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# 990-PF 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 calendar year 2009, or tax year beginning									07,	/01 <b>,2009</b>	, and end	ding			06/30, 20	10			
G Check all that apply Initial return								Initial	return	of a former	oublic cha	arity			Final return				
					Amended	return			Addre	ss change	[		Name change						
			Name of fou	ında	ition								A Employer ide	ntific	ation number				
1	Jse tl	he IRS	THE ROSI	ENE	FELD, RUM	FORD,	, SI	ECKLER	FAMI	[LY									
	lab	el.	FOUNDAT	1OI	N, INC.							52-2204870							
	Other	wise,	Number and	stre	eet (or P O box	number	f mail i	f mail is not delivered to street address) Room/suite					<del></del>						
	•	int	ţ																
_		ype.	4445 WI	LLA	ARD AVENU	Έ					700		(301) 718-1600						
		pecific ctions.	City or town	, sta	ate, and ZIP coo	de e							C If exemption ap	plicati	ion is	$\Box$			
•	istiu	cuons.											pending, check			П			
			CHEVY C	HAS	SE, MD 20	815							D 1. Foreign organizations, check here						
н	Che	ck type	e of organiza	tion	r X Secti	on 501	(c)(3)	exempt r	private t	foundation			85% test, che	eck he	ere and attach				
Ī					empt charitable		بخدر ،			rivate founda	tion		· ·		<b>&gt;</b> l				
ī			t value of all				untin	g method			crual				status was terminated (1)(A), check here .				
			m Part II, col					(specify)	- ب										
		▶ \$			,909.				st be or	cash basis )					n a 60-month termination (1)(B), check here				
F	art	Analy	sis of Reve	nue	and Expens	es (The	,					П		T	(d) Disbursement	ts			
		total o	f amounts in c	olun	nns (b), (c), an	d (d)	"	a) Revenue expenses i		(b) Net inv		(	c) Adjusted net		for charitable				
					ual the amount: 1 of the instruct			books		incon	ile		income	-	purposes (cash basis only	Λ			
	1	Contribut	tions, gifts, grants.	etc .	received (attach sch	edule) .		191	,433.					$\top$					
	2	Check	. If the f	ound	dation is <b>not</b> requ	ured to					*			$\dashv$					
	3	Interest			porary cash inves							Ì		$\neg$	-				
	4		<del>-</del>		rom securities			81	,059.		1,059.			ヿ	ATCH 1				
	5 a													寸					
								,						寸					
ө				. –	_			12	,276.				•	寸					
Revenue	b Gross assets		ain or (loss) from sale of assets not on line 10 sales price for all 440, 420.												,	r			
eve	7 Capital gain net income (from Part IV, line				ine 2) .				1	2,276.									
œ	8	-	_		in <u></u>										,				
	9	Income	modifications	RECEI											,				
	10 a	Gross sa and allo	iles less returns wances	. <u>.</u>	KEULI		<u>_0</u>												
			ost of goods sold											$\perp$					
	c	Gross	profit or (loss)	<u>Ğ</u> lta	ada EdBedile)	. 2011	10						<u></u>						
	11	Other i	ncome (attaci	Ps¢i	hedule)		<u> </u>	<u>t</u>	,150.		911.				ATCH 2				
	12	Total. /	Add lines 1 th	rouc	ih Alapara	4.117		285	,918.	9	4,246.			$\dashv$					
	13	Comper	rsation of office	rs, dı	rectors inustees,	etc	<u> </u>	<u></u>						_					
<sub>00</sub>	14				and wages .		<u> </u>												
1Se	15			-	e benefits		<u> </u>			ļ		ļ							
be					ule)		Ъ—		A A A					ᆛ		444			
ũ					schedule)		<u> </u>	3	,444.		0.			0.	3,	444			
ive	C				(attach schedul	e)	<u> </u>	11	276		1 276			$\dashv$					
trat	17		ı ATTAC				<u> </u>		,376.	<u> </u>	1,376.			$\dashv$					
nis	18	•	•	•	page 14 of the inst	•	<u> </u>		820.		·								
Ē	19				nedule) and de		<u> </u>		-			-		$\dashv$					
Ad	20						ļ							$\dashv$					
P	21				meetings		<u> </u>					-	<del></del> -	$\dashv$					
ga	22				ΔΤC			1 0	,554.	1	6,365.			$\dashv$	<del></del>				
Operating and Administrative Expenses	23 Other expenses (attach schedule) ATCH 5.								, , , , , ,	<u> </u>	.0,000.	<del></del>		$\dashv$		—			
era	24				ministrative ex			3.4	,194.	] -	27,741.			0.	3	444			
ဝီ			-				<del>                                     </del>		,135.		. , , , , , , , , ,	}	<del></del>	<del>~</del> +	173,				
	25		_	-	nts paid		<b> </b>		,329.		7,741.	-		<del>0.l</del>	176,				
$\dashv$	<u>26</u> 27		enses and disbur ct line 26 fron		ents. Add lines 24	and 25	$\vdash$		, , , , , ,		,	<del> </del>		<del>-                                    </del>		<u> </u>			
					e 12 es and disburseme	nte		78	,589.										
					es and dispurseme (if negative, en		<b></b>				6,505.	-	<del></del>	$\dashv$					
					negative, enter	•	<u> </u>				, =	<del> </del>	-0	_					
		,		<u> </u>		<del>- ,. ,</del>													

