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### Form 990-PF

#### **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For	alen	dar year 2013 or tax year beginning		, and ending		
Nar	ne of	foundation			A Employer identification	number
		ROSENBLATT FOUNDATION			54-1987576	i
		nd street (or P O box number if mall is not delivered to street	address)		B Telephone number	0.0
		0 ROLLING WOODS COURT		407	703-321-85	06
		own, state or province, country, and ZIP or foreign p INGFIELD, VA 22152	ostal code		C If exemption application is p	pending, check here
GC	heck	all that apply Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization:	s, check here
		Final return	Amended return			
		Address change	Name change		2. Foreign organizations mi check here and attach co	enting the 85% test, properties the state of
H C	heck	type of organization X Section 501(c)(3) ex	empt private foundation		E If private foundation sta	tus was terminated
	Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda		under section 507(b)(1	
i Fa	ır ma	rket value of all assets at end of year   J   Accounti	ng method X Cash	Accrual	F If the foundation is in a	60-month termination
			her (specify)	<del>_</del> _	under section 507(b)(1	)(B), check here
	<u> </u>	157,635. (Part I, colu	mn (d) must be on cash b	pasis)		T
Pa	<u>irt l</u>	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received	5,000.		N/A	
	2	Check ► X If the foundation is not required to attach Sch. B		187 1 1971 1.34		
	3	Interest on savings and temporary cash investments		- <u></u>		
	4	Dividends and interest from securities	3,498.	3,498.		STATEMENT 1
	5a	Gross rents		······································		
	b	Net rental income or (loss)		<del></del>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ē	6a	Net gain or (loss) from sale of assets not on line 10	3,156.			
enc	b	Gross sales price for all assets on line 6a 20,243.	.,	3 156		
Revenue	7	Capital gain net income (from Part IV, line 2)		3,156.		
_	8	Net short-term capital gain	— <del>,,,,,</del> —,,,,,,			· +++
	9	Income modifications Gross sales less returns		·····		
	10a	and allowances		144	-H	<del></del>
	ĺ	Less Cost of goods sold Gross profit or (loss)		······································		
	11	Other income		<u> </u>		<del></del>
	12	Total Add lines 1 through 11	11,654.	6,654.		
	13	Compensation of officers, directors, trustees, etc	0.	0.	· · · · · · · · · · · · · · · · · · ·	0.
	14	Other employee salaries and wages				
s	15	Pension plans, employee benefits		- <u>-</u>		
	16a	Legal fees				
per		Accounting fees STMT 2	1,500.	0.		0.
Ä		Other professional fees				
Ę.	17	Interest				
stra	18	Taxes STMT-3	CEIVED 41.	0.	<u> </u>	0
įį	19 20		02.722		<del></del>	
Λdπ	20 21	Occupancy Travel, conferences, and meetings	<del>-                                    </del>		<del></del>	<del></del>
Pu	22	Travel, conferences, and meetings MA	2 1 3 ZU14   0	<del></del>	<u>.</u>	
e G	23	Trinting and publications				
atin	24	Total operating and administrative OG	DEN, UT	<del></del>		
Operating and Administrative Expense		expenses. Add lines 13 through 23	1,541.	0.		0.
Ō	25	Contributions, gifts, grants paid	30,560.			30,560.
	26	Total expenses and disbursements.				
		Add lines 24 and 25	32,101.	0.		30,560.
K	27	Subtract line 26 from line 12	22			
, No	کی	Excess of revenue over expenses and disbursements	-20,447.		71 . 1 11	
K	b	<b>/</b>		6,654.	NT / T	
_	- 6	Adjusted net income (if negative, enter -0-)			N/A	<u> </u>

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LHA For Paperwork Reduction Act Notice, see instructions.

