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Form **990-PF**

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

OMB No 1545-0052

		t of the Treasury venue Service	Note. The for		treated as a Priviple able to use a copy of		e Foundation return to satisfy state repo	orting requirements		2U I	
	-		or tax year beginning				, and ending		1		
Nar	ne of	foundation		-				A Employer identifica	ation number		
Т	ΗE	ROSENB	LATT FOUND	ATION				54-19875	76		
Nur	nber a	nd street (or PO b	ox number if mail is not d	elivered to street	address)		Room/suite	B Telephone number			
_7	88	0 ROLLI	NG WOODS C	OURT			407	703-321-	8506		
		own, state, and i		52				C if exemption application	n is pending, che	ock here	-
		all that apply	Initial retur		Initial return of	i a fo	rmer public charity	D 1. Foreign organiza	tions chack h	oro 1	-
u (HIGUN	ali triat apply	Final return		Amended retur		Times public charity	D 1. 1 Oleigh Olyaniza	lions, check ii	010	· —
			Address ch		Name change			Foreign organization 2. check here and atta	is meeting the 85	5% test,	▶
H (heck	type of organiz			kempt private foundation	1		E If private foundation			
	_	• • •) nonexempt charitable		Other taxable private for		tion	under section 507(l			▶ □
l Fa			assets at end of year		ng method X Cas	sh	Accrual	F If the foundation is			ın.
(fr	om l	Part II, col. (c),	line 16)	□ o	ther (specify)			under section 507(i			•
_	\$	_	<u> </u>		mn (d) must be on ca	sh b	pasis.)		.,		
Pa	ırt l	The total of amo	evenue and Expenses ounts in columns (b), (c), and all the amounts in column (nd (d) may not	(a) Revenue and expenses per books	s	(b) Net investment income	(c) Adjusted net income	for cha	Disbursemer antable purpo ish basis only	oses
	1		gifts, grants, etc., rece		3,000	0.		N/A			
	2		if the foundation is not required								
	3	Interest on saving cash investments	s and temporary		3,760		3,760.		STAT	EMENT	1
	4	Dividends and	interest from securitie	s	2,919	9.	2,919.		STAT	EMENT	2
	5a	Gross rents									
	b	Net rental income	or (loss)		4 014		 	 	 		
9	1	Grace cales nace	from sale of assets not on		4,916	b •	·····				
Revenue	_b	assets on line 6a		3,501.			4 016				*****
ě	۱ ـ		ncome (from Part IV, line 2)	1			4,916.	1			
	8	Net short-term	. •			\dashv					
	102	Income modific Gross sales less									
	Ι.	and allowances Less Cost of goo	de sold			-					
	1	Gross profit or	•							,	
	11		(/				*				•
	12	Total. Add line	s 1 through 11		14,595	5.	11,595.				
	13	Compensation of	officers, directors, trustee	s, etc		0.	0.	,			0
9	14	Other employe	e salaries and wages							 	
- 1 0	15		employee benefits			_					
Expenses	ı	Legal fees	<u> </u>		1 50						
Ç	ı	Accounting fee	-	MT 3	1,500	<u>u • </u>	0.	•			0
	l	Other profession	onal fees					<u> </u>			
Administrative	17 18	Interest Taxes	. 57	MT 4	33	8.	0.	IDEOF!	750	7	0
stra	19	Depreciation as		III 4	3,	-	<u>_</u>	RECEI	Ŀ	_	
ni.	20	Occupancy	to depletion			\dashv		2	7	<u>}</u>	
Adr	21		nces, and meetings			$\neg \uparrow$		MAR 80	2012		_
and	22	Printing and pu	-					(3)		<u> </u>	
g	ı	Other expenses		MT 5	59	9.	0.	OGDEN			0
Operating	24	Total operatin	g and administrative			Į		0002.	-	!	
þe		expenses. Add	l lines 13 through 23		1,59	7.	0.				0
O	25		gifts, grants paid		48,38	5 •				48,3	<u> 385</u>
	26	•	s and disbursements.		40.00	۱	•			40 1	105
		Add lines 24 ar			49,982	۷٠	0.	1	 	48,3	<u> </u>
		Subtract line 2			25 20	,					
			e over expenses and disbi		-35,38	/ •	11,595			***********	
			t income (if negative, en				11,090	N/A			
	نا ر	MUIUSIBU IIBL II	ncomic (ii negative, enter	-0-)	P	•		1 41/42			

c Adjusted net income (if negative, enter -0-) LHA For Paperwork Reduction Act Notice, see instructions.

