

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

| Ē                  | or ca    | lendar               | year 2009, or tax year begin                                                   | ning           | 04,                              | /19 <b>, 2009,</b> | and ending    | 3                                             | 12/31, 2009                                  |
|--------------------|----------|----------------------|--------------------------------------------------------------------------------|----------------|----------------------------------|--------------------|---------------|-----------------------------------------------|----------------------------------------------|
| G                  | Che      | eck afl <sub>t</sub> | hat apply X Initial return                                                     | า              | Initial return                   | of a former p      | ublic charity | ·                                             | Final return                                 |
| _                  |          |                      | Amended r                                                                      | eturn          | X Addre                          | ss change          |               | Name change                                   |                                              |
|                    |          |                      | Name of foundation                                                             |                |                                  |                    |               | A Employer identifi                           | cation number                                |
|                    |          | he IRS               |                                                                                |                | _ •                              |                    |               |                                               |                                              |
|                    |          | bel.                 | DORIS M CARTER FAM                                                             | _              |                                  |                    |               | 20-                                           | 0068099                                      |
|                    |          | rwise,<br>rint       | Number and street (or P O box i                                                | number i       | f mail is not delivered to stree | t address)         | Room/suite    | B Telephone number (see                       | page 10 of the instructions)                 |
|                    | •        | ype.                 | ONE CENTRAL PLAZA                                                              |                |                                  | İ                  | C 0 F         |                                               | 1)                                           |
| ;                  | See S    | pecific              | 11300 ROCKVILLE PI                                                             |                |                                  |                    | 605           |                                               | 1) 468-3220                                  |
| 1                  | nstru    | ctions.              | City or town, state, and ZIP cod                                               | е              |                                  |                    |               | C If exemption applica<br>pending, check here | tion is                                      |
|                    |          |                      | ROCKVILLE, MD 2085                                                             | 2              |                                  |                    |               | D 1 Foreign organizat                         |                                              |
| _                  | Cho      | ock type             | e of organization X Section                                                    |                | (a)(2) ayamat arwata (           | foundation         |               | 2 Foreign organiza<br>85% test, check h       |                                              |
| Ϊ                  |          |                      | 1947(a)(1) nonexempt chantable                                                 |                | Other taxable pr                 |                    | ion.          | computation .                                 |                                              |
|                    |          |                      |                                                                                |                | ounting method: X C              |                    |               | E If private foundation                       |                                              |
| •                  |          |                      | m Part II, col (c), line                                                       | $\overline{}$  | ther (specify)                   | asir Acci          | uai           |                                               | (1)(A), check here . P                       |
|                    |          | <b>▶</b> \$          |                                                                                |                | column (d) must be or            | n cash basis.)     |               |                                               | in a 60-month termination (1)(B), check here |
|                    |          | Analy                | sis of Revenue and Expense                                                     | es (The        |                                  |                    |               |                                               | (d) Disbursements                            |
|                    |          | total o              | f amounts in columns (b), (c), and<br>not necessarily equal the amounts        | (d)            | (a) Revenue and expenses per     | (b) Net inves      | 1             | (c) Adjusted net income                       | for charitable                               |
| _                  |          |                      | n (a) (see page 11 of the instructi                                            |                | books                            |                    |               | one                                           | purposes<br>(cash basis only)                |
| _                  | 1        | Contribu             | lions, gifts, grants, etc., received (attach scho                              | edule) .       | 2,483,000.                       |                    |               |                                               |                                              |
|                    | 2        | Check                | if the foundation is not requattach Sch B                                      | red to         |                                  |                    |               |                                               |                                              |
|                    | 3        | Interest             | on savings and temporary cash invest                                           |                | 54.                              |                    | 54.           |                                               | ATCH 1                                       |
| <b></b>            | 4        | Divider              | nds and interest from securities.                                              |                | 7.                               |                    | 7.            |                                               | ATCH 2                                       |
|                    | 5 a      | Gross r              | rents                                                                          | : ::           | 157,613.                         | 15                 | 7,613.        | <u> </u>                                      |                                              |
| 0                  | b        | Net ren              | tal income or (loss)115,                                                       | 363.           | 1.                               |                    |               |                                               |                                              |
| ∞ <u>°</u>         |          |                      | n or (loss) from sale of assets not on li<br>ales pace for all                 | ne 10<br>1.    | 1.                               | ļ                  |               |                                               |                                              |
| Kenge (            | l _      | assets o             | on line 6a                                                                     |                |                                  |                    | 1.            |                                               |                                              |
| 2 %                | 7        |                      | gain net income (from Part IV, III                                             | •              |                                  |                    |               |                                               | *****                                        |
| $\bigcirc$         | 8        |                      | ort-term capital gain                                                          |                |                                  |                    |               | <del></del>                                   |                                              |
| SCANNED<br>SCANNED | I -      | Gross sa             | ales less returns                                                              |                |                                  |                    |               |                                               |                                              |
| <u>z</u>           | ь        |                      | wances · · · · · · but of goods sold .                                         |                |                                  |                    |               | <del></del>                                   | \ <u>\</u>                                   |
|                    | I .      |                      | profit or (loss) (attach schedule)                                             |                |                                  |                    |               |                                               |                                              |
| Ï                  |          | Other                | ncome (attach schedule)                                                        |                |                                  |                    |               |                                               |                                              |
| ඟ_<br>_            | 12       | Total.               | Add Times () (Frough Fig. )                                                    | · · · ·        | 2,640,675                        |                    | 7,675.        |                                               |                                              |
|                    | 13       | Compe                | nsation of officers, directors, trostees                                       | etc            | 14,000.                          |                    | 7,000.        |                                               | 7,000.                                       |
| Ś                  | 14       | Other                | employee salaries and wages .<br>n plans, employee benefits .                  |                |                                  |                    |               |                                               |                                              |
| nse                | 15       | Period               | n plans, employee benefits &                                                   |                |                                  |                    |               |                                               |                                              |
| Expenses           | 16a      | Legal                | eee (attach schedule)                                                          |                | 3,640.                           |                    | 1,820.        | 0.                                            | 1,820.                                       |
|                    | b        | Adcour               | nung Ges Sunday schedayle) ATCH                                                |                | 3,040                            |                    | 1,020.        | · · · · · · · · · · · · · · · · · · ·         | 1,020.                                       |
| ŧ                  | с<br> 17 | Other                | <del>orofessional-fees (attach-schedu</del> le<br>t                            | :)             |                                  |                    |               |                                               |                                              |
| Administrative     | 18       |                      | attach schedule) (see page 14 of the instr                                     | uctions)       |                                  |                    |               |                                               |                                              |
| Ē                  | 19       | •                    | ciation (attach schedule) and dep                                              | ,              | 30,357                           | 3                  | 0,357.        |                                               |                                              |
| p d                | 20       |                      | ancy                                                                           |                |                                  |                    |               | <del> </del>                                  |                                              |
|                    | 21       |                      | conferences, and meetings                                                      |                |                                  |                    |               |                                               |                                              |
| and                | 22       | Printin              | g and publications                                                             |                |                                  |                    |               |                                               |                                              |
| Operating          | 23       | Other                | expenses (attach schedule) ATC                                                 | H 4            | 11,691                           | 1                  | 1,691.        |                                               |                                              |
| ırat               | 24       |                      | pperating and administrative exp                                               |                | 50.000                           | _                  |               | _                                             |                                              |
| a<br>C             |          |                      | es 13 through 23                                                               |                | 59,688                           | 5                  | 0,868.        | 0.                                            | 8,820.                                       |
|                    | 25       |                      | outions, gifts, grants paid                                                    |                | 85,000<br>144,688                |                    | 0 000         |                                               | 85,000.                                      |
| _                  | 26       |                      | enses and disbursements. Add lines 24                                          | and 25         | 144,000.                         | 2,                 | 0,868.        | 0.                                            | 93,820.                                      |
|                    | 27       |                      | ct line 26 from line 12.                                                       | -4-            | 2,495,987                        | ]                  |               |                                               |                                              |
|                    | 1        |                      | of revenue over expenses and disbursement<br>vestment income (if negative, ent | • •            | 2,30,001                         | 10                 | 6,807.        |                                               | <u> </u>                                     |
|                    |          |                      | ed net income (if negative, enter                                              | ,              |                                  | 1                  | <del>-,</del> | -0-                                           | <del> </del>                                 |
| _                  | <u> </u> | ·                    | en income in nogative, citter                                                  | <del>- )</del> | <u> </u>                         | <del></del>        |               |                                               | L                                            |

