88 73,332.24	(112.30) (486.86) 29.06 93.51 94.29 1,237.12 902.76
8/24/2007 \$	Short-Term Bond Index Adm	1/12/2010 1/12/2010	5,593.32 55,462.35	58,673.93 581,800.00	55,861.13 551,850.33	2,812.80 29,949.67
8/24/2007 L	₋ong-Term Bond Index	7/7/2009 1/12/2010 1/12/2010	2,652.52 11,952.27 40,068.49	30,000.00 139,602.53 468,000.00	29,840.85 134,868.44 451,972.60	159.15 4,734.09 16,027.40
8/24/2007	nter-Term Bond Index Adm	1/12/2010	60,971.30	661,538.56	621,754.70	39,783.86
8/29/2007 H	High-Yield Corp Fund Adm	1/12/2010	142,143.57	787,475.37	826,550.63	(39,075.2 <u>6</u>)
8/29/2007 l	J.S Growth Fund Admiral	7/7/2009	748.50	25,000.00	37,350.30	(12,350.30)
Tot	al Realized Gaın on Sale of Investmer	nts		3,595,908 51	3,542,085.07	53,823.44

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990~PF PAGE 1

990-PF

Current Year Deduction	4,427.1,795.6,222.	Deduction
Curr	'	alization
Current Sec 179	0	mercial Revita
Accumulated Depreciation	11,241. 5,347.	age, Bonus, Com
Basis For Depreciation	29,252. 14,023. 43,275.	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
Reduction In Basis	· o	* ITC,
Bus % Excl		
Unadjusted Cost Or Basis	29,252. 14,023. 43,275.	(D) - Asset disposed
Line	16	(<u>0</u>
Lıfe	2.00	
Method	SL	
Date Acquired	VARIESSI VARIESSI VARIESSI	
Description	OFFICE FURNITURE, 1 SCOMPUTERS AND EQUIPVARIESSI. 2 6 IMPROVEMENTS * TOTAL 990-PF PG 1 DEPR DEPR	
Asset	, , , , , , , , , , , , , , , , , , ,	928102 06-24-09

Form -**8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

Form 8868 (Rev. 4-2009)

	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).			
	t complete Part II unless you have already been granted an automatic 3-month extension on a previously file				
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).				
A corp ⊃art I d	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and comonly	plete			
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an income tax retums	extension of time			
noted not au ou m	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronication atomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or collust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files, gov/efile and click on e-file for Chanties & Nonprofits.	cally if (1) you want the additional nsolidated Form 990-T Instead,			
Type o	Name of Exempt Organization	Employer identification number			
orint	ROBERT SCHALKENBACH FOUNDATION. INC.	13-1656331			
File by the due date filing you	Number, street, and room or suite no. If a P O box, see instructions 9.0 TOHN STREET NO. 5.0.1				
eturn S nstructi	69				
Check	c type of return to be filed (file a separate application for each return):				
	Form 990 Form 990-T (corporation) Form 47 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52 Form 990-EZ Form 990-T (trust other than above) Form 60 Form 990-PF Form 1041-A Form 88	227 669			
Tele If the	MARK A. SULLIVAN be books are in the care of ▶ 90 JOHN STREET - NEW YORK, NY 10038 be books are in the care of ▶ 90 JOHN STREET - NEW YORK, NY 10038 be phone No ▶ (212)683-6424 FAX No ▶ the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all				
	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt FEBRUARY 15 , 2011 , to file the exempt organization return for the organization named a is for the organization's return for. calendar year or				
2	If this tax year is for less than 12 months, check reason Initial return Final return	Change in accounting period			
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ 7,000.			
	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit.	зь \$ 18,203.			
	Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,	3b \$ 18,203.			
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c \$ 0.			
	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form				