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Pa	rt l	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
		amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	70,266.	92,763.	92,763.
Į	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			<del></del>
	4	Pledges receivable	- 1		
- {		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 16 of the instructions)	i		
-	7	Other notes and loans receivable (attach schedule)		,	•
	-	Less: allowance for doubtful accounts			
	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	,		
SS	•	i		-	
۱		Investments - U S and state government obligations (attach schedule)	2.092.380	2,167,976.	1,730,788.
Ì		Investments - corporate stock (attach schedule) ATCH .6	188,306.	173,758.	199,434.
1	11 °	Investments - corporate bonds (attach schedule) ATCH . 7 Investments - land, buildings, and equipment, basis	100,500.		199,434.
- 1		Less accumulated depreciation (attach schedule)			<del></del>
	2	Investments - mortgage loans Investments - other (attach schedule) ATCH 8		20.00	
	3  4		84,070.	76,414.	66,924.
1	. 4		, ,	,	
- 1		equipment basis Less accumulated depreciation (attach schedule)			
1	5	Other assets (describe )			
1	6	Total assets (to be completed by all filers - see the	ĺ		
$\perp$		instructions Also, see page 1, item l)	2,435,022.	2,510,911.	2,089,909.
1	7	Accounts payable and accrued expenses			,
1	8	Grants payable			•
g 1	9	Deferred revenue	·	-	•
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
[ 교	21	Mortgages and other notes payable (attach schedule)			- •
	2	Other liabilities (describe			`
		`			
2	23	Total liabilities (add lines 17 through 22)			
$\top$		Foundations that follow SFAS 117, check here ▶			* ?
		and complete lines 24 through 26 and lines 30 and 31.			
8		Unrestricted			
2 2	. 4				
를 ,	. 0	Temporarily restricted			
<b>9</b>	. 0	Permanently restricted			
s or Fund Balances		Foundations that do not follow SFAS 117,			
비.		check here and complete lines 27 through 31.			
8	. 7	Capital stock, trust principal, or current funds			
•	8	Paid-in or capital surplus, or land, bldg , and equipment fund	2,435,022.	2,510,911.	
¥ S	9	Retained earnings, accumulated income, endowment, or other funds	2,433,022.		
a 3	0	Total net assets or fund balances (see page 17 of the	2 425 022	2 510 011	
- 1		instructions)	2,435,022.	2,510,911.	
3	1	Total liabilities and net assets/fund balances (see page 17	0 435 000	0 510 011	,
		of the instructions)	2,435,022.	2,510,911.	
		Analysis of Changes in Net Assets or Fund E			
		I net assets or fund balances at beginning of year - Part II,			
e	end-	of-year figure reported on prior year's return)		<u>1</u>	2,435,022.
		r amount from Part I, line 27a			78,589
		or ingregation not included in line 2 (Hamira) b		اما	
				4	2,513,611.
5 [	Deci	reases not included in line 2 (itemize) ATTACH!	MENT 9	5	2,700.
		I net assets or fund balances at end of year (line 4 minus li		<del></del>	2,510,911.
_					

P		s and Losses for Tax on In	<del></del>	(b) How	(c) Date	
	(a) List an	acquired P-Purchase	acquired (mo , day, yr )	(d) Date sold (mo , day, yr )		
 1a	CEE DADM TH COUR	orick warehouse, or common stock, 20 EDULE	U SIIS WILC CU)	D-Donation	(ino, day, yr)	<del>                                     </del>
<u> </u>	·					
	· · · · · · · · · · · · · · · · · · ·			<del>                                     </del>		
= e					ļ	
_	(e) Gross sales price		(h) Gain or (lo (e) plus (f) mini			
_a	1					
_ <u>t</u>	)				<u> </u>	
_9	·					
_0	<u> </u>					
_e	)		<u> </u>			•
<u>C</u>	omplete only for assets s	howing gain in column (h) and ov	wned by the foundation on 12/31/69	- 1	Gains (Col (h) g	
	(i) F M.V as of 12/31/69	(k) Excess of col (i) over col. (j), if any	col	(k), but not less to Losses (from co		
_a	<u> </u>					
	)					
_0				<u> </u>		
_0	<u></u>			ļ		
_e	<u> </u>			ļ	<del></del>	
2	Capital gain net income or	(net capital loss) {	If gain, also enter in Part I, line 7  If (loss), enter -0- in Part I, line 7	2		12,276.
3		n or (loss) as defined in sections 1				
	_	, line 8, column (c) (see pages 13		1 1		
	If (loss), enter -0- in Part I,	line 8	· · · · · · · · · · · · · · · · · · ·	3		
_		·	duced Tax on Net Investment Inc			
(٢	or optional use by domestic	c private foundations subject to t	he section 4940(a) tax on net invest	ment inco	me)	
	t 40.40(d)(0)l	La acce discoursed blank				
11 :	section 4940(d)(2) applies,	leave this part blank				
			butable amount of any year in the b	ase perio	d?	Yes No
_		not qualify under section 4940(e)	<u> </u>		<del></del>	
1	Enter the appropriate am	ount in each column for each yea	ar, see page 18 of the instructions be	efore mak		
_	Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra (col (b) divided by	
_	2008			<u> </u>		
_	2007			<del></del>		<del></del>
_	2006		<u> </u>	<u> </u>		
_	2005		<del></del>	<u> </u>	. ,_	
_	2004	<u> </u>	<u> </u>	<del>                                     </del>		
_	Total of head 4 and house (all					
	otal of line 1, column (d)	for the Europh book mount of the	de the total on line 2 by 5, or by the	2		
3	•	• •				
	number of years the found	dation has been in existence it les	ss than 5 years	3	··	<del></del>
4	Enter the net value of nor	ncharitable-use assets for 2009 fr	rom Part X, line 5	4		
5	Multiply line 4 by line 3			5		
6				6		
7				7		<del></del> -
8	Enter qualifying distribution If line 8 is equal to or great	ons from Part XII, line 4 eater than line 7, check the box	in Part VI, line 1b, and complete t	8 hat part	using a 1% tax	rate See the
	Part VI instructions on pag	ge 18	·			

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	he ins	truction	ons)
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	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		6	65.
	here X and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			
	of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2			65.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		6	<u> 65.</u>
6	Credits/Payments	,		
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a			
b	Exempt foreign organizations-tax withheld at source 6b 0.			
C	Tax paid with application for extension of time to file (Form 8868) 6c 1,500.		,	
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		1,5	500.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			35.
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 835. Refunded ▶ 11		<u>-</u>	
	t 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		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			.,
	of the instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			, <sub>v</sub>
С	Did the foundation file Form 1120-POL for this year?	1 c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation ►\$ (2) On foundation managers ►\$			,
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		,	Ť
_	on foundation managers.   \$			x
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		
_	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		-	х
_	incorporation, or 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?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, termination, dissolution, or substantial contraction during the year?	4 b 5		х
5	If "Yes," attach the statement required by General Instruction T	-		<u> </u>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
0	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	Х	
8а	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
74	► MD			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		- 1	
-	(or designate) of each state as required by General Instruction G? If "No," attach explanation ATTACHMENT 10	8ь	1	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		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses ATTACHMENT 11	10	Х	

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 

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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?