| Þ           | Part II Balance Sheets |                                                          | Attached schedules and amounts in the description column should be for end-of-year                                                                                               | Beginning of year                       | of year        |                                       |  |
|-------------|------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------|---------------------------------------|--|
|             |                        |                                                          | amounts only (See instructions.)                                                                                                                                                 | (a) Book Value                          | (b) Book Value | (c) Fair Market Value                 |  |
|             | 1                      | Cash - non-interest-beari                                | ing                                                                                                                                                                              |                                         |                |                                       |  |
|             | 2                      | Savings and temporary                                    | cash investments                                                                                                                                                                 |                                         | 43,344.        | 43,344.                               |  |
|             |                        | Accounts receivable 📐                                    |                                                                                                                                                                                  |                                         |                | · · · · · · · · · · · · · · · · · · · |  |
| i           |                        | Less: allowance for dou                                  | btful accounts ▶                                                                                                                                                                 |                                         |                |                                       |  |
|             |                        |                                                          |                                                                                                                                                                                  |                                         | :              |                                       |  |
|             |                        | Less allowance for dou                                   | btful accounts ▶                                                                                                                                                                 |                                         |                |                                       |  |
|             | 5                      | Grants receivable                                        |                                                                                                                                                                                  |                                         |                |                                       |  |
| ı           |                        |                                                          | fficers, directors, trustees, and other                                                                                                                                          |                                         |                |                                       |  |
|             |                        |                                                          | ich schedule) (see page 16 of the instructions)                                                                                                                                  |                                         |                |                                       |  |
|             |                        |                                                          | eceivable (attach schedule)                                                                                                                                                      |                                         |                |                                       |  |
|             | •                      | Less: allowance for dou                                  | btful accounts                                                                                                                                                                   |                                         |                |                                       |  |
|             |                        | Inventories for sale or us                               |                                                                                                                                                                                  |                                         |                |                                       |  |
| ssets       |                        |                                                          |                                                                                                                                                                                  |                                         |                |                                       |  |
| SS          |                        |                                                          | eferred charges                                                                                                                                                                  |                                         |                |                                       |  |
| ٩           |                        |                                                          | e government obligations (attach schedule)                                                                                                                                       |                                         |                |                                       |  |
|             | D                      | investments - corporate                                  | stock (attach schedule)                                                                                                                                                          |                                         |                | <del></del>                           |  |
|             | 11                     | Investments - corporate<br>Investments - land, buildings | bonds (attach schedule)                                                                                                                                                          |                                         |                | THOU 5                                |  |
| -           |                        | and equipment basis                                      | 2,403,000.                                                                                                                                                                       |                                         | 2 452 642      | ATCH 5                                |  |
|             |                        |                                                          | ation 30,357.                                                                                                                                                                    |                                         | 2,452,643.     | 2,452,643.                            |  |
| - 1         | 12                     | investments - mortgage                                   | loans                                                                                                                                                                            |                                         |                | <del> </del>                          |  |
|             | 13<br>14               | Investments - other (atta<br>Land, buildings, and        | ach schedule)                                                                                                                                                                    |                                         |                |                                       |  |
|             |                        | equipment basis                                          | <b></b>                                                                                                                                                                          |                                         |                |                                       |  |
|             |                        | Less accumulated deprecia<br>(attach schedule)           |                                                                                                                                                                                  |                                         |                |                                       |  |
|             | 15                     | Other assets (describe                                   | <b>&gt;</b> )                                                                                                                                                                    |                                         |                |                                       |  |
|             |                        |                                                          | pleted by all filers - see the                                                                                                                                                   |                                         |                |                                       |  |
| $\perp$     |                        |                                                          | age 1, item I)                                                                                                                                                                   |                                         | 2,495,987.     | 2,495,987.                            |  |
|             | 17                     | Accounts payable and a                                   | ccrued expenses                                                                                                                                                                  |                                         |                |                                       |  |
|             | 18                     | Grants payable                                           |                                                                                                                                                                                  |                                         |                |                                       |  |
| es          | 19                     |                                                          |                                                                                                                                                                                  |                                         |                |                                       |  |
| ≣           | 20                     | Loans from officers, directo                             | rs, trustees, and other disqualified persons                                                                                                                                     |                                         |                |                                       |  |
| Liabilities |                        |                                                          | tes payable (attach schedule) [                                                                                                                                                  |                                         |                |                                       |  |
| 7           | 22                     | Other liabilities (describe                              | ; <b>▶</b> )[                                                                                                                                                                    | -                                       |                |                                       |  |
|             |                        |                                                          |                                                                                                                                                                                  |                                         |                |                                       |  |
|             | 23                     | Total liabilities (add line                              | s 17 through 22)                                                                                                                                                                 |                                         |                |                                       |  |
|             |                        | Foundations that follow                                  | low SFAS 117, check here                                                                                                                                                         |                                         |                |                                       |  |
| - 1         |                        |                                                          |                                                                                                                                                                                  |                                         |                |                                       |  |
| es          | 24                     | Unrestricted                                             | not follow SFAS 117, plete lines 27 through 31.   Appal, or current funds land, bldg, and equipment fund blated income, endowment, or other funds the blates (see page 17 of the |                                         |                |                                       |  |
| ä           | 25                     | Temporarily restricted                                   |                                                                                                                                                                                  |                                         |                |                                       |  |
| ă           | 26                     | Permanently restricted                                   |                                                                                                                                                                                  |                                         |                |                                       |  |
| 힐           |                        | Foundations that do                                      | not follow SEAS 117                                                                                                                                                              |                                         | · · ·          |                                       |  |
| <u>.</u>    |                        | check here and com                                       | plete lines 27 through 31.                                                                                                                                                       |                                         |                |                                       |  |
| 7           | 27                     | Capital stock trust princ                                | cipal, or current funds                                                                                                                                                          |                                         |                |                                       |  |
| ts          | <br>28                 | Paid-in or capital sumius, or                            | land hide and equipment fund                                                                                                                                                     |                                         |                |                                       |  |
| Se          | 20                     | Potomod corpuses, secure                                 | ulated income, endowment, or other funds                                                                                                                                         |                                         | 2,495,987.     |                                       |  |
| ¥           | 30                     | Total not accuse or fund                                 | halances (see page 17 of the                                                                                                                                                     | · · · · · · · · · · · · · · · · · · ·   |                |                                       |  |
| 팋           | 30                     | notal fiet assets of fullo                               | balances (see page 17 of the                                                                                                                                                     |                                         | 2,495,987.     |                                       |  |
|             | 31                     | Total liabilities and net                                | assets/fund balances (see page 17                                                                                                                                                |                                         |                |                                       |  |
|             |                        |                                                          | · · · · · · · · · · · · · · · · · · ·                                                                                                                                            |                                         | 2,495,987.     |                                       |  |
| В           |                        |                                                          | inges in Net Assets or Fund I                                                                                                                                                    | Balances                                | -, 130, 3011   |                                       |  |
| _           |                        |                                                          | lances at beginning of year - Part II,                                                                                                                                           |                                         | st agree with  | <del></del>                           |  |
|             |                        |                                                          | d on prior year's return)                                                                                                                                                        |                                         |                |                                       |  |
| 2           | Enter                  | amount from Part I I                                     | ine 27a                                                                                                                                                                          | • • • • • • • • • • • • • • • • • • • • |                | 2,495,987.                            |  |
| ~           | Other                  | uniouni nom Fait I, I                                    | ine 27a                                                                                                                                                                          |                                         | 2              | 2, 155, 307.                          |  |
| J<br>A      | Outel                  |                                                          | ed in line 2 (itemize)                                                                                                                                                           |                                         |                | 2,495,987.                            |  |
|             | Add I                  |                                                          |                                                                                                                                                                                  |                                         |                | 4,32,3,701.                           |  |
| 5           | Add I                  | ines 1, 2, and 3                                         | line 2 (itemize)                                                                                                                                                                 |                                         | -              |                                       |  |
|             | Add I<br>Decre         | eases not included in                                    | lina 2 (itamira) k                                                                                                                                                               |                                         | 5              | 2,495,987.                            |  |

| b<br>c<br>d<br>e             | •                                                             | d describe the kind(s) of property sold (<br>rick warehouse, or common stock, 200<br>DULE | . •                                                         | acquired<br>P-Purchase<br>D-Donation             | acquired<br>(mo., day, yr.)                        | (d) Date sold<br>(mo., day, yr.) |
|------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------|----------------------------------|
| b<br>c<br>d<br>e             | SEE PART IV SCHE                                              | DULE                                                                                      | _                                                           |                                                  | ř <del>– – – – – – – – – – – – – – – – – – –</del> |                                  |
| c d e a b c d e Cor          |                                                               |                                                                                           |                                                             |                                                  |                                                    |                                  |
| a b c d e Cor                |                                                               |                                                                                           |                                                             | _                                                |                                                    |                                  |
| a b c d e Cor                |                                                               |                                                                                           |                                                             |                                                  |                                                    |                                  |
| a<br>b<br>c<br>d<br>e<br>Cor |                                                               |                                                                                           |                                                             |                                                  |                                                    |                                  |
| b<br>c<br>d<br>e<br>Cor      | ····                                                          |                                                                                           | 1 () ()                                                     |                                                  |                                                    | <u> </u>                         |
| b<br>c<br>d<br>e<br>Cor      | (e) Gross sales price                                         | (f) Depreciation allowed (or allowable)                                                   | (g) Cost or other basis<br>plus expense of sale             |                                                  | (h) Gain or (lo<br>(e) plus (f) mini               |                                  |
| c<br>d<br>e<br>Cor           |                                                               |                                                                                           |                                                             |                                                  |                                                    |                                  |
| d<br>e<br>Cor                |                                                               |                                                                                           |                                                             | <del> </del>                                     |                                                    |                                  |
| <b>e</b><br>Cor              |                                                               |                                                                                           |                                                             | <del> </del> -                                   |                                                    |                                  |
| Cor                          | -                                                             |                                                                                           |                                                             |                                                  |                                                    |                                  |
|                              | mplete only for assets s                                      | howing gain in column (h) and owi                                                         | ned by the foundation on 12/31/69                           | /\h                                              | Gains (Col (h) g                                   | ain minus                        |
| **                           | ) F M.V. as of 12/31/69                                       | (j) Adjusted basis<br>as of 12/31/69                                                      | (k) Excess of col (i)<br>over col (j), if any               |                                                  | (k), but not less t<br>Losses (from co             | han -0-) <b>or</b>               |
| <u>а</u>                     |                                                               |                                                                                           |                                                             |                                                  |                                                    |                                  |
| b                            |                                                               |                                                                                           |                                                             |                                                  |                                                    |                                  |
| С                            |                                                               |                                                                                           |                                                             |                                                  |                                                    |                                  |
| d                            |                                                               |                                                                                           |                                                             |                                                  |                                                    |                                  |
| е                            |                                                               |                                                                                           |                                                             | ļ , ,                                            |                                                    |                                  |
| 2 C                          | apital gain net income or                                     | (not capital loce)                                                                        | gain, also enter in Part I, line 7                          |                                                  |                                                    | 1                                |
|                              | -                                                             | · · · · · · · · · · · · · · · · · · ·                                                     | (loss), enter -0- in Part I, line 7                         | 2                                                | ····                                               | 1.                               |
|                              | · · · · · ·                                                   | n or (loss) as defined in sections 12<br>, line 8, column (c) (see pages 13               |                                                             |                                                  |                                                    |                                  |
|                              | <del>-</del>                                                  | line 8                                                                                    |                                                             | 3                                                |                                                    |                                  |
|                              |                                                               |                                                                                           | uced Tax on Net Investment Inc                              |                                                  |                                                    |                                  |
| Was                          |                                                               | the section 4942 tax on the distrib                                                       | T AVAILABLE FOR INITIAL putable amount of any year in the b |                                                  |                                                    | ] Yes [ No                       |
|                              | ····                                                          | not qualify under section 4940(e)                                                         |                                                             | ···                                              |                                                    |                                  |
| 1 E                          |                                                               | ount in each column for each year                                                         | r, see page 18 of the instructions be                       | efore mak                                        |                                                    |                                  |
| Cale                         | (a) Base penod years endar 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                                                          |                                                                                           |                                                             |                                                  |                                                    |                                  |
|                              | 2007                                                          |                                                                                           |                                                             |                                                  |                                                    |                                  |
|                              | 2006<br>2005                                                  |                                                                                           |                                                             |                                                  |                                                    |                                  |
|                              | 2004                                                          |                                                                                           | <u> </u>                                                    | <del> </del>                                     |                                                    |                                  |
|                              | 2004                                                          | ***************************************                                                   |                                                             | <del>                                     </del> |                                                    | -                                |
| 2 1                          | Fotal of line 1, column (d)                                   | )                                                                                         |                                                             | 2                                                |                                                    |                                  |
| 3 A                          | Average distribution ratio                                    | for the 5-year base period - divide                                                       | e the total on line 2 by 5, or by the                       |                                                  |                                                    | <del>-</del>                     |
|                              | •                                                             |                                                                                           | s than 5 years                                              | 3                                                |                                                    |                                  |
| <b>4</b> E                   | Enter the net value of nor                                    | ncharitable-use assets for 2009 fro                                                       | om Part X, line 5                                           | 4                                                | · · · · · · · · · · · · · · · · · · ·              |                                  |
| 5 N                          | Multiply line 4 by line 3                                     | 5                                                                                         |                                                             |                                                  |                                                    |                                  |
| 6 E                          | Enter 1% of net investme                                      | ent income (1% of Part I, line 27b)                                                       |                                                             | 6                                                |                                                    |                                  |
| 7 <i>A</i>                   | Add lines 5 and 6                                             |                                                                                           |                                                             | 7                                                |                                                    |                                  |
|                              | Enter qualifying distributions<br>If line 8 is equal to or or | ons from Part XII, line 4                                                                 | in Part VI, line 1b, and complete                           | 8 that part                                      | using a 1% ta                                      | x rate See the                   |