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Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

148,422.

	d Lesses for Tay on Ir		Incomo				74-170	7370	rayes
<u> </u>	d Losses for Tax on Ir the kind(s) of property sold (e g			(b) How	acquired	(c) Date	e acquired	(d) Date s	
2-story brick wareh	ouse, or common stock, 200 sh	s MLC Co)		` P - Pı	urchase onation		day, yr)	(mo , day,	
1a JOHN HANCOCK LIF					P	11/	10/03	11/15	$\overline{/11}$
b GEORGIA POWE CAR					P		21/04	09/23	
c STATE OF ISRAEL	BOND				P		01/08	09/01/	
d SALE OF GOLD					P	04/	11/07	08/04	/11_
<u>e</u>	M. D ishan allamad	4-10	1	-1		/->	0 (1	<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cos plus e:	t or other basis xpense of sale				Gain or (loss us (f) minus		
a 50,000.			50,000						0.
b 25,000.			25,00						-5. 0.
5,000. d 8,501.			5,000 3,580					Λ (921.
d 8,501.			3,30	-				7,.	721.
Complete only for assets showing g	ain in column (h) and owned by	the foundation	on 12/31/69		·	(I) Gains	(Col (h) gain	minus	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col (I) col (J), If any			ol (k), bu	not less tha s (from col	n -0-) or	
a			·				·		0.
b									-5.
C									0.
d								4,	921.
е									
2 Capital gain net income or (net capital	I loss) { If gain, also ente If (loss), enter -0			}				4,	916.
3 Net short-term capital gain or (loss)	ns defined in sections 1222(5) ai	nd (6)							
If gain, also enter in Part I, line 8, col	ımı (c)			$ \cdot $			37 / 3		
Part V Qualification Unc	lar Section 4940(a) for	r Paducad	Tay on Not	Inves	tment In	come	N/A	<u>.</u>	
(For optional use by domestic private for		_							
(For optional use by domestic private for	muations subject to the section	יוט אמו (מ) ומא טוי	net investment inc	come ,					
If section 4940(d)(2) applies, leave this	oart blank.								
Was the foundation liable for the section	4942 tax on the distributable an	mount of any ye	ear in the base peri	od?				Yes 🖸	X No
If "Yes," the foundation does not qualify									
1 Enter the appropriate amount in each	n column for each year, see insti	ructions before	making any entrie	S				(d)	
(a) Base period years	(b) Adjusted qualifying dis	etributione	Net value of nor	(C) ncharital	hla-1100 2000	te		(d) bution ratio	
Calendar year (or tax year beginning i	""/	17,310.	ivet value of fior	il Criai ilai		0.	(cor (b) ar	vided by col (c	;)) 0000
2010 2009		4,608.				0.	•		0000
2008		4,917.				0.			0000
2007		3,017.				0.			0000
2006		7,691.				0.		.00	0000
1200					<u>. </u>				
2 Total of line 1, column (d)						2		.00	0000
3 Average distribution ratio for the 5-ye	•	on line 2 by 5,	or by the number	of years				0.0	
the foundation has been in existence	ıf less than 5 years					3		.00	0000
4 Enter the net value of noncharitable-	use assets for 2011 from Part X,	, line 5				4			
5 Multiply line 4 by line 3						5			0.
6 Enter 1% of net investment income (1% of Part I. line 27b)					6			116.
7 Add lines 5 and 6						7			116.
	- net VII. line 4		•		•				385
8 Enter qualifying distributions from P. If line 8 is equal to or greater than lin	·	a 1h and some	alote that east using	0 2 10/ 1	av rate	. 8	1	40,	303.
See the Part VI instructions	e 7, Check the DUX III Part VI, IIII	- 10, and COMP	Neto mat half nem	y a 170 t	.ux 1dl5				