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3 b

Yes

X

Х

(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
		-		
Total number of other employees paid over \$50,000.	<del> </del>			<b>•</b>

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)	yees,
3 Five high	est-paid independent contractors for professional services (see page 23 of the instructions). If none,	enter "NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
Fotal number	er of others receiving over \$50,000 for professional services	▶ NONE
Part IX-A	Summary of Direct Charitable Activities	
	lation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number ins and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A		
2		
3		
<b></b>		
4		
		ļ.
	Summary of Program-Related Investments (see page 23 of the instructions)	
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
2		
	ram-related investments. See page 24 of the instructions	
3 NONE		
Total Add I	nes 1 through 3	

Pa	Minimum Investment Return (All domestic foundations must complete this part. Fore see page 24 of the instructions.)	ign foundation	ns,
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	1,753,445.
b	Average of monthly cash balances	1b	81,515.
С		1c	0.
d		1d	1,834,960.
е		·	
	1c (attach detailed explanation)	[ ]	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,834,960.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	27,524.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,807,436.
6	Minimum investment return. Enter 5% of line 5	6	90,372.
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here ▶ and do not complete this		
1	Minimum investment return from Part X, line 6	1	90,372.
2a			
b		1 -	
С		2c	665.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	89,707.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	5	89,707.
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	89,707.
Pa	art XII Qualifying Distributions (see page 25 of the instructions)	<u> </u>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а		1a	176,579.
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	1	
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	176,579.
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	665.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	175,914.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating we qualifies for the section 4940(e) reduction of tax in those years.	whether the fou	ndation

Pξ	art XIII Undistributed Income (see page	e 26 of the instructio	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
•	•	511,412			89,707.
_	line 7				03,707.
2	Undistributed income, if any, as of the end of 2009			1 ( 1 ) [	•
а	Enter amount for 2008 only	· · · · · · · · · · · · · · · · · · ·		16,135.	· · · · · · · · · · · · · · · · · · ·
	Total for pnor years 20 07 .20 06 .20 05				
3	Excess distributions carryover, if any, to 2009			ŧ.	, ,
	From 2004	;	,	•	
þ	From 2005	`		3	
C	From 2006				,
d	From 2007	,			-
е	From 2008			, ,	
f	Total of lines 3a through e				* * *
4	Qualifying distributions for 2009 from Part XII,		, ,		
	line 4 ▶ \$ 176,579.		,		`
а	Applied to 2008, but not more than line 2a	. هر	·	16,135.	,
D	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)			· •	, ,
_			· · ·	*	
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)		,	,	
				··	89,707.
	Applied to 2009 distributable amount	70,737.			3,707.
е 5	Remaining amount distributed out of corpus Excess distributions carryover applied to 2009	10/1011			
J	(If an amount appears in column (d), the same			· · · · · · · · · · · · · · · · · · ·	
	amount must be shown in column (a) )	•		í ,	
6	Enter the net total of each column as	`		`	• • • •
	indicated below:	70,737.	v	' , ' • !	es.
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	10,131.			· Harris
þ	Prior years' undistributed income Subtract	, `			· H
_	line 4b from line 2b  Enter the amount of prior years' undistributed	50 N			· · · · · · · · · · · · · · · · · · ·
·	income for which a notice of deficiency has been	, <del>/</del> ~		· .	
	issued, or on which the section 4942(a) tax has			, -	,
	been previously assessed			-	
d	Subtract line 6c from line 6b Taxable	,		,	, "
	amount - see page 27 of the instructions	· · · · · · · · · · · · · · · · · · ·			<u> </u>
e	Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page	,	-		
	27 of the instructions				
f	Undistributed income for 2009 Subtract lines			,	
	4d and 5 from line 1. This amount must be			`	
_	distributed in 2010				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section		*	,	•
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the			•	
_	instructions)				
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the				
	instructions)				
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	70,737.			
10	Analysis of line 9				
а	Excess from 2005	·			
b	Excess from 2006				
c	Excess from 2007				`
d	Excess from 2008				
<u>e</u>	Excess from 2009			,	

	If the foundation has				ting	
	foundation, and the ruling				. ▶Ĺ <u>,</u>	····
þ	Check box to indicate wh		a private operating foun		4942()	)(3) or   4942(j
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	Justed net income from Part I or the minimum investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
b	85% of line 2a					
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .					
d	Amounts included in line 2c not used directly for active conduct					
e	of exempt activities					
	exempt activities Subtract line					
}	2d from line 2c Complete 3a, b, or c for the	<del>_</del>			<del></del>	<del></del>
а	alternative test relied upon "Assets" alternative test - enter					
	<ol> <li>Value of all assets</li> <li>Value of assets qualifying under section</li> </ol>					
b	4942(j)(3)(B)(i)					
	enter 2/3 of minimum invest- ment return shown in Part X, line 6 for each year listed					
C	"Support" alternative test - enter					
	(1) Total support other than gross investment income (interest, dividends, rents,					
	payments on secunties loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as					
	(3) Largest amount of support from an exempt					
	organization					
	(4) Gross investment income	<del>-</del> -		<u></u>		<u> </u>
Pa	rt XV Supplementa at any time o	ary Information (C luring the year - se	omplete this part e page 28 of the ir	only if the foundantstructions.)	tion had \$5,000	or more in as
	Information Regarding					
а	•	tax year (but only if the	nave contributed mor ney have contributed	e than 2% of the total more than \$5,000) (Se	contributions receive e section 507(d)(2))	ed by the founda
	ELEANOR ROS	SENFELD			<del> </del>	
b	List any managers of ownership of a partner			f the stock of a corpo n has a 10% or greater i		large portion of
	N/A	Contail	OM Law Co			
	Information Regarding		•			
	Check here ► if the unsolicited requests for organizations under other contents.	or funds. If the foun	dation makes gifts, 🤉	to preselected charita grants, etc (see page	able organizations a 28 of the instruction	nd does not acc ns) to individuals
	0.94	iei conditions, compi	ete items ∠a, b, c, and	d		
a	The name, address, an	· · · · · · · · · · · · · · · · · · ·			addressed	
	The name, address, ar	nd telephone number	of the person to who	m applications should be		
b	The name, address, an N/A The form in which appl	nd telephone number	of the person to who	m applications should be		
b	The name, address, an N/A The form in which appl N/A Any submission deadling	nd telephone number	of the person to who	m applications should be		
b c	The name, address, an N/A The form in which appl N/A Any submission deadlin	nd telephone number ications should be sul	of the person to who	m applications should be on and materials they s	hould include	nstitutions, or ot
b c	The name, address, an N/A The form in which appl N/A Any submission deadling	nd telephone number ications should be sul	of the person to who	m applications should be on and materials they s	hould include	nstitutions, or ot