Fo	<u>rm 9</u>	90-PF (2013) THE ROSENBLATT FOUNDATI		54-1	1987576 Page
	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
_	301.0	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	118,521.	98,074.	157,635.
		Savings and temporary cash investments			A1 13
	3	Accounts receivable			
		Less allowance for doubtful accounts		·····	
	4	Pledges receivable			
	_	Less allowance for doubtful accounts			<u>.</u>
	5	Grants receivable			· · · · · · · · · · · · · · · · · · ·
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons			·····
	7	Other notes and loans receivable			
		Less allowance for doubtful accounts			
Assets	8	Inventories for sale or use			
Ass	9	Prepaid expenses and deferred charges			
	1	Investments - U S and state government obligations	*		
		Investments - corporate stock			<del></del>
	1	Investments - corporate bonds	<del> </del>		· · · · · · · · · · · · · · · · · · ·
	''	Investments - land, buildings, and equipment basis			
	12	Less accumulated depreciation			
	12	Investments - mortgage loans Investments - other		<del></del>	
	14	<u>.</u>			
	'*	Land, buildings, and equipment basis			
	15	Other assets (describe			
		Total assets (to be completed by all filers - see the			
	1.0	instructions Also, see page 1, item 1)	118,521.	98,074.	157,635.
_	17	Accounts payable and accrued expenses	110/321.	70,074.	137,033.
	18	Grants payable			
s	19	Deferred revenue	-		
≘	20	Loans from officers, directors, trustees, and other disqualified persons			
iabilities	21	Mortgages and other notes payable		-	
ت		Other liabilities (describe )	-		
	İ				
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ĕ	24	Unrestricted	118,521.	98,074.	
<u>la</u>	25	Temporarily restricted			
ĕ	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			
Net Assets or Fund Balances		and complete lines 27 through 31.			
ş	27	Capital stock, trust principal, or current funds			
SS-	28_	Paid-in or capital surplus, or land, bldg, and equipment fund			
Ä.	29	Retained earnings, accumulated income, endowment, or other funds			
ž	30	Total net assets or fund balances	118,521.	98,074.	
		Tabel Mak Miller	110 501	00 074	
		Total liabilities and net assets/fund balances	118,521.	98,074.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
		net assets or fund balances at beginning of year - Part II, column (a), line	30		
		t agree with end-of-year figure reported on prior year's return)		1	118,521.
		amount from Part I, line 27a		2	-20,447.
		r increases not included in line 2 (itemize)	<del> </del>	3	0.
		lines 1, 2, and 3		4	98,074.
		eases not included in line 2 (itemize)	Jump (h) lur = 00	5	0.
U	rutal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	nurriii (D), line 30		98,074.

Form **990-PF** (2013)

7

Add lines 5 and 6

See the Part VI instructions

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

Enter qualifying distributions from Part XII, line 4

67.

30,560.

	1 990-PF (2013) THE ROSENBLATT FOUNDATION 54-19	87576	5	Page 4
Pa	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	e instr	uctio	ns)
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)			
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%			67.
	of Part I, line 27b			
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
_	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
3	Add lines 1 and 2			67.
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-		7	67.
6	Credits/Payments			
	2013 estimated tax payments and 2012 overpayment credited to 2013			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)  6c			
	Backup withholding erroneously withheld 6d			•
_	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			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			67.
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 2014 estimated tax ▶ Refunded ▶ 11			
	rt VII-A Statements Regarding Activities	F	1./	NI -
14	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		res	No
h		1 <u>a</u>		X
U	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b	ļ	<u> </u>
	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.			
	Did the foundation file Form 1120-POL for this year?			v
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	10	<del> </del>	X
•	(1) On the foundation $\blacktriangleright$ \$ 0 • (2) On foundation managers $\blacktriangleright$ \$ 0 •			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
_	managers > \$ 0.	:		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	1	Х
	If "Yes," attach a detailed description of the activities.	, <del>-</del>	<u> </u>	
	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	Ì	Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	1	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.	"		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) NONE	_		
		_		
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
	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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	ļ	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		_X_