orn	1 990-PF (2011) THE ROSENBLATT FOUNDATION 54-198	7576		Page 4
	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see			
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1		•	
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%		1	16.
	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-)			0.
3	Add lines 1 and 2		1	16.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		1	16.
6	Credits/Payments Credits/Payments			
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 6a			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d			0.
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		1	16.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ Refunded ▶ 11			
Pá	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 in		Yes	-
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
	If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	10		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 ► \$ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. > \$O.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		ļ.,
5	• • • • • • • • • • • • • • • • • • • •	5		X.
_	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			v
_	remain in the governing instrument?	6	V	X
1	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X	
0-	If "Yes," complete Part II, col. (c), and Part XV.			
88	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	If the appropriate line 7, has the foundation from the foundation from 000 DE to the Attention Country of the second forms of			
0	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	0.5	Х	1
r	of each state as required by General Instruction G? If "No," attach explanation	8b	^	
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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? 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	10		X
				. 44

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P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndation	ns, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	0.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0 <u>.</u>
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part)	nd certa	ın
1	Minimum investment return from Part X, line 6	1	0.
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	116.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	0.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	48,385.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	48,385.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	Income Enter 1% of Part I, line 27b	5	116.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	48,269.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years	qualifies	s for the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				^
line 7	· , , ',' ' ' ' ,'' ' ' ' ' '			0.
2 Undistributed income, if any, as of the end of 2011			0.	
a Enter amount for 2010 only			V •	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2011.			······································	·
a From 2006 57,838.				
b From 2007 53, 135.				
From 2008 55,041.				
d From 2009 44,679.				
e From 2010 47,348.				
f Total of lines 3a through e	258,041.			
4 Qualifying distributions for 2011 from				······································
Part XII, line 4 ►\$ 48,385.				
a Applied to 2010, but not more than line 2a			0.	
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 2011 distributable amount				0.
e Remaining amount distributed out of corpus	48,385.			_ ·
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	306,426.			
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 2010 Subtract line				
4a from line 2a Taxable amount - see instr		·····	0.	
f Undistributed income for 2011 Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2012				0.
7 Amounts treated as distributions out of			:	
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3)	V •			
8 Excess distributions carryover from 2006	57,838.			
not applied on line 5 or line 7 9 Excess distributions carryover to 2012.	3170301			
Subtract lines 7 and 8 from line 6a	248,588.			
10 Analysis of line 9.				
a Excess from 2007 53, 135.				
b Excess from 2008 55,041.				
c Excess from 2009 44,679.				
d Excess from 2010 47,348.				
e Excess from 2011 48,385.		.,		
		<u> </u>	· · · · · · · · · · · · · · · · · · ·	Form 990-DE (2011)

	XIV Private Operating Fo	oundations (see ins		-A. question 9)	N/A	07570 Tugo 10
	the foundation has received a ruling or			, ,, ,, ,, ,, ,,		
	undation, and the ruling is effective for					
	heck box to indicate whether the found			n section] 4942(j)(3) or 49	42(j)(5)
	nter the lesser of the adjusted net	Tax year	g roundation deconing	Prior 3 years	3 10 120/(0) 0	
_	come from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	vestment return from Part X for	.,	· · · · · · · · · · · · · · · · · · ·			
	ach year listed					
	5% of line 2a					
	ualifying distributions from Part XII,					
	ne 4 for each year listed					
	mounts included in line 2c not					
	sed directly for active conduct of					
	kempt activities					
	ualifying distributions made directly					
	or active conduct of exempt activities					
	ubtract line 2d from line 2c					
	omplete 3a, b, or c for the					
	ternative test relied upon: Assets" alternative test - enter:					
	Value of all assets			}		
(2	2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
h 'F	indowment" alternative test - enter					
2 si	/3 of minimum investment return hown in Part X, line 6 for each year sted					
	Support" alternative test - enter		-			
	Total support other than gross					
•	investment income (interest,					
	dividends, rents, payments on					
	securities foans (section 512(a)(5)), or royalties)					
(2	2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(III)					
(3	3) Largest amount of support from					
	an exempt organization					
	1) Gross investment income					
Part	XV Supplementary Info			if the foundatio	n had \$5,000 or m	ore in assets
	at any time during t		uctions.)			
	nformation Regarding Foundation	-	Ab 00/ - £ Ab - A-A-1			
a L	ist any managers of the foundation wh ear (but only if they have contributed n	o have contributed more nore than \$5 000). (See s	tnan 2% of the total con ection 507(d)(2))	tributions received by th	ie toundation before the cio	se of any tax
NON		, , , , , , , , , , , , , , , , ,				
	ist any managers of the foundation wh	o own 10% or more of th	e stock of a corporation	or an equally large por	tion of the ownership of a p	artnership or
	ther entity) of which the foundation ha			(or an equally large per	, , , , , , , , , , , , , , , , , , ,	
NON	E					
2 1	nformation Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
	theck here X if the foundation one foundation makes gifts, grants, etc					
	he name, address, and telephone num	·			complete items Ea, e, e, e, an	
a 1	ne name, address, and telephone nam	Der of the person to who	m apphoantions should be	, audi 0330d		
b T	he form in which applications should t	pe submitted and informa	tion and materials they s	hould include		-
C A	any submission deadlines					
d A	ny restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	, kınds of ınstitutions, o	r other factors:	