Form 990-PF (2009)				Page <b>11</b>
Part XV Supplementary Information (co	ontinued)			
3 Grants and Contributions Paid Duri Recipient	If recipient is an individual,	Foundation		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a raid during the year				
ATTACHMENT 13				
			'	
				+
			≥ 3a	173,135.
<b>b</b> Approved for future payment				
		_		
	-			
-			-	
	<u></u>			
Total	<del></del>		<b>N</b> 01-	

rt XVI-A Analysis of Income-Product gross amounts unless otherwise indicated		ated business income	Excluded by	section 512, 513, or 514	(e)
	(a)	(b)	(c)	(d)	Related or exemple function income
Program service revenue	Business code	Amount	Exclusion code	Amount	(See page 28 of the instructions)
<u> </u>					<del></del>
1			<del>-    </del>		
9					
Fees and contracts from government agencies					
Membership dues and assessments					<del> </del>
nterest on savings and temporary cash investments			14	01 050	
Dividends and interest from securities			14	81,059.	· · · · · ·
Net rental income or (loss) from real estate		<u> </u>		,,,	
Debt-financed property  Not debt-financed property			+ +	-	
Not debt-financed property  Net rental income or (loss) from personal property			+	-	
Other investment income			14	1,150.	
Gain or (loss) from sales of assets other than inventory			18	-75,078.	· · · · · · · · · · · · · · · · · · ·
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue a					
			<u> </u>		
·			1 1		
	to venfy calc	ulations)			7,1
Subtotal Add columns (b), (d), and (e)	to venify calco	ulations) complishment of E	xempt Purpo	oses  (e) of Part XVI-A cont	ributed important
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions on page 28 to take the columns of the following the second columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Total. Add line 12	to venify calco	ulations) complishment of E	xempt Purpo	oses  (e) of Part XVI-A cont	ributed important
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions on page 28 to take the columns of the following the second columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Total. Add line 12	to venify calco	ulations) complishment of E	xempt Purpo	oses  (e) of Part XVI-A cont	ributed important
Subtotal Add columns (b), (d), and (e)	to venify calco	ulations) complishment of E	xempt Purpo	oses  (e) of Part XVI-A cont	ributed important
total Add columns (b), (d), and (e)	to venify calco	ulations) complishment of E	xempt Purpo	oses  (e) of Part XVI-A cont	ributed important
iubtotal Add columns (b), (d), and (e)	to venify calco	ulations) complishment of E ch income is reporte exempt purposes (	xempt Purpo	oses  (e) of Part XVI-A cont	ributed important
Subtotal Add columns (b), (d), and (e)	to venify calco	ulations) complishment of E ch income is reporte exempt purposes (	xempt Purpo	oses  (e) of Part XVI-A cont	ributed important
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions on page 28 to take the columns of the following the second columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Total. Add line 12	to venify calco	ulations) complishment of E ch income is reporte exempt purposes (	xempt Purpo	oses  (e) of Part XVI-A cont	ributed important
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions on page 28 to take the columns of the following the second columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Total. Add line 12	to venify calco	ulations) complishment of E ch income is reporte exempt purposes (	xempt Purpo	oses  (e) of Part XVI-A cont	ributed important
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  E worksheet in line 13 instructions on page 28 to a columns (b).  Explain below how each activities the accomplishment of the fo	to venify calco	ulations) complishment of E ch income is reporte exempt purposes (	xempt Purpo	oses  (e) of Part XVI-A cont	ributed important

orm	990-PF (	2009)																				Pa	ge 13
Pa	rt XVII	-	Informa Exemp					rans	fers	То	and	Trans	sacti	ons	and	Rela	tion	ship	s W	ith M	lonc		
1	ın sec	tion	ganization 501(c) of																			Yes	No
a	organiz Transfe	ers fro	om the re	porting f	ounda	ation to	a noi	nchar	itable e	exemp	t organ	ızatıon	of										
	(1) Ca	sh .																		<i>.</i>	1a(1)		X
	(2) Oth	her as	sets							· • • •											1a(2)		Х
b	Other t																						17
			assets to																				X
			es of ass																		1		X
			f facilities																				X
			sement a																				X
			loan gua																				X
			ance of so																				$\frac{\lambda}{X}$
			acilities, e																			<b></b>	L
đ			ver to a																				
			e goods,					-		-	-	_											
	value	iii ai	y transa	iction of	5114	uug a	nany	emen	ι, διιο	)	Coluit	(a)	me	value	OI U	e god	Jus, C	unei	assets	, 01	service	s rec	eivea
(a) l	ine no	(b)	Amount in	valved		(c) Nam	e of no	onchar	ntable e	exempt	organiz	ation		(d) Des	cription	of tran	nsfers t	ransac	tions, a	nd shar	no arra	ngeme	nts
(-)		N/				(-,								1/A	<u>р</u>								
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	section	501(	dation direction of the Control of t	Code (oth	ner tha	an sect							r more	tax-e	exempl	orga	nizatio	ns de	scribe	d in [	Y6	s 🗀	No
		(a)	Name of o	rganizatioi	<u>n</u>		$\dashv$		(b	) Type	of organ	nization		-			(c) D	escript	ion of n	elations	hip		
							$\dashv$										<del></del>						
	<u> </u>																-						
							-+																
	· · · · · · ·		<del></del>				-																
	llada.	14.		. 1 4 1	45	-4			45						41				4- 45-	<u></u>	S are at the		
}	belief, it	t is tru	es of perju e, correct,	and com	plete	Declara	tion of	mined prepa	tnis re irer (otl	her tha	n taxpa	yer or	ipanying fiducian	y)ıs ba	dules a ised on	all info	ormatic	on of w	vhich p	reparer	has a	nowied ny knov	ge and viedge
ا ۵	- c	notice	Officer	or tructor	01									-  0 ate	14	— Ì			c Ne	7- AV	7_		<u>-</u>
<u>=</u>	Sig	mature	of officer of	n uusiee						<del></del>		T					Title		Pren	arer'e	ıdentıf	/IDC	
Sign Here	Pald Preparer's Use Only	Prepa signa			Jon	nels	Kx	fre	ile	) eu (	SA	Date	: ?/91	111		eck if -emplo	oyed ►		numi page	ber (Se 30 of t	e Signa he instr	ture or uctions)	
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	r Z		mployed),	•	, )	$\frac{321}{112}$		·	_				400										