Form 990-PF (2013) THE ROSENBLATT FOUNDATIO	N		54-19875	76 Page 6
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y <sub>0</sub>	s X No	
(2) Influence the outcome of any specific public election (see section 4955), of	or to carry on, directly or indire			
any voter registration drive?		Y <sub>6</sub>	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?		Y <sub>E</sub>	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations		
section 53 4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	ere		▶∟⊥	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f				
expenditure responsibility for the grant?	N	I/A 🔲 Ye	s No	
If "Yes," attach the statement required by Regulations section 53.494	5-5 <i>(d</i> ).			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Y6	s X No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		ļ.,	6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	/	
Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their				
List all officers, directors, trustees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid,	employee benefit plans ( and deferred	account, other
MELVIN ROSENBLATT	to position MANAGING DIRE	enter -0-)	compensation	allowances
7880 ROLLING WOODS COURT SUITE 407	MANAGING DIKE	CIOR		
SPRINGFIELD, VA 22152	0.00	0.	0.	0.
DIRINGI ILLED, VA 22132	0.00			
		i		
	1			
	<del></del>	<del></del>	-	
			i	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter_"NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(a) Company	(d) Contributions to employee benefit plans	(e) Expense account, other
(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	allowances
NONE				
	_			
. <u> </u>				
<del></del>				
Total number of other employees paid over \$50,000		l		0
TOTAL HULLIOGI DI OLLIGI GILIPIOYEES PAIN OVEL \$30,000	<del></del>		Form	990-PF (2013)
			FUIII	(4013)

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Form 990-PF (2013) THE ROSENBLATT FOUNDATION	54-1	987576 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundate Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produced.	cal information such as the uced, etc	Expenses
1 N/A		
	·	
2		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		-
Describe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2	Amount
1 N/A		
2	<del></del>	
		•
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3	•	0.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2013)

30,560

3a

3b

4

<u>5</u>

Suitability test (prior IRS approval required)

income Enter 1% of Part I, line 27b

Cash distribution test (attach the required schedule)

4940(e) reduction of tax in those years

Adjusted qualifying distributions Subtract line 5 from line 4

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7	,		1111	0.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
b Total for prior years		[		
		0.	, , , , , , , , , , , , , , , , , , , ,	
3 Excess distributions carryover, if any, to 2013		[		
a From 2008 55,041.				
b From 2009 44,679.				
t From 2010 47,348.				
d From 2011 48,385.				
e From 2012 41,978.	227 421	į.		
f Total of lines 3a through e	237,431.			
4 Qualifying distributions for 2013 from				
Part XII, line 4 ► \$ 30,560.		1	0.	
a Applied to 2012, but not more than line 2a			U •	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	0.		· · · · · · · · · · · · · · · · · · ·	0.
d Applied to 2013 distributable amount	30,560.		•••••	V •
e Remaining amount distributed out of corpus	0.		··	0.
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			<u> </u>
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	267,991.			
<b>b</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 2012 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2013 Subtract				
lines 4d and 5 from line 1. This amount must		į.		_
be distributed in 2014	<del></del>	-,,,	4. 411114144	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.		······	······································
8 Excess distributions carryover from 2008	55 041			
not applied on line 5 or line 7	55,041.		······································	
9 Excess distributions carryover to 2014.	212 050			
Subtract lines 7 and 8 from line 6a	212,950.			
10 Analysis of line 9				
a Excess from 2009 44,679. b Excess from 2010 47,348.				
40 205				
41 070				
B Excess from 2013 30,560.	<u>-</u>		· · · · · · · · · · · · · · · · · · ·	Form <b>990-PF</b> (2013)