| Par      | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of                                                                          | the ins     | truction                                         | ons)_        |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------|--------------|
| 1 a      | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.                                                                         |             |                                                  |              |
|          | Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)                                                                       |             |                                                  |              |
| b        | Domestic foundations that meet the section 4940(e) requirements in Part V, check                                                                                            |             | 2,1                                              | 36.          |
|          | here  and enter 1% of Part I, line 27b                                                                                                                                      |             |                                                  |              |
| С        | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%                                                                                   |             |                                                  |              |
|          | of Part I, line 12, col. (b)                                                                                                                                                |             |                                                  |              |
| 2        | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2                                                                  |             | 2 1                                              | 36.          |
| 3        | Add lines 1 and 2                                                                                                                                                           |             | 2,1                                              | 0.           |
| 4        | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                 |             | 2 1                                              | 36.          |
| 5        | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0                                                                                       |             |                                                  | . 50.        |
| 6        | Credits/Payments:                                                                                                                                                           |             |                                                  |              |
|          | 2009 estimated tax payments and 2008 overpayment credited to 2009.                                                                                                          |             |                                                  |              |
|          | Exempt foreign organizations-tax withheld at source                                                                                                                         |             |                                                  |              |
|          | Tax paid with application for extension of time to life (Form 6008),                                                                                                        |             |                                                  |              |
|          | Backup withholding erroneously withheld                                                                                                                                     |             |                                                  | 0.           |
| 7        | Total credits and payments. Add lines 6a through 6d                                                                                                                         |             |                                                  | <u> </u>     |
| 8        | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached                                                                                    |             | 2.1                                              | 36.          |
| 9        | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed                                                                                               |             |                                                  |              |
| 10<br>11 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  Enter the amount of line 10 to be: Credited to 2010 estimated tax   Refunded  11 |             |                                                  |              |
|          | Enter the amount of line 10 to be Credited to 2010 estimated tax ► Refunded ► 11    t VII-A Statements Regarding Activities                                                 |             |                                                  |              |
|          | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it                                                            |             | Yes                                              | No           |
| 14       | participate or intervene in any political campaign?                                                                                                                         | 1a          |                                                  | X            |
| h        | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19                                                            | ·           |                                                  |              |
|          | of the instructions for definition)?                                                                                                                                        | 16          |                                                  | Х            |
|          | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials                                                             | 1           |                                                  |              |
|          | published or distributed by the foundation in connection with the activities.                                                                                               |             |                                                  |              |
| c        | Did the foundation file Form 1120-POL for this year?                                                                                                                        | 1 c         |                                                  | Х            |
|          | 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                                                               |             |                                                  | ļ            |
|          | on foundation managers > \$                                                                                                                                                 |             |                                                  |              |
| 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                                                           |             |                                                  | ļ            |
|          | 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?                                                                                                            | 4b          |                                                  | <u> </u>     |
| 5        | Was there a liquidation, termination, dissolution, or substantial contraction during the year?                                                                              |             |                                                  | 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:                                                                           | ĺ           |                                                  |              |
|          | By language in the governing instrument, or                                                                                                                                 |             |                                                  |              |
|          | By state legislation that effectively amends the governing instrument so that no mandatory directions that                                                                  |             | ١,,                                              |              |
|          | conflict with the state law remain in the governing instrument?                                                                                                             | . 6         | X                                                | ļ            |
| 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                                                | <u> </u>     |
| 8a       |                                                                                                                                                                             |             |                                                  |              |
|          | instructions)   FL, MD, VA,                                                                                                                                                 | -           |                                                  |              |
| þ        | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General                                                                |             | v                                                |              |
|          | (or designate) of each state as required by General Instruction G? If "No," attach explanation                                                                              | . <u>8b</u> | X                                                | <del> </del> |
| 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                                                              | _           |                                                  | X            |
|          | 27)? If "Yes," complete Part XIV                                                                                                                                            | .  _9_      | <del>                                     </del> | <u> </u>     |
| 10       | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their                                                              |             | x                                                |              |
|          | names and addresses ATTACHMENT 6                                                                                                                                            | . 10        |                                                  | <u> </u>     |

| Par | t VII-A Statements Regarding Activities (continued)                                                                                               |              |          |    |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|----|
| 11  | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the                                       |              |          |    |
|     | meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)                                                        | 11           |          | Х  |
| 12  | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before                                              |              |          |    |
|     | August 17, 2008?                                                                                                                                  | 12           |          | X  |
| 13  | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?                               | 13           | Х        |    |
|     | Website address WWW.CARTERFAMILYFOUNDATION.ORG                                                                                                    |              |          |    |
| 14  | CADY AT MMAN                                                                                                                                      | 3-32         | 20 _     |    |
|     | The books are in care of ► GARY ALTMAN  Located at ►11300 ROCKVILLE PIKE SUITE 605 ROCKVILLE, MD  ZIP+4 ► 20852                                   |              |          |    |
| 15  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here                                               |              | ▶        |    |
|     | and enter the amount of tax-exempt interest received or accrued during the year                                                                   |              |          |    |
| Par | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required                                                                       | <del>,</del> | ,        |    |
|     | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.                                                           |              | Yes      | No |
| 1a  | During the year did the foundation (either directly or indirectly).                                                                               |              |          |    |
|     | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No                                                   | 1            |          |    |
|     | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a                                                         |              |          |    |
|     | disqualified person?                                                                                                                              |              |          |    |
|     | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No                                               |              |          |    |
|     | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?                                                              |              |          |    |
|     | (5) Transfer any income or assets to a disqualified person (or make any of either available for                                                   |              |          |    |
|     | the benefit or use of a disqualified person)?                                                                                                     |              |          |    |
|     | (6) Agree to pay money or property to a government official? (Exception. Check "No" if                                                            |              |          |    |
|     | the foundation agreed to make a grant to or to employ the official for a period after                                                             | 1            |          |    |
|     | termination of government service, if terminating within 90 days) Yes X No                                                                        |              |          |    |
| b   | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations                            | ١            |          | Х  |
|     | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?                                      | 1 b          |          |    |
|     | Organizations relying on a current notice regarding disaster assistance check here                                                                |              |          |    |
| С   | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that                                      | 1.           |          | х  |
|     | were not corrected before the first day of the tax year beginning in 2009?                                                                        | 1 c          |          |    |
| 2   | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private                                       |              |          |    |
| _   | operating foundation defined in section 4942(j)(3) or 4942(j)(5))                                                                                 |              |          |    |
| а   | At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? |              |          |    |
|     | If "Yes," list the years                                                                                                                          |              |          |    |
| h   | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)                             |              |          |    |
| •   | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)                                   |              |          |    |
|     | to all years listed, answer "No" and attach statement - see page 20 of the instructions )                                                         | 2b           |          |    |
| С   | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here                                   |              |          |    |
|     | <b>&gt;</b>                                                                                                                                       | İ            |          |    |
| 3a  | Did the foundation hold more than a 2% direct or indirect interest in any business                                                                |              |          |    |
|     | enterprise at any time during the year?                                                                                                           |              |          |    |
| b   | If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or                                       |              |          |    |
|     | disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the                                     |              |          |    |
|     | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse                                       |              |          |    |
|     | of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the                                           |              |          |    |
|     | foundation had excess business holdings in 2009 )                                                                                                 | 3ь           | L        |    |
| 4a  | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                   | 4a           | <u> </u> | X  |
| b   | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its                                    |              |          |    |
|     | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?                                | 4b           |          | X  |

Form **990-PF** (2009)

| Par          | t VII-B Statements Regarding Activities for                                                                          | or Which Form 4                          | 720 May Be Requ                       | ired (continued)                                    |             |                                                  |  |  |  |  |
|--------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------|-----------------------------------------------------|-------------|--------------------------------------------------|--|--|--|--|
| 5 a          | During the year did the foundation pay or incur any amou                                                             | nt to                                    |                                       |                                                     |             |                                                  |  |  |  |  |
|              | (1) Carry on propaganda, or otherwise attempt to influer                                                             |                                          | 4945(e))?                             | . Yes X No                                          | ,           |                                                  |  |  |  |  |
|              | (2) Influence the outcome of any specific public election                                                            | (see section 4955), o                    | or to carry on,                       |                                                     | į.          |                                                  |  |  |  |  |
|              | directly or indirectly, any voter registration drive?                                                                |                                          |                                       | Yes X No                                            | , [         |                                                  |  |  |  |  |
|              | (3) Provide a grant to an individual for travel, study, or other                                                     |                                          |                                       |                                                     | , [         |                                                  |  |  |  |  |
|              | (4) Provide a grant to an organization other than a chari                                                            | table, etc., organization                | n described in                        |                                                     |             | 1 1                                              |  |  |  |  |
|              | section 509(a)(1), (2), or (3), or section 4940(d)(2)?                                                               | •                                        |                                       | Yes X No                                            | ,           |                                                  |  |  |  |  |
|              | (5) Provide for any purpose other than religious, chantal                                                            |                                          |                                       |                                                     | 1           |                                                  |  |  |  |  |
|              | purposes, or for the prevention of cruelty to children of                                                            |                                          |                                       | Yes X No                                            | ,           |                                                  |  |  |  |  |
| h            | b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in |                                          |                                       |                                                     |             |                                                  |  |  |  |  |
|              | Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  |                                          |                                       |                                                     |             |                                                  |  |  |  |  |
|              | Organizations relying on a current notice regarding disast                                                           | -                                        | · · · -                               |                                                     |             |                                                  |  |  |  |  |
| _            | If the answer is "Yes" to question 5a(4), does the foundation                                                        |                                          |                                       | ب                                                   |             | 1 1                                              |  |  |  |  |
| ٠            | because it maintained expenditure responsibility for the g                                                           | •                                        |                                       | Yes No                                              | .           |                                                  |  |  |  |  |
|              | -                                                                                                                    |                                          |                                       |                                                     |             |                                                  |  |  |  |  |
| ٠.           | If "Yes," attach the statement required by Regulations sec                                                           | , ,                                      |                                       |                                                     |             |                                                  |  |  |  |  |
| оа           | Did the foundation, during the year, receive any funds, o                                                            | •                                        |                                       | Yes X No                                            | . }         |                                                  |  |  |  |  |
| <b>h</b>     | on a personal benefit contract?                                                                                      |                                          |                                       | • — —                                               | ′   6ь      | l x                                              |  |  |  |  |
| U            |                                                                                                                      | city or indirectly, on a                 | personal benefit contrac              | л:                                                  |             |                                                  |  |  |  |  |
| 7.           | If "Yes" to 6b, file Form 8870.  At any time during the tax year, was the foundation a pa                            | rty to a prohibited fav                  | chalter transaction?                  | Yes X No                                            | .           |                                                  |  |  |  |  |
|              | If yes, did the foundation receive any proceeds or have                                                              | •                                        | -                                     |                                                     | 7b          | <del>                                     </del> |  |  |  |  |
|              | t VIII Information About Officers, Directors                                                                         |                                          |                                       |                                                     |             |                                                  |  |  |  |  |
|              | and Contractors                                                                                                      |                                          | _                                     |                                                     | _           |                                                  |  |  |  |  |
| 1            | List all officers, directors, trustees, foundation m                                                                 | anagers and their (b) Title, and average | (c) Compensation                      | e page 22 of the instru                             |             |                                                  |  |  |  |  |
|              | (a) Name and address                                                                                                 | hours per week                           | (If not paid, enter                   | employee benefit plans<br>and deferred compensation |             | se account,<br>lowances                          |  |  |  |  |
| -            |                                                                                                                      | devoted to position                      | <del></del>                           | and deferred compensation                           |             |                                                  |  |  |  |  |
| <br>АТ       | TACHMENT 7                                                                                                           |                                          | 14,000.                               | 0.1                                                 |             | 0.                                               |  |  |  |  |
|              |                                                                                                                      |                                          |                                       |                                                     |             |                                                  |  |  |  |  |
|              |                                                                                                                      | i                                        |                                       |                                                     |             |                                                  |  |  |  |  |
| _            |                                                                                                                      |                                          |                                       |                                                     | <u> </u>    |                                                  |  |  |  |  |
|              |                                                                                                                      |                                          |                                       |                                                     |             |                                                  |  |  |  |  |
|              |                                                                                                                      |                                          |                                       |                                                     | <del></del> | ·····                                            |  |  |  |  |
|              |                                                                                                                      |                                          |                                       |                                                     |             |                                                  |  |  |  |  |
| 2            | Compensation of five highest-paid employees (ot                                                                      | her than those inc                       | luded on line 1 - se                  | e page 23 of the inst                               | ructions).  |                                                  |  |  |  |  |
|              | If none, enter "NONE."                                                                                               |                                          |                                       |                                                     | <u> </u>    |                                                  |  |  |  |  |
| 12           | ) Name and address of each employee paid more than \$50,000                                                          | (b) Title, and average                   | (c) Compensation                      | (d) Contributions to employee benefit               |             | se account,                                      |  |  |  |  |
| (a           | y Mainte and address of each employee paid more than \$50,000                                                        | hours per week devoted to position       | (c) Compensation                      | plans and deferred compensation                     | other al    | lowances                                         |  |  |  |  |
|              |                                                                                                                      |                                          |                                       | compensation                                        |             |                                                  |  |  |  |  |
|              | NONE                                                                                                                 |                                          |                                       |                                                     |             |                                                  |  |  |  |  |
|              |                                                                                                                      |                                          |                                       | -                                                   |             |                                                  |  |  |  |  |
|              |                                                                                                                      |                                          |                                       |                                                     |             |                                                  |  |  |  |  |
|              | <u> </u>                                                                                                             |                                          |                                       |                                                     |             | -                                                |  |  |  |  |
|              |                                                                                                                      |                                          |                                       |                                                     |             |                                                  |  |  |  |  |
|              |                                                                                                                      |                                          |                                       |                                                     |             |                                                  |  |  |  |  |
|              |                                                                                                                      |                                          |                                       |                                                     |             |                                                  |  |  |  |  |
|              |                                                                                                                      |                                          |                                       |                                                     |             |                                                  |  |  |  |  |
| - <b>-</b> - |                                                                                                                      |                                          |                                       |                                                     |             |                                                  |  |  |  |  |
| Tota         | I number of other employees paid over \$50,000 .                                                                     | L                                        | <u> </u>                              | L                                                   |             |                                                  |  |  |  |  |
|              | in hamber of other employees paid over \$50,000 .                                                                    | <u></u>                                  | · · · · · · · · · · · · · · · · · · · | <u> </u>                                            | Form QC     | 00-PF (2009)                                     |  |  |  |  |
|              |                                                                                                                      |                                          |                                       |                                                     | 101111 93   | ··· (2009)                                       |  |  |  |  |