11200 ROCKVILLE PIKE STE 400

ROCKVILLE,

Phone no 301.589.9000

self-employed), address,

and ZIP code

20852

### 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
THE ROSENFELD, RUMFORD,	STECKLER FAMILY	52-2204870
FOUNDATION, INC.  Organization type (check one)		32-2204670
organization type (eneck ene)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private fou	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion
	501(c)(3) taxable private foundation	
, ,	ed by the <b>General Rule</b> or a <b>Special Rule.</b> , or (10) organization can check boxes for both the General Rule and a S	Special Rule See
X For an organization filing	Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 contributor. Complete Parts I and II.	or more (in money or
Special Rules		
sections 509(a)(1) and 1	rganization filing Form 990 or 990-EZ that met the 331/3 % support tes 70(b)(1)(A)(vi), and received from any one contributor, during the year of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line	, a contribution of the greater
the year, aggregate conti	(8), or (10) organization filing Form 990 or 990-EZ that received from a ributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable the prevention of cruelty to children or animals. Complete Parts I, II, an	e, scientific, literary, or
the year, contributions for aggregate to more than seem of the see	(8), or (10) organization filing Form 990 or 990-EZ that received from a ruse exclusively for religious, charitable, etc., purposes, but these con \$1,000. If this box is checked, enter here the total contributions that we igious, charitable, etc., purpose. Do not complete any of the parts unless on because it received nonexclusively religious, charitable, etc., contributions.	tributions did not ere received during the ss the <b>General Rule</b>
990-EZ, or 990-PF), but it <b>must</b> ans	t covered by the General Rule and/or the Special Rules does not file So swer "No" on Part IV, line 2 of its Form 990, or check the box on line H certify that it does not meet the filing requirements of Schedule B (Form	of its Form 990-EZ,
For Privacy Act and Panerwork Reduction	Ant Nation and the Instructions Cabadule I	3 /Form 990 990.E7 or 990.PE\ /2009\

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009) Page Name of organization THE ROSENFELD, RUMFORD, STECKLER FAMILY Employer identification number FOUNDATION, INC. 52-2204870 Part I Contributors (see instructions) (a) (b) (d) (c) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 1 ELEANOR T. ROSENFELD Person **Payroll** 5600 WISCONSIN AVENUE #1303 191,433. Noncash (Complete Part II if there is CHEVY CHASE, MD 20815 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) (a) (b) Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution No. Person Payroll

(b)

Name, address, and ZIP + 4

(Complete Part II if there is a noncash contribution) Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Noncash

Person **Payroll** Noncash

a noncash contribution)

(d)

Type of contribution

(Complete Part II if there is

(a)

No.

(c)

**Aggregate contributions** 

of \_\_\_\_ of Part II

Name of organization THE ROSENFELD, RUMFORD, STECKLER FAMILY FOUNDATION, INC.

Employer identification number 52-2204870

Part II Noncash Property (see instructions)	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
1	1000 SHS APPLE, INC. STOCK		
		\$	10/31/2009
(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
		\$	
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

PAGE 19

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

NET INVESTMENT INCOME	59,382. 21,677.	81,059.
REVENUE AND EXPENSES INVI	59,382. 21,677.	81,059.
	-1	TOTAL
DESCRIPTION	M&T BANK FROM KKR FINANCIAL HOLDINGS K-1	

FORM 990PF, PART I - OTHER INCOME

DESCRIPTION
MISCELLANEOUS
FROM KKR FINANCIAL HOLDINGS K-1

NET INVESTMENT INCOME REVENUE AND EXPENSES PER BOOKS

\_239. 911.

911.

911.

1,150.

TOTALS

PAGE 20

PAGE 21

	EXPENSE
	INTEREST
	- 1
	H
_	Н
	PF, PART I

NET INVESTMENT INCOME	11,376.	11,376.
REVENUE AND EXPENSES PER BOOKS	11,376.	11,376.
	(FROM K-1)	TOTALS
DESCRIPTION	INVESTMENT INTEREST (FROM K-1)	

### FORM 990PF, PART I - TAXES

REVENUE AND EXPENSES

DESCRIPTION

PER BOOKS

FEDERAL TAXES

820.

TOTALS

820.

	NET	INVESTMENT	INCOME	12,417.	3,947		
REVENUE	AND	EXPENSES	PER BOOKS	12,417.	3,947.	1.	2,189.
			DESCRIPTION	INVESTMENT FEES	PORTFOLIO EXPENSES (FROM K-1)	MISCELLANEOUS (FROM K-1)	NON-DEDUCTIBLE EXP. (FROM K-1)

TOTALS

STOCK	
CORPORATE	
ı	
F	1
PART IT	4
90PF, PART	1

ENDING ENDING BOOK VALUE DESCRIPTION

1,730,788. 1,730,788. 2,167,976. 2,167,976. TOTALS

STOCK

BONDS	
CORPORATE	
II	
PART	
990PF,	
FORM	

DESCRIPTION

TOTALS

BONDS

ATTACHMENT

ENDING BOOK VALUE

199,434. ENDING FMV

173,758.

173,758.

199,434.

J2E1HT 2Y72

ATTACHMENT 8	Œ	3
	ENDING BOOK WALUE	
1		
	DESCRIPTION	

ENDING FMV

76,414.

66,924.

TOTALS

INVESTMENT IN KKR

76,414.

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

DESCRIPTION

AMOUNT

NON-QUALIFYING CONTRIBUTION

2,700.

TOTAL

2,700.

### FORM 990PF, PART VII-A, LINE 8B - EXPLANATION OF NON-FILING

N/A

NAME AND ADDRESS

DIRECT PUBLIC SUPPORT

DATE

191,433.

10/31/2009

TOTAL CONTRIBUTION AMOUNTS

ELEANOR T. ROSENFELD 5600 WISCONSIN AVENUE #1303 CHEVY CHASE, MD 20815

191,433.