3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual,	1		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	07 SabStantial Contributor			
<u> </u>				
JCC	NONE	PUBLIC CHARITY	DONATION	
	<u>-</u>			300.
BETH EL HEBREW	NONE	PUBLIC CHARITY	DONATION	
				9,309.
		L		
AGUDAS ACHIM CONGREGATION	NONE	PUBLIC CHARITY	DONATION	100.
INOVA HEALTH SYSTEM	NONE	PUBLIC CHARITY	DONATION	
INOVA READIN SISTEM				600
BETH EL SISTERHOOD/BROTHERHOOD	NONE	PUBLIC CHARITY	DONATION	
077 06	NAME AND ASSESSED ASSESSEDA	Dm (0)		169
	NTINUATION SHE	ET(S)	▶ 3a	48,385
b Approved for future payment				
NONE				
		<u> </u>		
Total			► 3b	0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelate	d business income	Exclu	ded by section 512, 513, or 514	(e)
Enter groot amount amou	_ (a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	Business code	Amount	sion code	Amount	function income
a					
b					
C	-				···
d		***			
е					
ſ					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash				· -	
investments					3,760.
4 Dividends and interest from securities		,			3,760. 2,919.
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					4,916.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
C					·
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0	•	0.	11,595.
13 Total. Add line 12, columns (b), (d), and (e)				13	11,595.
(See worksheet in line 13 instructions to verify calculations)					<u></u>

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

Line No.				ctivity for which inco urposes (other than					VI-A contributed importantly to the accomplishment of
	FUNDS	USED	то	DISBURSE	CASH	ARE	HELD	IN	HERE
	 								
				···			·		
	ļ								
									
		•							
		_	_						

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FOIII 990-PF (7	OSENDUATI				34-170			ige 13
Part XVII	Information Re Exempt Organ		sfers To a	and Transactions a	ind Relations	hips With Noncha	aritable	е	
1 Did the or	rganization directly or indi	rectly engage in any	of the followin	g with any other organization	on described in secti	on 501(c) of	''	Yes	No
the Code	(other than section 501(c))(3) organizations) o	r ın sectıon 52	7, relating to political organ	izations?				
a Transfers	from the reporting found	ation to a noncharital	ble exempt or	ganization of					
(1) Cash	١.,						1a(1)	ļ	X
(2) Othe	r assets						1a(2)	ļ	Х
b Other trai	nsactions								
(1) Sales	s of assets to a noncharita	ble exempt organizat	tion				1b(1)	<u> </u>	X
	hases of assets from a no		rganization				1b(2)	ļ	X
• •	al of facilities, equipment,						1b(3)	ļ	X
	ibursement arrangements						1b(4)	ļ	X
	is or loan guarantees			•		•	1b(5)	ļ	X
	ormance of services or me	•	•				1b(6)	 	X
-	of facilities, equipment, ma	•					10	<u> </u>	X
	•			dule. Column (b) should al				sets,	
	• • •			ed less than fair market valu	ie in any transaction	or snaring arrangement,	SNOW IN		
	d) the value of the goods, (b) Amount involved	,		exempt organization	(d) p				
(a) Line no	(b) Amount involved	(c) warne or	N/A	exempt organization	(u) Description	of transfers, transactions, and	snanng a	rangerne	mus
			И/Д		 	 			
								•	
						 			