| Part VIII     | Information About Officers, Directors, Trustees, Foundation Manage and Contractors (continued)                                                                                                         | rs, Highly Paid Employ                | ees,             |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------|
| 3 Five highe  | st-paid independent contractors for professional services (see page 23 of the                                                                                                                          | ne instructions), If none,            | enter "NONE."    |
|               | (a) Name and address of each person paid more than \$50,000                                                                                                                                            | (b) Type of service                   | (c) Compensation |
| NONE          |                                                                                                                                                                                                        |                                       |                  |
|               |                                                                                                                                                                                                        |                                       |                  |
|               |                                                                                                                                                                                                        |                                       |                  |
|               |                                                                                                                                                                                                        |                                       |                  |
|               |                                                                                                                                                                                                        | -                                     | <del></del>      |
|               |                                                                                                                                                                                                        |                                       |                  |
| Total numbe   | r of others receiving over \$50,000 for professional services                                                                                                                                          | <u> </u>                              | ▶ NONE           |
| Part IX-A     | Summary of Direct Charitable Activities                                                                                                                                                                | -                                     |                  |
|               | ation's four largest direct charitable activities during the tax year. Include relevant statistical information is and other beneficianes served, conferences convened, research papers produced, etc. | n such as the number                  | Expenses         |
| 1_N/A         |                                                                                                                                                                                                        |                                       |                  |
|               |                                                                                                                                                                                                        |                                       |                  |
| 2             |                                                                                                                                                                                                        |                                       |                  |
|               |                                                                                                                                                                                                        |                                       |                  |
| 3             |                                                                                                                                                                                                        |                                       |                  |
| 4             |                                                                                                                                                                                                        |                                       | <del></del>      |
|               |                                                                                                                                                                                                        |                                       |                  |
| Part IX-B     | Summary of Program-Related Investments (see page 23 of the instruction                                                                                                                                 | ons)                                  |                  |
|               | wo 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                                                                                                                                               |                                       | <u></u>          |
| 3 NONE        |                                                                                                                                                                                                        |                                       |                  |
|               |                                                                                                                                                                                                        |                                       |                  |
| Total. Add In | nes 1 through 3                                                                                                                                                                                        | <u></u> ▶                             | 50m 990 PF (2000 |

Form **990-PF** (2009)

| Pa  | Minimum Investment Return (All domestic foundations must complete this part. For see page 24 of the instructions.)                                                            | eign foundatio                                     | ıns,       |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------|
| 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                                                 |            |
| b   | Average of monthly cash balances                                                                                                                                              | 1b                                                 | 88,486.    |
| C   | Fair market value of all other assets (see page 24 of the instructions)                                                                                                       | 1c                                                 | 2,467,822. |
| d   |                                                                                                                                                                               | 1d                                                 | 2,556,308. |
| е   | Reduction claimed for blockage or other factors reported on lines 1a and                                                                                                      |                                                    |            |
|     | 1c (attach detailed explanation) 1e                                                                                                                                           |                                                    |            |
| 2   | Acquisition indebtedness applicable to line 1 assets                                                                                                                          | 2                                                  | 0.         |
| 3   | Subtract line 2 from line 1d                                                                                                                                                  | 3                                                  | 2,556,308. |
| 4   | Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25                                                                          |                                                    |            |
|     | of the instructions)                                                                                                                                                          | 4                                                  | 38,345.    |
| 5   | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4                                                                          | 5                                                  | 2,517,963. |
| 6   | Minimum investment return. Enter 5% of line 5                                                                                                                                 | . 6                                                | 88,404.    |
| Pa  | Distributable Amount (see page 25 of the instructions) (Section 4942(J)(3) and (J)(5) pri foundations and certain foreign organizations check here ▶ and do not complete this | vate operating                                     |            |
| 1   | Minimum investment return from Part X, line 6                                                                                                                                 | . 1                                                | 88,404.    |
| 2 a | Tax on investment income for 2009 from Part VI, line 5 2, 136                                                                                                                 |                                                    |            |
| b   | Income tax for 2009 (This does not include the tax from Part VI) 2b                                                                                                           | 7 1                                                |            |
|     | Add lines 2a and 2b                                                                                                                                                           | 7 2c                                               | 2,136.     |
| 3   | Distributable amount before adjustments. Subtract line 2c from line 1                                                                                                         |                                                    | 86,268.    |
| 4   | Recoveries of amounts treated as qualifying distributions                                                                                                                     | 4                                                  |            |
| 5   | A dd b A A                                                                                                                                                                    | 1 _ 1                                              | 86,268.    |
| 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                                              | 86,268.    |
| Pa  | art XII Qualifying Distributions (see page 25 of the 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                                                 | 93,820.    |
| b   | Program-related investments - total from Part IX-B                                                                                                                            | 1b                                                 | 0.         |
| 2   | Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,                          | .                                                  |            |
|     | purposes                                                                                                                                                                      | 2                                                  | 0.         |
| 3   | Amounts set aside for specific charitable projects that satisfy the                                                                                                           | ·                                                  |            |
| а   | Suitability test (prior IRS approval required)                                                                                                                                | 3a                                                 | 0.         |
| b   | Cash distribution test (attach the required schedule)                                                                                                                         |                                                    | 0.         |
| 4   | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4                                                                     | 4                                                  | 93,820.    |
| 5   | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income                                                                           | ·   <del>-                                  </del> | ,          |
|     | Enter 1% of Part I, line 27b (see page 26 of the instructions)                                                                                                                | 5                                                  |            |
| 6   | Adjusted qualifying distributions. Subtract line 5 from line 4                                                                                                                | 6                                                  | 93,820.    |
| -   | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating                                                                           | •                                                  | <u> </u>   |
|     | qualifies for the section 4940(e) reduction of tax in those years.                                                                                                            |                                                    |            |

Form 990-PF (2009)

| Form | n 990-PF (2009)                                                                                      |                       | 20-006              | 58099                                 | Page 9  |
|------|------------------------------------------------------------------------------------------------------|-----------------------|---------------------|---------------------------------------|---------|
|      | rt XIII Undistributed Income (see page                                                               | 26 of the instruction | ns)                 |                                       |         |
|      |                                                                                                      | (a)                   | (b)                 | (c)                                   | (d)     |
| 1    | Distributable amount for 2009 from Part XI,                                                          | Corpus                | Years prior to 2008 | 2008                                  | 2009    |
|      | line 7                                                                                               |                       |                     |                                       | 86,268. |
| 2    | Undistributed income, if any, as of the end of 2009                                                  |                       |                     |                                       |         |
| -    | Enter amount for 2008 only                                                                           |                       |                     |                                       |         |
| b    | Total for pnor years 20 07 ,20 06 ,20 05                                                             |                       |                     |                                       |         |
| 3    | Excess distributions carryover, if any, to 2009                                                      |                       |                     | ·-·                                   |         |
| -    | From 2004                                                                                            |                       |                     |                                       |         |
|      | From 2005                                                                                            |                       |                     |                                       |         |
| c    | From 2006                                                                                            |                       |                     |                                       |         |
|      | From 2007                                                                                            |                       |                     |                                       |         |
|      | From 2008                                                                                            |                       |                     |                                       |         |
|      | Total of lines 3a through e                                                                          |                       |                     |                                       |         |
|      | Qualifying distributions for 2009 from Part XII,                                                     |                       |                     |                                       |         |
| •    | line 4 ▶ \$ 93,820.                                                                                  |                       |                     |                                       |         |
| а    | Applied to 2008, but not more than line 2a                                                           |                       |                     |                                       |         |
|      |                                                                                                      |                       |                     |                                       |         |
| D    | Applied to undistributed income of prior years (Election required - see page 26 of the instructions) |                       |                     |                                       |         |
| _    |                                                                                                      |                       |                     |                                       |         |
| C    | Treated as distributions out of corpus (Election required - see page 26 of the instructions)         |                       |                     |                                       |         |
| d    | Applied to 2009 distributable amount                                                                 |                       |                     |                                       | 86,268. |
|      | Remaining amount distributed out of corpus                                                           | 7,552.                |                     |                                       |         |
| 5    | Excess distributions carryover applied to 2009                                                       |                       |                     | · · · · · · · · · · · · · · · · · · · |         |
|      | (If an amount appears in column (d), the same                                                        |                       |                     |                                       |         |
| 6    | amount must be shown in column (a)) Enter the net total of each column as                            |                       |                     |                                       |         |
| Ü    | indicated below:                                                                                     |                       |                     |                                       |         |
| а    | Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                      | 7,552.                |                     |                                       |         |
|      | Prior years' undistributed income Subtract                                                           |                       |                     |                                       |         |
| _    | line 4b from line 2b                                                                                 |                       |                     |                                       |         |
| 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                                                                             |                       |                     |                                       |         |
| d    | Subtract line 6c from line 6b Taxable                                                                |                       |                     |                                       |         |
|      | amount - see page 27 of the instructions                                                             |                       |                     |                                       |         |
| е    | Undistributed income for 2008. Subtract line 4a from line 2a Taxable amount - see page               |                       |                     |                                       |         |
|      | 27 of the instructions                                                                               | <u></u>               |                     |                                       |         |
| 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.                                                              | 7                     |                     |                                       |         |
|      | Subtract lines 7 and 8 from line 6a                                                                  | 7,552.                |                     |                                       |         |
|      | Analysis of line 9.                                                                                  |                       |                     |                                       |         |
|      | Excess from 2005                                                                                     |                       | [                   |                                       | -       |
|      | Excess from 2006                                                                                     |                       |                     |                                       |         |
|      | Excess from 2007                                                                                     |                       |                     |                                       |         |
|      | Excess from 2008                                                                                     |                       |                     |                                       |         |
| e    | Excess from 2009 7,552.                                                                              |                       | <u> </u>            |                                       |         |