PAGE 30

AND TRUSTEES

ATTACHMENT 12

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

ELEANOR T. ROSENFELD

4445 WILLARD AVENUE, SUITE 700 CHEVY CHASE, MD 20815

PRESIDENT

FRANCES R. RUMFORD SAME AS ABOVE

VICE PRESIDENT

GAIL R. STECKLER SAME AS ABOVE

TREASURER

ROBERT J.T. ROSENFELD SAME AS ABOVE

SECRETARY

MARJORY B. BORMANN

SAME AS ABOVE

ASSIST TREASURER

GRAND TOTALS

PAGE 31

			ATTACHMENT 13
-	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
THE TEXTILE MUSEUM 2320 S STREET, N.W. WASHINGTON, DC 20008-4088	NONE 501(C)3	EDUCATIONAL & TRAINING PROGRAM	48,000.
HAYSTACK MOUNTAIN SCHOOL OF CRAFTS P O BOX 518 DEER ISLE, ME 04627	NONE 501(C)3	EDUCATIONAL & TRAINING PROGRAM	1,000
ARENA STAGE 1101 6TH STREET, S W. WASHINGTON, DC 20024	NONE 501(C)3	CIVIC & COMMUNITY DEVELOPMENT PROGRAM	5,000.
HEBREW HOME OF GREATER WASHINGTON 6121 MONTROSE ROAD ROCKVILLE, MD 20852	NONE 501(C)3	PUBLIC HEALTH PROGRAM	2,000.
TUTWILER CLINIC, INC. 207 ALMA STREET P.O. BOX 462 TUTWILER, MS 38963	NONE 501(C)3	PUBLIC HEALTH PROGRAM	1,000.
AMERICAN FRIENDS OF MACAN DAVID 888 SEVENTH AVENUE, #403 NEW YORK, NY 10106	NONE 501 (C) 3	CIVIC AND COMMUNITY DEVELOPMENT	. 500.

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

ATTACHMENT 13 (CONT'D)

RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CRADLE OF HOPE 8630 FENTON STREET, #310 SILVER SPRING, MD 20910	NONE 501(C)3	CIVIC & COMMUNITY DEVELOPMENT	500.
WASHINGTON EPISCOPAL SCHOOL 5600 LITTLE FALLS PARKWAY BETHESDA, MD 20814	NONE 501 (C) 3	EDUCATION PROGRAMS	100.
MUESUEM OF ART AND DESIGN 2 COLUMBUS CIRCLE NEW YORK, NY 10019	NONE 501(C)3	CIVIC & COMMUNITY DEVELOPMENT	1,000.
ADAS ISRAEL CONGREGATION 2850 QUEBEC STREET, NW WASHINGTON, DC 20008	NONE 501(C)3	CIVIC AND COMMUNITY DEVELOPMENT	435.
ARCHBISHOP CARROLL HIGH SCHOOL 4300 HAREWOOD ROAD, NE WASHINGTON, DC 20017	NONE 501 (C) 3	EDUCATION & TRAINING PROGRAMS	1,000
DOCTORS WITHOUT BORDERS 333- 7TH AVE, 2ND FLOOR NEW YORK, NY 10001	NONE 501(C)3	PUBLIC HEALTH PROGRAMS	100.

YEAR	
THE	Ì
DURING	
PAID	
CONTRIBUTIONS	
AND C	
GRANTS	
- V	
PART X	
990PF,	
FORM	

ATTACHMENT 13 (CONT'D)

	PURPOSE OF GRANT OR CONTRIBUTION	EDUCATION & TRAINING PROGRAMS 100,000	PUBLIC HEALTH PROGRAMS	EDUCTION & TRAINING PROGRAMS 5,000	CIVIC & COMMUNITY DEVELOPMENT 1,000.	EDUCATION & TRAINING PROGRAMS 1,000	1,000.
O SUBSTANTIAL CONTRIBUTOR AND		NONE EDUCATIO	NONE PUBLIC : 501 (C) 3	NONE EDUCTION 501(C)3	NONE CIVIC 6 501(C)3	NONE . EDUCATIO	NONE EDUCATIO 501 (C) 3
  - 	KECIFIENT NAME AND ADDRESS	GEORGETOWN DAY SCHOOL 4530 MACARTHUR BOULEVARD, NW WASHINGTON, DC 20007	GEORGETOWN UNIVERSITY MEDICAL CENTER BOX 57123 WASHINGTON, DC 20057	HOOD COLLEGE 401 ROSEMONT AVENUE FREDERICK, MD 21701	HOUSE OF RUTH 5 THOMAS CIRCLE, NW #4 WASHINGTON, DC 2000'5	LEVINE SCHOOL OF MUSIC 2801 UPTON STREET, NW WASHINGTON, DC 20008	OPERA HOUSE ARTS P.O BOX 56 STONINGTON, ME 04681

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CONTRIBUTIONS	
AND CO	١
GRANTS	
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PART	l
990PF,	
FORM	

ATTACHMENT 13 (CONT'D)

	AMOUNT	1,500	1,500.	200
	PURPOSE OF GRANT OR CONTRIBUTION	EDUCATION & TRAINING PROGRAMS	EDUCATION & TRAINING PROGRAMS	EDUCATION & TRAINING PROGRAMS
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	AND FOUNDATION STATUS OF RECIPIENT	NONE 501(C)3	NONE 501(C)3	NONE 501(C)3
	RECIPIENT NAME AND ADDRESS	SIDWELL FRIENDS SCHOOL 3825 WISCONSIN AVENUE, NW WASHINGTON, DC 20016	STONE RIDGE SCHOOL 9101 ROCKVILLE PIKE BETHESDA, MD 20814	THE SEED FOUNDATION 1776 MASSACHUSETTS AVENUE, NW #600 WASHINGTON, DC 20036