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Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	r 2013, enter the date of t	the ruling	<b>▶</b>		
b Check box to indicate whether the found	dation is a private operatii	g foundation described	in section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities				<u> </u>	
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment 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 securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from		:			
an exempt organization					
(4) Gross investment income				<u> </u>	
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	ore in assets
at any time during t	he year-see instr	uctions.)	<u>.</u>		
1 Information Regarding Foundation	_				
a List any managers of the foundation wh			tributions received by the	foundation before the clos	e of any tax
year (but only if they have contributed in	nore than \$5,000) (See S	ection 507(a)(2) )			
NONE		<del></del>	<del></del>		<del></del>
<ul> <li>b List any managers of the foundation wh other entity) of which the foundation has</li> </ul>	o own 10% or more of th s a 10% or greater interes	e stock of a corporation at	(or an equally large portion	on of the ownership of a pa	irtnership or
NONE	o a 1070 or ground military	^	=	-	
2 Information Regarding Contributi	ion, Grant, Gift, Loan,	Scholarship etc. P	rograms:		
Check here ► X if the foundation o				not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc	(see instructions) to indiv	iduals or organizations	under other conditions, co	implete items 2a, b, c, and	d
a The name, address, and telephone num	ber or e-mail address of t	he person to whom app	lications should be addres	ssed	- · · · · · · · · · · · · · · · · · · ·
			<u>,                                     </u>		
<b>b</b> The form in which applications should b	e submitted and informat	tion and materials they s	should include		
c Any submission deadlines					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields	kinds of institutions or o	other factors	
_ ,		,	,		

3 Grants and Contributions Paid During the		Parmont		
Recipient		Payment	T	
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
<del></del>	or substantial contributor	recipient		
a Paid during the year				
		1		
MEYER ACADEMY	None	PUBLIC CHARITY	DONATION	
Matak Acadami	NONE	FOBBIC CHARITI	PONALION	100
		İ		
BETH EL SYNAGOGUE	NONE	PUBLIC CHARITY	DONATION	
				500
BETH EL HEBREW CONG.	NONE	PUBLIC CHARITY	DONATION	
		<u> </u>		10
AM. INST. CANCER RESEARCH	NONE	PUBLIC CHARITY	DONATION	
		<del> </del>		50.
	L.O.			
JEWISH OUTREACH	NONE	PUBLIC CHARITY	DONATION	7,500.
Total SEE C	CONTINUATION SHEE	ET(S)	<b>▶</b> 3a	30,560.
b Approved for future payment				
NONE				
<del></del>		-		<del></del>
		<del>                                     </del>		
		-		
_	<u> </u>			
Total			<b>▶</b> 3b	0.

Enter gross amounts unless otherwise indicated	Unrelated b	usiness income	Excluded t	by section 512, 513, or 514	(0)
Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
a		<del></del>	<del>                                     </del>		
b		<del></del>	<del>                                     </del>		
C			1		
d					
e	į.	<del></del>			
1					
g Fees and contracts from government agencies		<del> </del>			
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					3,498.
5 Net rental income or (loss) from real estate		, , , , , , , , , , , , , , , , , , , ,	1		· ···· · · · · · · · · · · · · · · · ·
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					3 <b>,</b> 156.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			<u> </u>		
11 Other revenue					
a	_		ļ		
b	_		<u> </u>	<del></del> -	
C		·	-		
d					
e	-	0.	<del>                                     </del>	0.	6 651
12 Subtotal Add columns (b), (d), and (e)	1	<u> </u>			6,654. 6,654.
13 Total. Add line 12, columns (b), (d), and (e)				13	0,034.
(See worksheet in line 13 instructions to verify calculations )					·
Part XVI-B Relationship of Activities				· · · · · · · · · · · · · · · · · · ·	
Line No. Explain below how each activity for which in			A contributed	importantly to the accomp	dishment of
▼ the foundation's exempt purposes (other that FUNDS USED TO DISBURS!			TED E	<del></del>	
FUNDS USED TO DISBURS!	CASH ARE	HETO IN P	LKE	<del>- · · · · · · · · · · · · · · · · ·</del>	
			_		
			_	<del></del>	
	<del></del>				_ <del></del> _
		<del></del>			<del></del>
				<del></del>	
		<del></del>		<del></del>	
			_		