The name, address, and telephone number of the person to whom applications should be addressed The form in which applications should be submitted and information and materials they should include: c Any submission deadlines Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors Form 990-PF (2009)

| 3 Grants and Contributions Paid Duri | ng the Year or Appr                                                                                       | oved for F                     | uture Payment                    | <del>, </del>                         |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------------------------------------|
| Recipient                            | 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                                |
| Name and address (home or business)  | or substantial contributor                                                                                | recipient                      | Contribution                     |                                       |
| a Paid during the year               |                                                                                                           |                                |                                  |                                       |
| ATTACHMENT 8                         |                                                                                                           |                                |                                  |                                       |
| ATTACHMENT 0                         |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           | -                              |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                | •                                |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
| Total                                |                                                                                                           |                                | ▶ 3a                             | 85,000.                               |
| b Approved for future payment        |                                                                                                           |                                |                                  | , , , , , , , , , , , , , , , , , , , |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
|                                      |                                                                                                           |                                |                                  |                                       |
| Total                                |                                                                                                           |                                | ▶ 3b                             |                                       |

| Form 990-P         | F (2009)                                                                                  |                      |                      | 20-                   | -0068099                              | Page 12                                           |
|--------------------|-------------------------------------------------------------------------------------------|----------------------|----------------------|-----------------------|---------------------------------------|---------------------------------------------------|
| Part XV            | I-A Analysis of Income-Produ                                                              | ıcing Acti           | vities               |                       |                                       |                                                   |
| Enter gros         | s amounts unless otherwise indicated.                                                     | Unrel                | ated business income | Excluded b            | y section 512, 513, or 514            | (e) Related or exempt function income             |
| 1 Progra           | m service revenue                                                                         | (a)<br>Business code | (b)<br>Amount        | (c)<br>Exclusion code | <b>(d)</b><br>Amount                  | function income (See page 28 of the instructions) |
| a                  |                                                                                           |                      |                      |                       |                                       |                                                   |
| b                  |                                                                                           |                      |                      |                       |                                       |                                                   |
| c _                |                                                                                           |                      |                      |                       |                                       |                                                   |
| d                  |                                                                                           |                      |                      |                       |                                       |                                                   |
| e                  |                                                                                           |                      |                      |                       |                                       |                                                   |
| f                  |                                                                                           |                      |                      |                       |                                       |                                                   |
| _                  | es and contracts from government agencies                                                 |                      |                      |                       |                                       |                                                   |
|                    | ership dues and assessments                                                               |                      |                      | 14                    | E 4                                   |                                                   |
|                    | on savings and temporary cash investments                                                 |                      | <del></del> .        | 14                    | 54.                                   | <u> </u>                                          |
|                    | nds and interest from securities                                                          |                      |                      | 14                    |                                       |                                                   |
|                    | ntal income or (loss) from real estate:                                                   |                      |                      |                       |                                       |                                                   |
|                    | bt-financed property                                                                      |                      |                      | 16                    | 115,565.                              |                                                   |
|                    | t debt-financed property                                                                  |                      | <del></del> -        |                       | 113,303.                              | <u> </u>                                          |
|                    | tal income or (loss) from personal property .  nvestment income                           |                      |                      | <u> </u>              |                                       |                                                   |
|                    | (loss) from sales of assets other than inventory                                          |                      |                      | 18                    | 1.                                    | <del></del>                                       |
|                    | come or (loss) from special events                                                        |                      |                      |                       |                                       |                                                   |
|                    | profit or (loss) from sales of inventory                                                  |                      | <del></del>          |                       |                                       |                                                   |
|                    | evenue: a                                                                                 |                      |                      |                       |                                       |                                                   |
| b                  |                                                                                           |                      |                      |                       |                                       |                                                   |
| c                  |                                                                                           |                      |                      |                       |                                       |                                                   |
| d                  |                                                                                           |                      |                      |                       |                                       |                                                   |
| е                  |                                                                                           |                      |                      |                       |                                       |                                                   |
| 12 Subtota         | al Add columns (b), (d), and (e)                                                          |                      |                      |                       | 115,627.                              | 115,627.                                          |
| Part XV Line No. ▼ | Explain below how each active the accomplishment of the for page 29 of the instructions.) |                      |                      |                       |                                       |                                                   |
| <del></del>        | page 23 of the instructions y                                                             |                      |                      |                       |                                       |                                                   |
| - <del></del>      | -                                                                                         |                      |                      |                       |                                       | <del>.</del>                                      |
|                    |                                                                                           |                      | ·                    |                       |                                       |                                                   |
|                    |                                                                                           |                      |                      |                       | · · · · · · · · · · · · · · · · · · · |                                                   |
|                    |                                                                                           |                      |                      |                       |                                       |                                                   |
|                    |                                                                                           |                      |                      | _                     |                                       |                                                   |
|                    |                                                                                           |                      |                      |                       |                                       |                                                   |
|                    |                                                                                           |                      |                      |                       |                                       |                                                   |
|                    |                                                                                           |                      |                      |                       |                                       | · · · · · · · · · · · · · · · · · · ·             |
|                    |                                                                                           |                      | NOW ADDITIONS        | +                     | ····- <u>-</u>                        |                                                   |
|                    |                                                                                           |                      | NOT APPLICAB         | LE                    |                                       |                                                   |
| <del></del>        |                                                                                           |                      |                      |                       | <del>-</del>                          | <u> </u>                                          |
|                    |                                                                                           |                      |                      |                       |                                       |                                                   |
|                    | <del></del>                                                                               |                      |                      |                       | <del></del>                           |                                                   |
|                    |                                                                                           | <del> </del>         | <del></del>          |                       |                                       |                                                   |
|                    |                                                                                           |                      |                      |                       |                                       |                                                   |
|                    |                                                                                           |                      |                      |                       |                                       | · · · · · · · · · · · · · · · · · · ·             |
|                    |                                                                                           |                      |                      |                       |                                       | <u></u>                                           |
|                    |                                                                                           |                      | · <u></u>            |                       |                                       |                                                   |
|                    |                                                                                           |                      |                      | -                     |                                       |                                                   |
|                    |                                                                                           |                      | <del> </del>         | · ·                   |                                       |                                                   |
|                    |                                                                                           |                      |                      |                       |                                       |                                                   |
|                    |                                                                                           |                      |                      |                       |                                       | <del> </del>                                      |

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

| 1<br>a    | ın sed                         | he organization directly<br>ction 501(c) of the Co<br>zations?<br>fers from the reporting fo | ode (other than                           | section 50                            | 1(c)(3) orga                     | anızatıons             | g with and<br>or in se | ny other or<br>ection 527,                    | ganization of relating to | described<br>political     |                  | Yes              | No               |
|-----------|--------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------|----------------------------------|------------------------|------------------------|-----------------------------------------------|---------------------------|----------------------------|------------------|------------------|------------------|
|           | (1) Ca                         | ash                                                                                          | . <b></b> .                               |                                       |                                  |                        |                        |                                               |                           |                            | 1a(1)            |                  | X                |
|           | (2) Ot                         | ther assets                                                                                  | . <b></b> .                               |                                       |                                  |                        |                        |                                               |                           |                            | 1a(2)            |                  | Х                |
| b         | Other                          | transactions                                                                                 |                                           |                                       |                                  |                        |                        |                                               |                           |                            |                  |                  |                  |
|           |                                | ales of assets to a nonch                                                                    |                                           |                                       |                                  |                        |                        |                                               |                           |                            | 1b(1)            |                  | Х                |
|           | (2) Pu                         | urchases of assets from                                                                      | a noncharitable e                         | xempt organiz                         | zation                           |                        |                        |                                               |                           |                            | 1b(2)            |                  | X                |
|           | (3) Re                         | ental of facilities, equipme                                                                 | ent, or other asse                        | ts                                    |                                  |                        |                        |                                               |                           |                            | 1b(3)            |                  | Х                |
|           |                                | eimbursement arrangeme                                                                       |                                           |                                       |                                  |                        |                        |                                               |                           |                            | 1b(4)            |                  | X                |
|           |                                | oans or loan guarantees                                                                      |                                           |                                       |                                  |                        |                        |                                               |                           |                            | 1b(5)            |                  | X                |
|           |                                | erformance of services o                                                                     |                                           |                                       |                                  |                        |                        |                                               |                           |                            | 1b(6)            |                  | X                |
|           |                                | ng of facilities, equipmen                                                                   |                                           |                                       |                                  |                        |                        |                                               |                           |                            | 1c               |                  | X                |
| đ         |                                | answer to any of t                                                                           |                                           |                                       |                                  |                        |                        |                                               |                           |                            |                  |                  |                  |
|           |                                | of the goods, other                                                                          |                                           |                                       |                                  |                        |                        |                                               |                           |                            |                  |                  |                  |
|           | value                          | in any transaction or                                                                        | snaring arrang                            | gement, sno                           | w in colum                       | nn <b>(a)</b> tr       | ne value               | of the good                                   | is, other a               | ssets, or                  | service          | es rec           | ceived.          |
| (a) L     | ine no                         | (b) Amount involved                                                                          | (c) Name of r                             | oncharitable e                        | xempt organiza                   | ation                  | (d) Desc               | ription of trans                              | fers transaction          | ons and shar               | no arra          | ngeme            | nts              |
| `         |                                | N/A                                                                                          |                                           |                                       |                                  |                        | N/A                    |                                               |                           | orio, and orial            | ing und          | ngomo            |                  |
|           |                                |                                                                                              |                                           | · · · · · · · · · · · · · · · · · · · |                                  |                        |                        | _                                             |                           |                            |                  |                  |                  |
|           |                                |                                                                                              |                                           |                                       |                                  |                        |                        | _                                             |                           |                            |                  |                  |                  |
|           |                                |                                                                                              |                                           |                                       |                                  |                        |                        |                                               |                           |                            |                  |                  |                  |
|           |                                |                                                                                              |                                           |                                       |                                  |                        |                        |                                               |                           | _                          |                  |                  |                  |
|           |                                |                                                                                              |                                           |                                       |                                  |                        |                        |                                               |                           |                            |                  |                  |                  |
|           |                                |                                                                                              |                                           |                                       |                                  |                        |                        |                                               |                           |                            |                  |                  |                  |
|           |                                | <u>-</u>                                                                                     | <del></del>                               | _                                     |                                  |                        |                        |                                               |                           |                            |                  |                  |                  |
|           |                                |                                                                                              |                                           |                                       |                                  |                        |                        |                                               |                           |                            |                  |                  |                  |
|           |                                |                                                                                              |                                           |                                       |                                  |                        | <del></del>            |                                               |                           |                            |                  |                  |                  |
|           |                                |                                                                                              |                                           |                                       |                                  |                        |                        |                                               |                           |                            |                  |                  |                  |
|           |                                |                                                                                              |                                           |                                       | ·                                |                        |                        |                                               |                           |                            |                  |                  |                  |
|           |                                |                                                                                              |                                           | <u>-</u> .                            |                                  |                        |                        |                                               |                           | <del></del> -              |                  |                  |                  |
|           |                                |                                                                                              |                                           | <del></del>                           |                                  |                        |                        |                                               |                           |                            |                  |                  |                  |
|           |                                |                                                                                              | <del>-</del>                              | <del></del>                           |                                  |                        |                        |                                               |                           |                            |                  |                  |                  |
|           | section                        | foundation directly or n 501(c) of the Code (oth                                             | er than section 5                         |                                       |                                  |                        |                        |                                               |                           |                            | Y6               | es 🗀             | ──<br>No         |
|           | , 50                           | (a) Name of organization                                                                     |                                           | (b)                                   | Type of organ                    | nization               |                        |                                               | (c) Description           | n of relations             | hip              |                  |                  |
|           |                                |                                                                                              | ,-                                        | <u></u> ,                             |                                  |                        |                        | ·                                             |                           |                            | <u> </u>         |                  |                  |
|           |                                |                                                                                              |                                           |                                       |                                  |                        |                        | ·                                             |                           |                            | -                |                  |                  |
|           |                                |                                                                                              |                                           |                                       |                                  |                        |                        |                                               |                           |                            |                  |                  |                  |
|           |                                |                                                                                              |                                           |                                       |                                  |                        |                        |                                               |                           |                            |                  |                  |                  |
|           |                                |                                                                                              | <u> </u>                                  |                                       |                                  |                        |                        |                                               |                           |                            |                  |                  |                  |
| 0         | <u> </u>                       | penalties of perjuny declar<br>it is true, correct and com-                                  | the that I have example to Declaration of | amined this rel                       | tum, including<br>ner than taxpa | accompa<br>yer or fidu | 1 Shote                | ules and state<br>sed on all info             | 1/10                      | the best of the preparer   | f my k<br>has ai | nowled<br>ny kno | ge and<br>wledge |
| <u>ē</u>  | · 310                          | gnature of officer of trustee                                                                |                                           |                                       | <del></del>                      | Т.                     | Date                   | <u>, , , , , , , , , , , , , , , , , , , </u> | Title                     | Preparer's                 | Identif          |                  | <del></del>      |
| Sign Here | Paid<br>Preparer's<br>Use Only | Preparer's DONAL                                                                             | D C. SEAY                                 | (A)                                   | So                               | Date <b>\$-11</b>      | -2010                  | Check if self-employ                          |                           | number (Se<br>page 30 of t | e Signa          | iture o          |                  |
|           | Paid<br>Preparer'<br>Use Only  | Firm's name (or yours if                                                                     |                                           | BEEBE, A                              | PROFES                           | SIONAI                 | CORP.                  |                                               | EIN ▶                     |                            |                  |                  |                  |
|           | ᅙᄀ                             | self-employed), address,                                                                     | 1800 [                                    | IAGONAL                               | ROAD S                           | UITE 4                 | 195                    |                                               | T                         |                            |                  |                  |                  |
|           |                                | and ZIP code                                                                                 | ALEXAN                                    | DRIA,                                 | VA                               |                        | 223                    | 314                                           | Phone no                  | 703-6                      | 3 <u>4</u> -0    | 600              |                  |
|           |                                |                                                                                              |                                           |                                       | -                                |                        |                        |                                               |                           | Fo                         | om 99            | 0-PF             | (2009)           |