173, 135.	
TOTAL CONTRIBUTIONS PAID	

820185-108

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

· Kind of Property			NS AND LOSSES FOR TAX ON INVESTI				Date acquired	Date sold
Gross sale price less xpenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		FROM KKR K-	1			P	VAR	VA
		PROPERTY TY	PE: SECURI	ries			C 400	
		6,493.					-6,493.	
		FROM KKR K- PROPERTY TY		D.T.D.C.		P	VAR	VA
		4,264.	PE: SECURI.	1152			-4,264.	
		0.1895 SHS	AMERICAN C	ב א ביים א ביים ביים ביים ביים ביים ביים	•	P	08/17/2009	08/17/200
		PROPERTY TY			· •	ľ	00/1//2003	00/1//200
		6.					-6.	
		500 SHS SYS				P	12/22/2004	10/21/20
3,719.		PROPERTY TY 18,255.	PE: SECURIT	ΓΙΕS			-4,536.	
							·	
		500 SHS UNI PROPERTY TY				P	VAR	10/26/20
33,084.		26,038.					7,046.	
		2,250 SHS J	P MORGAN CH	HASE		P	01/27/2000	04/26/20
98,818.		PROPERTY TY 109,028.	PE: SECURI	ΓIES			_10 210	
,0,010.		109,028.				$\  \ $	-10,210.	
		500 SHS APP PROPERTY TY		rtre		D	10/30/2009	11/02/200
94,773.		95,717.	ID. BECOME	1115			-944.	
		10,200 SHS	BANK AMER (	CORP		D	VAR	04/26/20:
- 000		PROPERTY TY						
5,026.		153,794.				$\  \ $	31,232.	
		TENNESSEE H				Р	04/01/2009	07/01/20
5,000.		PROPERTY TY 4,912.	PE: SECURIT	TIES			88.	
		PENNSLYVANI	א נובא				12/22/2009	10/01/20
		PROPERTY TY		TIES			12/22/2008	10/01/200
5,000.		4,725.		•			275.	
		TENNESSEE H				P	04/01/2009	10/01/200
5,000.		PROPERTY TY 4,912.	PE: SECURIT	TIES		$\ $	88.	
TAL GAIN(LC	ss)		• • • • • • • • • • •				12,276.	
						$\  \ $		
						$\  \ $		

### SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

# **Capital Gains and Losses**

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable). OMB No 1545-0092

2009

	e of estate or trust THE ROSENFELD,	RUMFORD, ST	ECKLER FA	MILY	Employer ident		n number
	FOUNDATION, INC.				52-22048	370	
	: Form 5227 filers need to complete only P		<del></del>		<del></del>		·
Par	t Short-Term Capital Gains and Lo	osses - Assets	Held One Ye	ar or Less	(a) Coat as other		(9 Coin on (1) f
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other (see page 4 of instructions	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a							
		-					
	<del></del>		:				
h	Enter the short-term gain or (loss), if any,	from Schedule D	-1 line 1b			1b	-6,992.
			• •				
2	Short-term capital gain or (loss) from For	ms 4684, 6252,	6781, and 882	4		2	
3 4	Net short-term gain or (loss) from partner Short-term capital loss carryover Enter the			-		3	
•	Carryover Worksheet			·		4	(
5	Net short-term gain or (loss). Combine lincolumn (3) on the back	. <u> </u>	<u> </u>			5	-6,992.
Par	t    Long-Term Capital Gains and Loss	es - Assets Held	More Than Or	ne Year			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other (see page 4 of instructions	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a							
							· · · · · · · · · · · · · · · · · · ·
						i	
	Enter the long-term gain or (loss), if any, if	rom Schedule D-	1 line 6b			6b	19,268.
				•			
7	Long-term capital gain or (loss) from Form						
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts					8	
9	Capital gain distributions					9_	
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover Enter the Carryover Worksheet	e amount, if any	, from line 14 c	of the 2008 Capital L	oss	11	(
12	Net long-term gain or (loss). Combine line column (3) on the back	es 6a through 11	ın column (f)	Enter here and on I	ine 14a,	12	19,268.
	Paperwork Reduction Act Notice, see the Instr						e D (Form 1041) 2009

Schedule D (Form 1041) 2009				Page 2
Part III Summary of Parts I and II Caution: Read the instructions before completing thi	is part	(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
13 Net short-term gain or (loss)		( p-g/		-6,992.
14 Net long-term gain or (loss):	.			
a Total for year	14a			19,268.
b Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b			<del></del>
c 28% rate gain	-		<del></del>	<del></del>
15 Total net gain or (loss). Combine lines 13 and 14a	15	<del>  </del>		12,276.
Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or it to Part V, and do not complete Part IV If line 15, column (3), is a net loss, complete	Form 990	T, Part I, line 4a) If lines	s 14a and 15, column (	2), are net gains, go
Part IV Capital Loss Limitation				
16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T	, Part I, h	ne 4c, if a trust), the sm	aller of	
a The loss on line 15, column (3) or b \$3,000		<b></b>	16 (	
a The loss on line 15, column (3) or b \$3,000 Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, p Carryover Worksheet on page 7 of the instructions to figure your capital loss carryo	age 1, lin	e 22 (or Form 990-T, lin	e 34), is a loss, compl	ete the Capital Loss
Part V Tax Computation Using Maximum Capital Gains Ra				
Form 1041 filers. Complete this part only if both lines 14a and 15 in co		)) are nains or an am	ount is entered in P	art i or Part II and
there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is m			ount is entered in i	alt i or i alt ii aliu
Caution: Skip this part and complete the worksheet on page 8 of the inst				
Either line 14b, col (2) or line 14c, col (2) is more than zero, or				
<ul> <li>Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zer</li> </ul>				
Form 990-T trusts. Complete this part only if both lines 14a and 15				
of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this is	part and	complete the works	heet on page 8 of t	the instructions if
either line 14b, col. (2) or line 14c, col. (2) is more than zero			<del></del>	
17 Enter taxable income from Form 1041, line 22 (or Form 990-T, line	e 34) .	17		
18 Enter the smaller of line 14a or 15 in column (2)			,	
but not less than zero		<b>⊣</b>		
19 Enter the estate's or trust's qualified dividends				
from Form 1041, line 2b(2) (or enter the qualified				
dividends included in income in Part I of Form 990-T) . , 19			'	
20 Add lines 18 and 19				
21 If the estate or trust is filing Form 4952, enter the			'	
amount from line 4g; otherwise, enter -0 ▶ 21		_	'	
Subtract line 21 from line 20. If zero or less, enter -0		22		
Subtract line 22 from line 17. If zero or less, enter -0		23		
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				
Yes. Skip lines 25 and 26, go to line 27 and check the "No" b				
No. Enter the amount from line 23				
Subtract line 25 from line 24		26		
27 Are the amounts on lines 22 and 26 the same?				
Yes. Skip lines 27 thru 30, go to line 31	or line 22	27		
Enter the amount from line 26 (If line 26 is blank, enter -0-)		28		
	-			
29 Subtract line 28 from line 27		29		
30 Multiply line 29 by 15% ( 15)			30	
31 Figure the tax on the amount on line 23 Use the 2009 Tax R				
(see the Schedule Ginstructions in the instructions for Form 1041)			31	