		····							
						· · · · · · · · · · · · · · · · · · ·			
	····								
2a Is the fou	indation directly or indirec	tly affiliated with, or i	related to, one	or more tax-exempt organ	zations described	,			_
ın sectior	n 501(c) of the Code (othe	r than section 501(c))(3)) or in sect	ion 527?			Yes	LX	No
b If "Yes," c	complete the following sch			I 40. =	r				
	(a) Name of org	ganization		(b) Type of organization		(c) Description of relation	snip		
	N/A								
		<u> </u>							
	. —					·			
Unde	r penalties of penary. Vaeclare	that I have examine the	ıs return, includir	I ig accompanying schedules and	statements, and to the	best of my knowledge			
	pelief, it is true to rrect and con	mplete Declaration of pr	eperer (other tha	n taxpayer) is based on all inform	nation of which prepare	r has any knowledge	flay the IRS etum with the	he prepa	rer
Here		V1/11/19/11	TAIL	10012/26/12	TAIL	to s	hown below		Str)?
<u> -</u>	nature of officer of trustee	W WALL	1744	Date Date	Title	L	_21_ 10:	<u> </u>	
	Print/Type preparer's na	ame	Preparer's s	<u> </u>	Date	Check If PTIN	1		
	Jes Ersbarar a III	. 	VIII	Manual Albania		self- employed			
Paid	JOHN BEHRE	NS	X W	VYVUIUW	03/13/12	P(00744	1755)
Preparer			NKS, P	.C.	,	Firm's EIN ► 54-1			
Use Only									
_	Firm's address ▶ 43	482 CROSS	BREEZ	E PLACE					
	1 70	HRIIDN 177	20147			Inhana na 703-	_726_	-647	/5

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2011

Employer identification number Name of the organization THE ROSENBLATT FOUNDATION 54-1987576 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 !!. 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, total 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 total 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, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

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 Part IV, 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).

Name of organization

Employer identification number

THE R	OSENBLATT FOUNDATION	54	198/5/6
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MELVIN ROSENBLATT 6106 GREENLAWN COURT SPRINGFIELD, VA 22152	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total 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) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Noncash Property (see instructions) Use duplicate copies of Pa	rt II if additional space is needed	
1401100311 1 10pcity (accumulations). Osc dupineate copies of ra	additional opado is necessar	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 s	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(See manuctions)	
	(b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given Column

Name of orga	anization	 	Employer identification number					
THE RO	SENBLATT FOUNDATION		54-1987576					
Part III	Exclusively religious, charitable, etc., Indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc Use duplicate copies of Part III if additions	ne following line entry. For organizatio c , contributions of \$1,000 or less for	(7), (8), or (10) organizations that total more than \$1,000 for the					
(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, ar	nd 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					
t	(e) Transfer of gift							
-	Transferee's name, address, a	nd 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	nd 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	nd ZIP + 4	Relationship of transferor to transferee					

FORM 990-PF INTEREST ON SAVI	NGS A	ND TEM	PORARY C	ASH IN	IVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
BANK OF AMERICA COMPUTERSHARE FOR STATE OF ISRAEL MERRILL LYNCH BANK OF AMERICA CORPORATION							15. 87. 58.
TOTAL TO FORM 990-PF, PART I,	LINE	3, CO	LUMN A			3,7	60.
FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECUF	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		TAL GAINS	COLUMN (A	.)
MERRILL LYNCH BANK OF AMERICA CORPORATION	A		2,919.		0.	2,9	19.
TOTAL TO FM 990-PF, PART I, I	LN 4		2,919.		0.	2,9	19.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		
PROPRESSIONAL FEES		1,500.	0.				0.
TO FORM 990-PF, PG 1, LN 16B		1,500.		0.			0.
FORM 990-PF		TAX	ES			STATEMENT	4
DESCRIPTION	EXPE	A) INSES BOOKS	(B) NET INV MENT IN	EST-			
EXCISE TAX		38.		0.			0.
TO FORM 990-PF, PG 1, LN 18		38.		0.			0.
=======================================							

FORM 990-PF	OTHER E	XPENSES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OFFICE EXPENSE	59.	0.		0.	
TO FORM 990-PF, PG 1, LN 23	59.	0.		0.	