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No 1545-0047

2009

| Name of the organization                                                                     | TIV FOUNDAMION                                                                                                                                                                                                                                                                                                                                                                                                                       | Employer identification number                                                                                  |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| DORIS M CARTER FAM                                                                           | ILY FOUNDATION                                                                                                                                                                                                                                                                                                                                                                                                                       | 20-0068099                                                                                                      |
| Organization type (check or                                                                  | ne).                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 |
| Filers of:                                                                                   | Section:                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 |
| Form 990 or 990-EZ                                                                           | 501(c)( ) (enter number) organization                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |
|                                                                                              | 4947(a)(1) nonexempt charitable trust not treated as a private for                                                                                                                                                                                                                                                                                                                                                                   | oundation                                                                                                       |
|                                                                                              | 527 political organization                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 |
| Form 990-PF                                                                                  | X 501(c)(3) exempt private foundation                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |
|                                                                                              | 4947(a)(1) nonexempt charitable trust treated as a private found                                                                                                                                                                                                                                                                                                                                                                     | ation                                                                                                           |
|                                                                                              | 501(c)(3) taxable private foundation                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 |
|                                                                                              | s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a                                                                                                                                                                                                                                                                                        | Special Rule. See                                                                                               |
| General Rule                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 |
|                                                                                              | on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 y one contributor. Complete Parts I and II                                                                                                                                                                                                                                                                                                             | or more (in money or                                                                                            |
| Special Rules                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 |
| sections 509(a)(1                                                                            | (c)(3) organization filing Form 990 or 990-EZ that met the 331/3% support t) and 170(b)(1)(A)(vi), and received from any one contributor, during the ye 2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, li                                                                                                                                                                                              | ar, a contribution of the greater                                                                               |
| the year, aggrega                                                                            | (c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from the contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitaleses, or the prevention of cruelty to children or animals. Complete Parts I, II, 2005                                                                                                                                                                        | ble, scientific, literary, or                                                                                   |
| the year, contributing aggregate to more year for an exclusion applies to this organization. | (c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from tions for use exclusively for religious, charitable, etc., purposes, but these or than \$1,000. If this box is checked, enter here the total contributions that evely religious, charitable, etc., purpose. Do not complete any of the parts uniqualization because it received nonexclusively religious, charitable, etc., continuous contributions. | ontributions did not<br>were received during the<br>ess the <b>General Rule</b><br>ributions of \$5,000 or more |
| Caution. An organization th<br>990-EZ, or 990-PF), but it m                                  | at is not covered by the General Rule and/or the Special Rules does not file nust answer "No" on Part IV, line 2 of its Form 990, or check the box on line -PF, to certify that it does not meet the filing requirements of Schedule B (Fo                                                                                                                                                                                           | Schedule B (Form 990,<br>H of its Form 990-EZ,                                                                  |
| For Privacy Act and Paperwork R for Form 990, 990-EZ, or 990-PF.                             | eduction Act Notice, see the Instructions Schedul                                                                                                                                                                                                                                                                                                                                                                                    | e B (Form 990, 990-EZ, or 990-PF) (2009                                                                         |

|            | Chedule B (Form 990, 990-EZ, or 990-PF) (2009)  Iame of organization DORIS M CARTER FAMILY FOUNDATION |                                | Page of of Part Employer identification number 20-0068099 |  |
|------------|-------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------|--|
| Part I     | Contributors (see instructions)                                                                       |                                |                                                           |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                     | (c)<br>Aggregate contributions | (d)<br>Type of contribution                               |  |
| 1          | DORIS M. CARTER CHAR REM UNITRST  11300 ROCKVILLE PIKE SUITE 605                                      |                                | Person X Payroll X Noncash                                |  |
|            | ROCKVILLE, MD 20852                                                                                   |                                | (Complete Part II if there is a noncash contribution.)    |  |
| (a)        | (b)                                                                                                   | (c)                            | (d)                                                       |  |

| [          |                                   |                             | a noncash contribution.)                                                      |
|------------|-----------------------------------|-----------------------------|-------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c) Aggregate contributions | (d)<br>Type of contribution                                                   |
|            |                                   | \$                          | Person Payroll Noncash  (Complete Part II if there is a noncash contribution) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution                                                      |
|            |                                   |                             | Person Payroll Noncash  (Complete Part II if there is a noncash contribution) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c) Aggregate contributions | (d)<br>Type of contribution                                                   |
|            |                                   | \$                          | Person Payroll Noncash (Complete Part II if there is a noncash contribution)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution                                                      |
|            |                                   | \$                          | Person Payroll Noncash (Complete Part II if there is a noncash contribution)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c) Aggregate contributions | (d)<br>Type of contribution                                                   |
|            |                                   | <br>\$                      | Person Payroll Noncash  (Complete Part II if there is a noncash contribution) |

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

of Part II of

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

Name of organization DORIS M CARTER FAMILY FOUNDATION

Employer identification number 20-0068099

| Part II                   | Noncash Property (see instructions)                    |                                                |                      |
|---------------------------|--------------------------------------------------------|------------------------------------------------|----------------------|
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given             | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| 1                         | BUILDING & LAND AT 1319 KING ST<br>ALEXANDRIA VA 22314 |                                                |                      |
|                           |                                                        | \$\$                                           | 04/19/2009           |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given           | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                                        | <br> <br>                                      |                      |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given              | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
|                           |                                                        |                                                | -                    |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given             | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                                        |                                                |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given             | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                                        |                                                |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given           | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                                        |                                                |                      |
|                           |                                                        | <u> </u>                                       |                      |

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

DORIS M CARTER FAMILY FOUNDATION

REVENUE AND EXPENSES PER BOOKS

NET INVESTMENT INCOME

54.

WACHOVIA

DESCRIPTION

TOTAL

54.

54.

54.

ATTACHMENT 1

1:30:22 PM

PAGE 19

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

|         | NET | INVESTMENT | INCOME     |  |
|---------|-----|------------|------------|--|
| REVENUE | AND | EXPENSES   | PER BOOKS  |  |
|         |     |            |            |  |
|         |     |            | ESCRIPTION |  |
|         |     |            | DESC       |  |

TOTAL

FIDELITY

7

PAGE 20

**RENT AND ROYALTY INCOME** Taxpayer's Name Identifying Number DORIS M CARTER FAMILY FOUNDATION 20-0068099 DESCRIPTION OF PROPERTY 1319 KING ST Yes No Did you actively participate in the operation of the activity during the tax year? REAL RENTAL INCOME OTHER INCOME 157,613. 157,613. **OTHER EXPENSES:** SEE ATTACHMENT DEPRECIATION (SHOWN BELOW) 30,357. LESS: Beneficiary's Portion LESS: Beneficiary's Portion 42,048. 115,565. **Less Amount to** Rent or Royalty Investment Interest Expense Other Expenses Net Income (Loss) to Others 115,565. Net Rent or Royalty Income (Loss) SCHEDULE FOR DEPRECIATION CLAIMED (d) (g) Depreciation (ı) Lıfe (e) (c) Date (b) Cost or (h) (j) Depreciation (f) Basis for ACRS Bus (a) Description of property unadjusted basis acquired depreciation Method for this year des prior years rate SEE ATTACHMENT Totals · · · · · · · · · · · 

9E7000 1 000

#### SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

157,613.

OTHER DEDUCTIONS

INSURANCE TAXES

MISCELLANEOUS

949. 10,247.

495.

11,691.

#### RENT AND ROYALTY SUMMARY

| PROPERTY     | TOTAL<br>INCOME | DEPLETION/<br>DEPRECIATION | OTHER<br>EXPENSES | ALLOWABLE<br>NET<br>INCOME |
|--------------|-----------------|----------------------------|-------------------|----------------------------|
| 1319 KING ST | 157,613.        | 30,357.                    | 11,691.           | 115,565.                   |
| TOTALS       | 157,613.        | 30,357.                    | 11,691.           | 115,565.                   |

- ACCOUNTING FEES FORM 990PF, PART I

| CHARITABLE                              | 1,820.              | 1,820. |
|-----------------------------------------|---------------------|--------|
| ADJUSTED<br>NET<br>INCOME               |                     | • 0    |
| NET<br>INVESTMENT<br>INCOME             | 1,820.              | 1,820. |
| REVENUE<br>AND<br>EXPENSES<br>PER BOOKS | 3,640.              | 3,640. |
|                                         |                     | TOTALS |
| DESCRIPTION                             | ACCOUNTING SERVICES |        |

PAGE 24

FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND

EXPENSES

PER BOOKS

DESCRIPTION

RENT AND ROYALTY EXPENSES

11,691.

TOTALS

11,691.

| О         | ١ |
|-----------|---|
| σ         | ١ |
| $\subset$ | ) |
| α         | 0 |
| Ü         |   |
| Ċ         | ٥ |
| ē         | 5 |
| ,         |   |
| $\subset$ | ) |
| 0         | 4 |
|           |   |

| 7           |
|-------------|
|             |
|             |
| 5/11/2010   |
| 4818        |
| 5252AM 4818 |
|             |

| EOUI PMENT  |   |
|-------------|---|
| BUILDINGS,  |   |
| LAND.       |   |
| 1           | ١ |
| INVESTMENTS |   |
|             |   |

|                                          |                                 |                   |           |         | I •II     |
|------------------------------------------|---------------------------------|-------------------|-----------|---------|-----------|
|                                          | ır                              | ENDING            | 30,357    |         | 30,357.   |
| NT 5                                     | ACCUMULATED DEPRECIATION DETAIL | DISPOSALS         |           |         |           |
| ATTACHMENT 5                             | UMULATED DEPR                   | ADDITIONS         | 30,357    |         |           |
|                                          | ACC                             | BEGINNING         |           |         |           |
| SOUI PMENT                               |                                 |                   |           |         |           |
| INVESTMENTS - LAND, BUILDINGS, EQUIPMENT |                                 | ENDING            | 1,671,205 | 811,795 | 2,483,000 |
| MENTS - LAND,                            | FIXED ASSFT DETAIL              | DISPOSALS         |           |         |           |
| INVEST                                   | FIXED AS                        | ADDITIONS         | 1,671,205 | 811,795 |           |
|                                          |                                 | BEGINNING         |           |         |           |
|                                          |                                 | METHOD/<br>CLASS  | M39       | IJ      |           |
|                                          |                                 | ASSET DESCRIPTION | BLDG      | LAND    | TOTALS    |

CA4619

30 22 PM

ATTACHMENT 5 PAGE 26

DORIS M CARTER FAMILY FOUNDATION

1:30:22 PM 5/11/2010 5252AM 4818

CA4619

PAGE 27

- NEW SUBSTANTIAL CONTRIBUTORS LINE 10 PART VII-A, FORM 990PF,

NAME AND ADDRESS

DATE

SUPPORT DIRECT PUBLIC

DORIS M. CARTER CHAR REM UNITRST 11300 ROCKVILLE PIKE SUITE 605 ROCKVILLE, MD 20852

04/19/2009

2,483,000.