323621 10-10-13

Firm's EIN ► 54-1556200

Check \_\_\_\_\_ self- employed

Firm's address > 43482 CROSS BREEZE PLACE ASHBURN, VA 20147

BAN

703-726-6475 Form **990-PF** (2013)

P00744755

323622 10-10-1

Paid

Preparer

Use Only

Print/Type preparer's name

JOHN BEHRENS

Firm's name ► BEHRENS

Date

02/18/14

#### 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.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

**Employer identification number** Name of the organization 54-1987576 THE ROSENBLATT FOUNDATION Organization type (check one): Filers of: Section: Form 990 or 990-EZ \_\_ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, 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 ▶ \$ 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 its Form 990-PF, Part I, line 2, 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	5	4-1987576
Part I	Contributors (see instructions). Use duplicate copies of Part	I if 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 for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

# THE ROSENBLATT FOUNDATION

54-1987576

art II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		<u> </u>	
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions).	(d) Date received
		<b>\$</b>	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Name of organization Employer identification number THE ROSENBLATT FOUNDATION 54-1987576 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once). Part III Use duplicate copies of Part III if additional space is needed. (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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 10-24-13

3 Grants and Contributions Paid During the				
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	contribution	Amount
BETH EL HEBREW CONG.	NONE	PUBLIC CHARITY	DONATION	
<del> </del>		-		10
CAPITAL ONE/HUNTINGTON DISEASE	NONE	PUBLIC CHARITY	DONATION	25
REGINALD S. LAURIE CENTER	NONE	PUBLIC CHARITY	DONATION	
				60
JON CHERNEY HUMANITARIAN AWARD FUND	NONE	PUBLIC CHARITY	DONATION	100
BETH EL HEBREW	NONE	PUBLIC CHARITY	DONATION	
	NONE	TOBBIC CHARTIT	DONALI ON	2!
			;	
JEWISH FEDERATION OF WASH	NONE	PUBLIC CHARITY	DONATION	1 75
				1,750
CAPITAL ONE/WETA	NONE	PUBLIC CHARITY	DONATION	300
FRIENDS OF MT. VERNON	NONE	PUBLIC CHARITY	DONATION	
				50
BETH EL HEBREW CONG.	NONE	PUBLIC CHARITY	DONATION	2,87
OI CONTRIBUTION	NONE	PUBLIC CHARITY	DONATION	
				7,500

3 Grants and Contributions Paid During th			<u> </u>	
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	Contribution	781100111
BETH EL HEBREW CONG.	NONE	PUBLIC CHARITY	DONATION	100
CC OF NOVA	NONE	PUBLIC CHARITY	DONATION	3,000
NOVA HEALTH FOUNDATION	NONE	PUBLIC CHARITY	DONATION	25
CAPITAL ONE/PLATELET DISORDER	NONE	PUBLIC CHARITY	DONATION	2:
JCC OF NOVA	NONE	PUBLIC CHARITY	DONATION	450
IOVA JCC	NONE	PUBLIC CHARITY	DONATION	67
AMERICAN CANCER SOCIETY	NONE	PUBLIC CHARITY	DONATION	20
ALZHEIMER'S RESEARCH	NONE	PUBLIC CHARITY	DONATION	10
MAKE A WISH FOUNDATION	NONE	PUBLIC CHARITY	DONATION	10
PROSTATE CANCER FOUNDATION	NONE	PUBLIC CHARITY	DONATION	10