(see the Schedule G instructions in the instructions for Form 1041)

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

Schedule D (Form 1041) 2009

32

33

32

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

### SCHEDULE D-1 (Form 1041)

Department of the Treasury Internal Revenue Service

# 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.

2009

OMB No 1545-0092

Name of estate or trust

THE ROSENFELD, RUMFORD, STECKLER FAMILY

Employer identification number

THE ROSENFELD, RUMFORD, S				52-2204870	
Part I Short-Term Capital Gains a	and Losses - Asse	ts Held One Year	r or Less		
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1a FROM KKR K-1				6,493.	-6,493.
0.1895 SHS AMERICAN CAPITAL, LTD.	08/17/2009	08/17/2009		6.	-6.
500 SHS APPLE, INC.	10/30/2009	11/02/2009	94,773.	95,717.	-944.
TENNESSEE HAD	04/01/2009	07/01/2009	5,000.	4,912.	88.
PENNSLYVANIA HFA	12/22/2008	10/01/2009	5,000.	4,725.	275.
TENNESSEE HAD	04/01/2009	10/01/2009	5,000.	4,912.	88.
					· · · · · · · · · · · · · · · · · · ·
		-			
	-				
		-			<del> </del>

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

-6,992.

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

Employer identification number

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year							
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)		
6a FROM KKR K-1				4,264.	-4,264.		
500 SHS SYSCO CORP	12/22/2004	10/21/2009	13,719.	18,255.	-4,536.		
500 SHS UNITED TECHNOLOGIE S		10/26/2009	33,084.	26,038.	7,046.		
2,250 SHS JP MORGAN CHASE	01/27/2000	04/26/2010	98,818.	109,028.	-10,210.		
10,200 SHS BANK AMER CORP		04/26/2010	185,026.	153,794.	31,232.		
				-			
<u> </u>					· · · · · · · · · · · · · · · · · · ·		
		-		_			
6b Total. Combine the amounts in colum	n (f) Enter here a	nd on Schedule D.	line 6b		19,268.		

# Form **8868**

`(Rev April 2009)

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal Revenue S		► File a separate application for ea	ch return.		
		omatic 3-Month Extension, complete only Part I an	id check this box		×
•	•	litional (Not Automatic) 3-Month Extension, complet			
		spou have already been granted an automatic 3-month			
Part I Auto	tia 2 Ma	th Extension of Time. Only submit original (no	conies needed)		
	-	Form 990-T and requesting an automatic 6-month exte			▶ □
Part I only			• • • • • • • • • • •	• • • • • • • •	▶ □
All other corpo	orations (incl	ding 1120-C filers), partnerships, REMICs, and tru	sts must use Form 7	7004 to request	an extension of
time to file inco	ome tax retun	i.			
Electronic Fili	ng (e-file) Ge	erally, you can electronically file Form 8868 if you	u want a 3-month au	itomatic extension	n of time to file
one of the ref	turns noted	elow (6 months for a corporation required to file	Form 990-T) Howe	ver, you cannot	file Form 8868
electronically i	ıf (1) you wa	t the additional (not automatic) 3-month extension	or (2) you file Form:	s 990-BL, 6069,	or 8870, group
returns, or a co	omposite or	onsolidated From 990-T. Instead, you must submit t	he fully completed ar	id signed page 2	(Part II) of Form
		e electronic filing of this form, visit www irs gov/efile		·	
Type or	Name of Exe	pt Organization THE ROSENFELD, RUMFORD, S	STECKLER FAMI	1	fication number
print		TION, INC.	· · · · · · · · · · · · · · · · · · ·	52-22048	370
File by the	Number, stre	t, and room or suite no. If a P.O. box, see instructions.			
due date for filing your		ILLARD AVENUE			
return See	City, town or	ost office, state, and ZIP code. For a foreign address, see ins	tructions		
instructions	CHEVY	CHASE, MD 20815			
Check type of	f return to be	led (file a separate application for each return)			
Form 990	j	Form 990-T (corporation)	Fc	orm 4720	
Form 990	)-BL	Form 990-T (sec 401(a) or 408(a) trust)	Fo	orm 5227	
Form 990	)-EZ	Form 990-T (trust other than above)	Fo	rm 6069	
X Form 990	)-PF	Form 1041-A	Fo	rm 8870	
The books	are in the car	of THE FOUNDATION			
THE BOOKS		<u> </u>			-
Telephone	No. ▶ <u>301</u>	718-1600 FAX No. ▶			
				,	-
If the organ	nzation does r	at have an office or place of business in the United Sta	ates, check this box		▶ □
-		n, enter the organization's four digit Group Exemption			. If this is
for the whole	· · ·			and attach a list	_
		ers the extension will cover.	113 DUX ••• = 8	ind attach a list	with the
		atic 3-month (6 months for a corporation r	manusad to file Eo	em COO T) over	noion of time
		/1 - 2011			
until	-	, , to file the exempt organization retu	im for the organizatio	ii iiaiiieu above.	THE EXTENSION IS
for the or	ganization's re	urn for			
▶ □	calendar yea	or			
X	tax year beg		dina	06/30, 20	10 .
► A	tax year beg	, und on		00,00,	<del></del> ·
2 If this tax	waar is far lar	than 12 months, check reason Initial return	Final return	Change in ac	counting period
2 11 (1115 (2))	year is for les	than 12 months, theth reason milianetum	I iliai letuili	Change in ac	counting period
2a If this an	anlication is i	r Form 990-BL, 990-PF, 990-T, 4720, or 6069, e	nter the tentative tax	less any	1
-	-		illei tile telitative tax		<b>\$</b> 1,500.
		See instructions.	to and astronomed tox		\$ 1,500.
•	•	Form 990-PF or 990-T, enter any refundable credi	ts and estimated tax	I	
		year overpayment allowed as a credit.			\$ 0.
		line 3b from line 3a Include your payment with the			
with FT	D coupon o	if required, by using EFTPS (Electronic Federa	al Tax Payment Syst	<del></del>	. <u>.</u>
Instruction					\$ 1,500.
Caution. If you	are going to	ake an electronic fund withdrawal with this Form 8868	, see Form 8453-EO a	nd Form 8879-EC	)
for payment ins					
		ork Reduction Act Notice, see Instructions.		Form	8868 (Rev 4-2009)
	•	·			•