TOTAL CONTRIBUTION AMOUNTS

2,483,000.

ATTACHMENT

9

FORM 990PE,

- LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

PAGE 28

| EXPENSE ACCT<br>AND OTHER<br>ALLOWANCES                 | · o                | .0                 | 0.           |
|---------------------------------------------------------|--------------------|--------------------|--------------|
| CONTRIBUTIONS EX<br>TO EMPLOYEE BENEFIT PLANS           | Ċ                  | .0                 | 0            |
| COMPENSATION                                            | 0                  | 14,000.            | 14,000.      |
| TITLE AND AVERAGE HOURS PER<br>WEEK DEVOTED TO POSITION | CO-TRUSTEE<br>5.00 | CO-TRUSTEE<br>3.00 | GRAND TOTALS |
|                                                         | 909                | 605                |              |

11300 ROCKVILLE PIKE ROCKVILLE, MD 20852

ONE CENTRAL PLAZA

LIZ GLINES

NAME AND ADDRESS

ONE CENTRAL PLAZA 11300 ROCKVILLE PIKE ROCKVILLE, MD 20852

GARY ALTMAN

DORIS M CARTER FAMILY FOUNDATION

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

| A PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE PERIOD OF THE | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND SOUMMATION STANTIS OF PECTERAN | MOTHING TOWNOD GO THEAGO TO TOGGING | - ENITOR |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------|----------|
| AECLETENI NAME AND ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CONDITION STATES OF RECITIENT                                              |                                     | ·        |
| FLORIDA STUDIO THEATRE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | N/A                                                                        | GENERAL SUPPORT                     | 15,000   |
| 1241 N PALM AVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PUBLIC CHARITY                                                             |                                     |          |
| SARASOTA, FL 34236                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                     |          |
| FLORIDA ORCHESTRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | N/A                                                                        | GENERAL SUPPORT                     | 25,000   |
| 244 SECOND AVE NORTH SUITE 420                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PUBLIC CHARITY                                                             |                                     |          |
| ST PETERSBURG, FL 337001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                     |          |
| WOLF TRAP FOUNDATION FOR THE PERFORMING ARTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | N/A                                                                        | GENERAL SUPPORT                     | 25,000   |
| 1645 TRAP ROAD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PUBLIC CHARITY                                                             |                                     |          |
| VIENNA, VA 22182                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                                     |          |
| PERLMAN MUSIC PROGRAM/SUNCOAST INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | N/A                                                                        | GENERAL SUPPORT                     | 20,000   |
| PO BOX 3407                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PUBLIC CHARITY                                                             |                                     |          |
| SARASOTA, FL 34230                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                     |          |

85,000. TOTAL CONTRIBUTIONS PAID

ATTACHMENT 8 PAGE 29

1 30 22 PM 5252AM 4818 5/11/2010

CA4619

#### 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                                                                        |                                   |                                  |                        | Employer ident                                      | ificatio | n number                                                           |
|--------|---------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------|------------------------|-----------------------------------------------------|----------|--------------------------------------------------------------------|
|        | OORIS M CARTER FAMILY FOUNDAT                                                               |                                   |                                  |                        | 20-00680                                            | 99       |                                                                    |
|        | e: Form 5227 filers need to complete only Par                                               |                                   |                                  | ·                      |                                                     |          |                                                                    |
| Par    | Short-Term Capital Gains and Los                                                            | sses - Assets                     | Held One Ye                      | ar or Less             | 1 2                                                 |          |                                                                    |
|        | (a) Description of property (Example. 100 shares 7% preferred of "Z" Co)                    | (b) Date acquired (mo , day, yr ) | (c) Date sold<br>(mo , day, yr ) | (d) Sales price        | (e) Cost or other<br>(see page 4 of<br>instructions | the      | (f) Gain or (loss) for<br>the entire year<br>Subtract (e) from (d) |
| 1 a    |                                                                                             |                                   |                                  |                        |                                                     |          |                                                                    |
|        |                                                                                             |                                   |                                  |                        |                                                     |          |                                                                    |
|        |                                                                                             | _                                 | _                                |                        |                                                     |          |                                                                    |
| *      |                                                                                             |                                   |                                  |                        |                                                     |          |                                                                    |
|        |                                                                                             |                                   |                                  |                        |                                                     |          |                                                                    |
|        |                                                                                             |                                   |                                  |                        |                                                     |          |                                                                    |
| b      | Enter the short-term gain or (loss), if any, fr                                             | om Schedule D                     | -1, line 1b                      |                        |                                                     | 1 b      |                                                                    |
| 2      | Short-term capital gain or (loss) from Form                                                 | s 4684, 6252,                     | 6781, and 882                    | 4                      |                                                     | 2        |                                                                    |
| 2      |                                                                                             |                                   |                                  |                        |                                                     |          |                                                                    |
| 3<br>4 | Net short-term gain or (loss) from partners<br>Short-term capital loss carryover. Enter the |                                   |                                  |                        |                                                     | 3        |                                                                    |
| _      | Carryover Worksheet                                                                         |                                   |                                  |                        |                                                     | 4        | (                                                                  |
| 5      | column (3) on the back                                                                      | -                                 |                                  |                        |                                                     | 5        |                                                                    |
| Par    |                                                                                             | s - 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<br>(mo , day, yr ) | (d) Sales price        | (e) Cost or other<br>(see page 4 of<br>instructions | the      | (f) Gain or (loss) for<br>the entire year<br>Subtract (e) from (d) |
| 6a     |                                                                                             |                                   | - '-'                            |                        |                                                     |          | _                                                                  |
|        | ONG-TERM CAPITAL GAIN DIVIDEN                                                               | ΨS                                |                                  | ATCH 9                 |                                                     |          | 1.                                                                 |
|        |                                                                                             |                                   |                                  |                        |                                                     |          |                                                                    |
|        |                                                                                             |                                   |                                  |                        |                                                     |          |                                                                    |
|        |                                                                                             |                                   |                                  |                        |                                                     |          |                                                                    |
|        |                                                                                             |                                   |                                  |                        |                                                     |          |                                                                    |
|        | Enter the long term goin or (long) if any fr                                                | om Cabadula D                     | 1 line file                      |                        |                                                     | 6.       |                                                                    |
| D      | Enter the long-term gain or (loss), if any, fro                                             |                                   |                                  |                        |                                                     |          | <u></u>                                                            |
| 7      | Long-term capital gain or (loss) from Form                                                  | s 2439, 4684,                     | 6252, 6781, ar                   | nd 8824                |                                                     | 7        |                                                                    |
| 8      | Net long-term gain or (loss) from partnersh                                                 | nips, S corporat                  | ions, 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                                                 | amount, if any                    | , from line 14 o                 | of the 2008 Capital Lo | oss                                                 |          | ,                                                                  |
| 12     | Carryover Worksheet                                                                         |                                   |                                  | Enter here and on I    |                                                     | 11       |                                                                    |
|        | column (3) on the back                                                                      | <u></u>                           | <u> </u>                         |                        | •                                                   | 12       | 1.                                                                 |
| For I  | Paperwork Reduction Act Notice, see the Instru                                              |                                   |                                  |                        |                                                     | hedul    | e D (Form 1041) 200                                                |

| Schedule | D /ểo     | m 1041   | 2009 |
|----------|-----------|----------|------|
| schedule | $\nu$ iru | 111 1041 | ノンショ |

| _   |   | • |
|-----|---|---|
| Pao | е | 4 |

| _     | dule D (Form 1041) 2009                                                                                                                                                            |             | <del>,</del>             |                                        | Page Z                  |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------|----------------------------------------|-------------------------|
| Par   |                                                                                                                                                                                    |             | (1) Beneficiaries'       | (2) Estate's                           | (3) Total               |
|       | Caution: Read the instructions before completing this                                                                                                                              | part.       | (see page 5)             | or trust's                             | (3) 10141               |
| 13    | Net short-term gain or (loss)                                                                                                                                                      | 13          |                          | ·                                      |                         |
| 14    | Net long-term gain or (loss):                                                                                                                                                      | l           |                          |                                        | ,                       |
| a     | Total for year                                                                                                                                                                     | 14a         | _                        |                                        | 1.                      |
|       | • • • • • • • • • • • • • • • • • • • •                                                                                                                                            | 14b         |                          |                                        |                         |
|       | 28% rate gain                                                                                                                                                                      |             |                          |                                        |                         |
| 15    | • • • • • • • • • • • • • • • • • • • •                                                                                                                                            | 15          |                          |                                        | 1.                      |
|       | e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Fo<br>rt V, and <b>do not</b> complete Part IV If line 15, column (3), is a net loss, complete F |             |                          |                                        |                         |
|       |                                                                                                                                                                                    | CIT IV      | and the Capital 2005 Cal | —————————————————————————————————————— | is necessary.           |
|       | t IV Capital Loss Limitation                                                                                                                                                       |             | 4                        | mallar of                              |                         |
| 16    | Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F                                                                                                            |             | •                        |                                        | ,                       |
| Note  | The loss on line 15, column (3) or b \$3,000 :: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, pag                                                     | e 1. lir    |                          |                                        | molete the Capital Loss |
| Carry | over Worksheet on page 7 of the instructions to figure your capital loss carryove                                                                                                  | er          | _                        |                                        | mprote the Capital 2000 |
| Par   | t V Tax Computation Using Maximum Capital Gains Rate                                                                                                                               | es          |                          |                                        |                         |
|       | n 1041 filers. Complete this part only if both lines 14a and 15 in colu                                                                                                            |             |                          | nount is entered i                     | n Part I or Part II and |
|       | e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mo                                                                                                              |             |                          |                                        |                         |
|       | tion: Skıp thıs part and complete the worksheet on page 8 of the ınstru<br>Ither lıne 14b, col. (2) or line 14c, col. (2) is more than zero, or                                    | ctions      | IT.                      |                                        |                         |
|       | oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.                                                                                                              |             |                          |                                        |                         |
|       | n 990-T trusts. Complete this part only if both lines 14a and 15 ar                                                                                                                | e dali      | ns, or qualified divid   | ends are included                      | d in income in Part I   |
|       | orm 990-T, and Form 990-T, line 34, is more than zero. Skip this pa                                                                                                                |             |                          |                                        |                         |
| eithe | er line 14b, col (2) or line 14c, col. (2) is more than zero                                                                                                                       |             |                          |                                        |                         |
| 17    | Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3                                                                                                                | 34)         | 17                       |                                        |                         |
| 18    | Enter the smaller of line 14a or 15 in column (2)                                                                                                                                  | , •         | ` '                      |                                        |                         |
|       | but not less than zero                                                                                                                                                             |             |                          | i l                                    |                         |
| 19    | Enter the estate's or trust's qualified dividends                                                                                                                                  |             |                          |                                        |                         |
|       | from Form 1041, line 2b(2) (or enter the qualified                                                                                                                                 |             |                          |                                        |                         |
|       | dividends included in income in Part I of Form 990-T) 19                                                                                                                           |             |                          |                                        |                         |
| 20    | Add lines 18 and 19                                                                                                                                                                |             |                          |                                        |                         |
| 21    | If the estate or trust is filing Form 4952, enter the                                                                                                                              |             |                          |                                        |                         |
|       | amount from line 4g; otherwise, enter -0 ▶ 21                                                                                                                                      |             |                          |                                        |                         |
| 22    | Subtract line 21 from line 20 If zero or less, enter -0                                                                                                                            |             | 22                       |                                        |                         |
| 23    | Subtract line 22 from line 17. If zero or less, enter -0                                                                                                                           |             | 23                       |                                        |                         |
|       |                                                                                                                                                                                    |             |                          |                                        |                         |
| 24    | Enter the smaller of the amount on line 17 or \$2,300                                                                                                                              |             | 24                       |                                        |                         |
| 25    | Is the amount on line 23 equal to or more than the amount on line 24                                                                                                               | -           |                          |                                        |                         |
|       | Yes. Skip lines 25 and 26, go to line 27 and check the "No" box                                                                                                                    |             |                          |                                        |                         |
|       | No. Enter the amount from line 23                                                                                                                                                  |             |                          |                                        |                         |
| 26    | 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 No. Enter the smaller of line 17 or i                                                                                                    | ine 22      | 27                       |                                        |                         |
|       |                                                                                                                                                                                    |             |                          |                                        |                         |
| 28    | Enter the amount from line 26 (If line 26 is blank, enter -0-)                                                                                                                     |             | 28                       |                                        |                         |
|       |                                                                                                                                                                                    |             |                          |                                        |                         |
| 29    | Subtract line 28 from line 27                                                                                                                                                      |             |                          |                                        |                         |
| 30    | Multiply line 29 by 15% (15)                                                                                                                                                       |             |                          | 30                                     |                         |
| 31    | Figure the tax on the amount on line 23. Use the 2009 Tax Rat                                                                                                                      |             |                          |                                        |                         |
|       | (see the Schedule Ginstructions in the instructions for Form 1041).                                                                                                                |             |                          | 31                                     |                         |
| 20    | Add been 20 and 24                                                                                                                                                                 |             |                          |                                        |                         |
| 32    | Add lines 30 and 31                                                                                                                                                                |             |                          |                                        |                         |
| 33    | Figure the tax on the amount on line 17. Use the 2009 Tax Rate (see the School de Cypetrystope in the unstructions for Form 1041)                                                  |             |                          | B 1                                    |                         |
| 24    | (see the Schedule Ginstructions in the instructions for Form 1041).  Tax on all taxable income. Enter the smaller of line 32 or line 33                                            |             |                          |                                        |                         |
| 34    |                                                                                                                                                                                    |             |                          | l i                                    |                         |
|       | G, line 1a (or Form 990-T, line 36)                                                                                                                                                | <del></del> | <u></u>                  | 34                                     |                         |