923831 05-26-09

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Type or print ROBERT SCHALKENBACH FOUNDATION. INC. Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your return See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10038 Enter the Return code for the return that this application is for (file a separate application for each return) Return Application Return Application	Form 8868 (Rev. 1-2011)					Page :		
• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed) Name of exempt organization ROBERT SCHALKENBACH FOUNDATION. INC. 13-1656331 Number, street, and room or suite no. If a P.O. box, see instructions. 40 JOHN STREET, NO. 501 STREET, NO. 501 STREET, NO. 101 Application Feture Return code for the return that this application is for (file a separate application for each return) 10 I 4 Application Feture Return code for the return that this application is for (file a separate application for each return) 10 I 4 Application Feture Return code for the return that this application is for (file a separate application for each return) 10 I 4 Application Feture Return code for the return that this application is for (file a separate application for each return) 10 I 4 Application Ferm 990-BL 10 Code 11 Form 990-BL 10 Form 990-F 11 Form 990-F 12 STOP-IDo not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8968. 11 Form 990-F 12 Form 100 Form 890-F 12 Form 990-F 13 Form 890-F 14 If the organization does not have an office or place of business in the United States, check this box 15 For calendar year 16 For organization does not have an office or place of business in the United States, check this box 16 If this organization is 6 for firm 990-F, 990-F, 990-F, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 17 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO COMPILE THE RETURN. 18 If this application is for Form 990-F, 990-F, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 18 State in detail with you need the extension o	If you are filing for an Additional (Not Automatic) 3-Month	Extension,	complete only Part II and check this b	ох		$ ightharpoonup \overline{X}$		
Additional (Not Automatic) 3-Month Extension of Time. Only file the ongonal (no copies needed) Name of exempt organization Employer identification number	Note. Only complete Part II if you have already been granted a	an automatic	3-month extension on a previously file	d Form	8868			
Name of exempt organization ROBERT SCHALKENBACH FOUNDATION. INC. 13-1656331 Number, street, and room or suite no if a P.O box, see instructions. 10 JOHN STREET, NO. 501 City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10038 Enter the Return code for the return that this application is for (file a separate application for each return) O 4 Application Return Application Return Application Server Code Form 990 O1 Form 990-EZ O3 Form 990-EZ O3 Form 990-EZ O4 Form 990-EZ O3 Form 990-EZ O4 Form 990-EZ O5 Form 990-EZ O6 Form 990-EZ O7 Form 990-EZ Form 1041-A Position								
Type or print Tips by the Number, street, and room or suite no if a P.O box, see instructions. Number, street, and room or suite no if a P.O box, see instructions. Number, street, and room or suite no if a P.O box, see instructions. Number, street, and room or suite no if a P.O box, see instructions. NEW YORK, NY 10038 Enter the Return code for the return that this application is for (file a separate application for each return) O 4 Application Return Application Return Code Form 990 O1 Form 990 O1 Form 99	Part II Additional (Not Automatic) 3-Month	n Extensio	n of Time. Only file the original (no	copies	needed)			
No. 13-1656331	Type or Name of exempt organization			Emp	Employer identification number			
Number Street, and room or suite no. if a P.O. box, see instructions.	ROBERT SCHALKENBACH FOUNDA	ATION.	ON. INC. 13-			3-1656331		
City, town or post office, state, and ZIP code. For a foreign address, see instructions. City town or post office, state, and ZIP code. For a foreign address, see instructions. City town or post office, state, and ZIP code. For a foreign address, see instructions. City town or post office, state, and ZIP code. For a foreign address, see instructions. City town or post office, state, and ZIP code. For a foreign address, see instructions. City town or post office, state, and ZIP code. For a foreign address, see instructions. City town or post office, state, and ZIP code. For a foreign address, see instructions. City town or post office, state, and ZIP code. For a foreign address, see instructions. City town or post office, state, and ZIP code. For a foreign address, see instructions. City town or post office, state, and ZIP code. For a foreign address, see instructions. City town or post office, state, and ZIP code. For a foreign address, see instructions. City town or post office, state, and ZIP code. For a foreign address, see instructions. City town or post office, state, and ZIP code. For a foreign address, see instructions. City town or post office, state, and ZIP code. For a foreign address, see instructions. Code	Number, street, and room or suite no if a P.O box, see instructions.							
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Application Sefor Code	return See City, town or post office, state, and ZIP code. For	a foreign add	fress, see instructions.					
S For	Enter the Return code for the return that this application is for	(file a separa	te application for each return)			0 4		
Form 990 BL	Application	Return	Application			Return		
Form 990-BL Form 990-EZ O3 Form 4720 O9 Form 990-FF O4 Form 5227 10 Form 990-T (see 401(a) or 408(a) trust) Form 990-T (trust other than above) O5 Form 8870 11 Form 990-T (trust other than above) O6 Form 8870 11 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. Telephone No ▶ (212) 683-6424 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it it is for part of the group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a diditional 3-month extension of time until MAY 15, 2011 For calendar year O7 or other tax year beginning If the tax year entered in line 5 is for less than 12 months, check reason. Initial return Final return Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO COMPLETE THE RETURN. Ba If this application is for Form 990-PF, 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any pnor year overpayment allowed as a credit and any amount paid previously with Form 8868 18 , 203	ls For	Code	Is For			Code		
Form 990-EZ Form 990-FF O4 Form 5227 D5 Form 6069 D5 Form 6069 D6 Form 8870 D7 Form 8870 D7 Form 8868 Telephone No ▶ (212)683-6424 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box ▶ All request an additional 3-month extension of une until T5 For calendar year Or other tax year beginning If the tax year entered in line 5 is for less than 12 months, check reason. D1 If the tax year entered in line 5 is for less than 12 months, check reason. D7 Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions Ba If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	Form 990	01						
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Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) O6 Form 8870 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of ▶ 90 JOHN STREET − NEW YORK, NY 10038 Telephone No ▶ (212)683-6424 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box ▶ and attach a list with the names and ElNs of all members the extension is for. I request an additional 3-month extension of time until 5 For calendar year, or other tax year beginning	Form 990-EZ	03	Form 4720			09		
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previously with Form 8868 8b \$ 18,203	• • • • • • • • • • • • • • • • • • • •	•						
		it allowed as	a credit and any amount paid	Oh		18 203		
		r payment wi	th this form if required by using	- OD	_ _	10,203		
	•		ar and form, if required, by daing	90	•	0.		
Signature and Verification			nd Verification	1 00	ı. V			
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief,	·	_		ne bestic	f my knowle	dae and belief		
it is true, correct, and complete, and that I am authorized to prepare this form.	it is true, correct, and complete, and that I am authorized to prepare th	is form.	A		1	1		
Signature Nary Cours Title PA Date 1/25/11	Signature > / Aug C Fours Title 1	▶ ('P'	4	Date	► 11a	25/11		
Form 8868 (Rev 1-201						8868 (Rev 1-2011		