Part XV Supplementary Information 3 Grants and Contributions Paid During the				<u> </u>
Recipient	If recipient is an individual.	1		
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and decises (nome or business)	or substantial contributor	recipient		
JEWISH PEDERATION	NONE	PUBLIC CHA	DONATION	
				5,100.
FRIENDS OF MT. VERNON	NONE	PUBLIC CHA	DONATION	50.
KENNEDY CENTER	NONE	PUBLIC CHA	DONATION	60.
NOVA JCC	NONE	PUBLIC CHA	DONATION	3,672.
				:
BETH EL SYNAGOGUE	NONE	PUBLIC CHA	DONATION	375.
LOMBARDI CANCER CENTER	NONE	PUBLIC CHA	DONATION	500.
JEWISH OUTREACH INSTITUTE	NONE	PUBLIC CHA	DONATION	25,000.
JOHN CHERNEY FOUNDATION	NONE	PUBLIC CHA	DONATION	100
	YOVE	DUDI TO CUE	DONATION	
BETH EL	NONE	PUBLIC CHA	DONATION	12.
WETA	NONE	PUBLIC CHA	DONATION	
				188
Total from continuation sheets				37,907

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y		., .		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
PROSTATE CANCER INSTITUTE	NONE	PUBLIC CHA		
				150.
BETH EL HOUSE	NONE	PUBLIC CHA	DONATION	100.
CHABAD LUBOVITCH	NONE	PUBLIC CHA	DONATION	
				250.
MEMORIAL SLOANE KETTERING HOSPITAL	NONE	PUBLIC CHA	DONATION	
				150.
EVERY CHILD FED.	NONE	PUBLIC CHA	DONATION	250.
INISFREE	NONE	PUBLIC CHA	DONATION	
				100.
CHILDREN'S CANCER INSTITUTE	NONE	PUBLIC CHA	DONATION	
				100.
NAT'L CANCER INSTITUTE			DOWN #7 014	
NAT L CANCER INSTITUTE	NONE	PUBLIC CHA	DONATION	100.
PROSTATE CANCER FOUNDATION	NONE	PUBLIC CHA	DONATION	
		_		100.
SALVATION ARMY	NONE	PUBLIC CHA	DONATION	100.
Total from continuation sheets				100.

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
US HOLACAUST MUSEUM	NONE	PUBLIC CHA	DONATION	100.
			DOWN MY OV	
ST. JUDE'S HOSPITAL	NONE	PUBLIC CHA	DONATION	350.
SMILE TRAIN	NONE	PUBLIC CHA	DONATION	100.
MAKE-A-WISH FOUNDATION	NONE	PUBLIC CHA	DONATION	100.
AMERICAN CANCER SOCIETY	NONE	PUBLIC CHA	DONATION	150.
NATIONAL OSTEOPOROSIS FOUNDATION	NONE	PUBLIC CHA	DONATION	100.
NATIONAL ARTHRITIS FOUNATION	NONE	PUBLIC CHA	DONATION	100
SIMON WEISENTHAL FOUNDATION	NONE	PUBLIC CHA	DONATION	100
NATIONAL JEWISH HEALTH	NONE	PUBLIC CHA	DONATION	100
RACE FOR HEALTH	NONE	PUBLIC CHA	DONATION	100
Total from continuation sheets				100

Part XV Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation)					
Recipient	If recipient is an individual,	Foundation	Purpose of grant or		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount	
BETH EL HOUSE	NONE	PUBLIC CHA	DONATION	150	
				150.	
		:			
		1			
				-	
Total from continuation sheets .					