Part XV Supplementary Informat				
3 Grants and Contributions Paid During th			T .	
. Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Harrie and address (notice of business)	or śubstantiał contributor	recipient		
BETH EL HEBREW	NONE	PUBLIC CHARITY	DONATION	150
			7.00	
INNISFREE GROUP HOMES	NONE	PUBLIC CHARITY	DONATION	100
ARTHRITIS FOUNDATION	NONE	PUBLIC CHARITY	DONATION	100
CHILDREN'S CANCER RESEARCH	NONE	PUBLIC CHARITY	DOWN MILON	
CHILDREN D CANCER RESEARCH	NONE	POBLIC CRARITI	DONATION	100
INOVA HEALTH FOUNDATION	NONE	PUBLIC CHARITY	DONATION	150
SUSAN KOMEN FOUNDATION	NONE	PUBLIC CHARITY	DONATION	100
CHABAD LUBOWITCH	NONE	PUBLIC CHARITY	DONATION	150
JESSA	NONE	PUBLIC CHARITY	DOMAGE ON	
	NONE -	FOBBIC CHARITI		72.
NATIONAL FUND OF CANCER RESEARCH	NONE	PUBLIC CHARITY	DONATION	100
US HOLOCAST MUSEUM	NONE	PUBLIC CHARITY	DONATION	100
Total from continuation sheets				

## THE ROSENBLATT FOUNDATION

Part XV Supplementary Information 3 Grants and Contributions Paid During the				T
Recipient	If recipient is an individual.			
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
	or substantial contributor	recipient		
NAT'L JEWISH HEALTH	NONE	PUBLIC CHARITY	DONATION	100.
SALVATION ARMY	NONE	PUBLIC CHARITY	DONATION	100.
GREATER SPRINGFIELD VOLUNTEER FIRE	NONE	PUBLIC CHARITY	DONATION	
DEPT	NONE	PUBLIC CHARITI	DONATION	100.
MED STAR GEORGETOWN HOSPITAL	NONE	PUBLIC CHARITY	DONATION	100.
SLOAN KETTERING HOSP	NONE	PUBLIC CHARITY	DONATION	
SHOAN REITERING ROSP	NONE	robbic chariff	DOMATION	100.
NAT'L GLAUCOMA RESEARCH	NONE	PUBLIC CHARITY	DONATION	50.
AMERICAN INST. CANCER RESEARCH	NONE	PUBLIC CHARITY	DONATION	
				100.
ST. JUDE RESEARCH INST.	NONE	PUBLIC CHARITY	DONATION	350.
	YOUR	DUDI 10 GWARAN	DONATIVON	
RUTH RALES JEWISH FAMILY SERVICE	NONE	PUBLIC CHARITY	DONALION	500.
CAPITAL ONE/WORLD FOOD PROGRAM	NONE	PUBLIC CHARITY	DONATION	190.
Total from continuation sheets				

Part XV Supplementary Information				
3 Grants and Contributions Paid During the You	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Aillouit
		<del>                                     </del>		
JUMPSTART LABS	NONE	PUBLIC CHARITY	DONATION	
	·-···			1,000.
JEWISH NATIONAL FUND	NONE	PUBLIC CHARITY	DONATION	
				35.
	<del> </del>		<u> </u>	
				İ
			-	
	<del> </del>		<del> </del>	<del> </del>
Total from continuation sheets				

FORM 990-PF DIVIDEND	S AND	INTER	EST	FROM	SECUE	RITIES	STATEMENT	1
SOURCE		GROSS AMOUNT		CAPITAL GAINS DIVIDENDS		COLUMN (A) AMOUNT  3,498.		
MERRILL LYNCH BANK OF AMERICA CORPORATION  TOTAL TO FM 990-PF, PART I, LN 4		3,741.			243.			
				243.		3,498.		
FORM 990-PF	AC	COUNTI	NG I	FEES			STATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS		(B) INVI IT INC		(C) ADJUSTED NET INCOM		
PROPRESSIONAL FEES	<u>.</u> -	1,500.			0.		0.	
TO FORM 990-PF, PG 1, LN 16B	·	1,500.			0.			
FORM 990-PF		TAX	ES				STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS		(B) INVI IT INC		(C) ADJUSTED NET INCOM		
EXCISE TAX		41.			0.			0.
TO FORM 990-PF, PG 1, LN 18		41.			0.			0.