FIDELITY

1.

| FEDERAL CAPITAL GAIN DIVIDENDS     |              |
|------------------------------------|--------------|
| LONG-TERM CAPITAL GAIN DIVIDENDS   | ATTACHMENT 9 |
| BONG TERRI GILLINE GILLA BIVIDENDE |              |
| 15% RATE CAPITAL GAIN DIVIDENDS    |              |

TOTAL 15% RATE CAPITAL GAIN DIVIDENDS

1.
TOTAL LONG-TERM CAPITAL GAIN DIVIDENDS

1.

## Form 4562

### **Depreciation and Amortization**

(Including Information on Listed Property)

➤ See separate instructions.

DORIS M\_CARTER FAMILY FOUNDATION

► Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No 67

20-0068099

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

Identifying number

|                  | or activity to which this form relates                                                                                |                                            |                              |                                       |                     |                  |              |                            |
|------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------|---------------------------------------|---------------------|------------------|--------------|----------------------------|
| 1319             | 9 KING ST                                                                                                             |                                            |                              |                                       |                     |                  |              |                            |
| Part I           | Election To Expense Ce<br>Note: If you have any list                                                                  |                                            |                              |                                       | you compi           | ete Part I.      |              |                            |
| 1 Max            | mum amount. See the instruction                                                                                       | ns for a higher limit fo                   | or certain busii             | nesses                                |                     |                  | . 1          |                            |
| 2 Tota           | al cost of section 179 property pla                                                                                   | aced in service (see in                    | structions)                  |                                       |                     |                  | 2            |                            |
| 3 Thre           | eshold cost of section 179 proper                                                                                     | ty before reduction in                     | n limitation (se             | e instructio                          | ns)                 |                  | 3            |                            |
| 4 Red<br>5 Dolla | uction in limitation. Subtract line a<br>r limitation for tax year. Subtract line 4 from<br>rately, see instructions. | 3 from line 2. If zero o                   | r less, enter -(             | ·                                     |                     |                  | 4            |                            |
| 6                | (a) Description                                                                                                       |                                            | · · · · · · · ·              |                                       | ısıness use onl     |                  | <del></del>  |                            |
|                  |                                                                                                                       |                                            |                              | (-,,,                                 |                     | .,,,             |              |                            |
| 7 Liste          | ed property. Enter the amount from                                                                                    | m line 29                                  |                              |                                       | 7                   |                  |              |                            |
| 8 Tota           | al elected cost of section 179 prop                                                                                   | perty. Add amounts i                       | n column (c), l              | lines 6 and                           | 7                   |                  | 8            |                            |
| 9 Ten            | tative deduction Enter the smaller                                                                                    | r of line 5 or line 8                      |                              |                                       |                     |                  | 9            |                            |
| 10 Carr          | ryover of disallowed deduction fro                                                                                    | om line 13 of your 200                     | 08 Form 4562                 |                                       |                     |                  | 10           |                            |
| 11 Busi          | ness income limitation. Enter the                                                                                     | e smaller of business                      | s income (no                 | t less than                           | zero) or line       | e 5 (see instruc | tions) 11    |                            |
| 12 Sec           | tion 179 expense deduction. Add                                                                                       | lines 9 and 10, but of                     | lo not enter n               | nore than lir                         | ne 11 . <u></u>     | <u> </u>         | 12           |                            |
|                  | ryover of disallowed deduction to                                                                                     |                                            |                              |                                       |                     |                  |              |                            |
| Note: Do         | not use Part II or Part III below for                                                                                 |                                            |                              |                                       |                     |                  |              |                            |
| Part II          | Special Depreciation A                                                                                                | llowance and Ot                            | her Depred                   | ciation (D                            | o not includ        | le listed prope  | rty) (See i  | nstructions.)              |
|                  | cial depreciation allowance fo                                                                                        |                                            |                              |                                       |                     |                  | li li        |                            |
| 15 Pro           | ng the tax year (see instructions)                                                                                    | olootion                                   |                              | • • • • •                             | • • • • • •         |                  | 14           |                            |
| 16 Othe          | perty subject to section 168(f)(1) or<br>er depreciation (including ACRS)                                             | election                                   |                              | • • • • •                             | • • • • • •         |                  | 15           |                            |
| Part III         |                                                                                                                       | o not include lister                       | d property )                 | (See insti                            | ructions )          | <u> </u>         | 16           |                            |
| T GIT III        |                                                                                                                       | TO HOLD HOLD                               |                              | tion A                                | 100110110 /         |                  |              |                            |
| 17 MAG           | CRS deductions for assets placed                                                                                      | in service in tax vea                      |                              |                                       |                     |                  | 17           |                            |
|                  | ou are electing to group any a                                                                                        |                                            |                              |                                       |                     |                  |              | J                          |
| -                | et accounts, check here                                                                                               | •                                          | -                            | •                                     |                     | , , ,            | <u> </u>     |                            |
|                  | Section B - Assets                                                                                                    |                                            |                              |                                       |                     |                  | reciation S  | ystem                      |
|                  | (a) Classification of property                                                                                        | (b) Month and year<br>placed in<br>service | (c) Basis for (business/invo | estment use                           | (d) Recovery period | (e) Convention   | (f) Method   | (g) Depreciation deduction |
| 19a 3-\          | year property                                                                                                         | SEE                                        | 01.11 <b>y</b> 000 11.1      | <del></del>                           |                     |                  | <del> </del> |                            |
|                  | year property                                                                                                         | DETAIL                                     |                              |                                       | <del> </del>        |                  |              |                            |
|                  | year property                                                                                                         | 1                                          |                              |                                       |                     |                  |              |                            |
|                  | ear property                                                                                                          |                                            |                              |                                       |                     |                  | <del> </del> |                            |
|                  | ear property                                                                                                          | 1                                          |                              |                                       | <del></del>         |                  |              |                            |
|                  | vear property                                                                                                         | 1                                          |                              |                                       |                     |                  |              |                            |
|                  | year property                                                                                                         | <del>-</del>                               |                              |                                       | 25 yrs              |                  | S/L          |                            |
| h Res            | idential rental                                                                                                       |                                            |                              |                                       | 27 5 yrs.           | мм               | S/L          |                            |
|                  | perty                                                                                                                 |                                            | -                            |                                       | 27 5 yrs.           | мм               | S/L          |                            |
|                  | residential real                                                                                                      | 04/19/2009                                 | 1,67                         | 1,205.                                | 39 yrs.             | MM               | S/L          | 30,357.                    |
|                  | perty                                                                                                                 |                                            |                              | -                                     |                     | ММ               | S/L          |                            |
|                  | Section C - Assets P                                                                                                  | laced in Service D                         | uring 2009                   | Tax Year                              | Using the           | Alternative De   | preciation   | System                     |
| 20a Clas         |                                                                                                                       | 1                                          |                              | · · · · · · · · · · · · · · · · · · · |                     |                  | S/L          |                            |
| b 12-y           | /ear                                                                                                                  |                                            |                              |                                       | 12 yrs              |                  | S/L          | <del> </del>               |
| c 40-y           | /ear                                                                                                                  |                                            | -                            |                                       | 40 yrs              | мм               | S/L          |                            |
|                  | Summary (See instruction                                                                                              | ons.)                                      |                              |                                       | · · · · · ·         | <del></del>      | 1            |                            |
|                  | ed property Enter amount from lin                                                                                     |                                            |                              |                                       |                     | _                | 21           |                            |
|                  | al. Add amounts from line 12, lines                                                                                   |                                            | s 19 and 20 :                | n column (                            |                     |                  | · · ·        |                            |
| and              | on the appropriate lines of your re                                                                                   | eturn Partnerships an                      | id S corporati               | ons - see in                          |                     |                  | 22           | 30,357                     |
|                  | assets shown above and placed                                                                                         | _                                          |                              |                                       |                     |                  |              |                            |
| port             | ion of the basis attributable to se                                                                                   | ction 263A costs                           |                              |                                       | 23                  | ·                |              | 1                          |

| For        | n 4562 (2009)                              |                                      |                                                    |                     |                                       |                  |                                       |        |                           |                   |          | 20           | -0000         | 099                        | Page 2   |
|------------|--------------------------------------------|--------------------------------------|----------------------------------------------------|---------------------|---------------------------------------|------------------|---------------------------------------|--------|---------------------------|-------------------|----------|--------------|---------------|----------------------------|----------|
| Pa         | property                                   | Property (Include used for entertain | nment, reci                                        | reatior             | n, or an                              | nusem            | nent.)                                |        |                           | •                 |          |              |               | •                          | , and    |
|            | Note: For<br>24b, colur                    | any vehicle for wins (a) through (c) | hich you ar<br>of Section A                        | e using<br>, all of | g the s<br>Section                    | tandar<br>B, and | rd milea<br>I Section                 | ge rai | te or ded<br>applicable   | ucting i          | lease e  | expense,     | compl         | ete <b>onl</b> j           | y 24a,   |
|            | Section A -                                | Depreciation and                     | Other Infor                                        | matio               | n (Cauti                              | on: Se           |                                       |        | tions for I               | mits fo           | r passe  | nger au      | ıtomobii      | es.)                       |          |
| 24a        | Do you have evidend                        | ce to support the bus                | iness/investm                                      | ent use             | claimed?                              | ) Y              | res X                                 | No     | 24b If "Y                 | 'es," is tl       | ne evide | nce writte   | en?           | Yes                        | X No     |
|            | (a) Type of property (list vehicles first) | (b)  Date placed in service          | (c) Business/ investment us                        | e Cost              | (d)<br>or other ba                    |                  | (e)<br>asis for depri<br>usiness/inve |        | (f)<br>Recovery<br>period | Meti<br>Conve     | nod/     | Depre        | h)<br>ciation | (i<br>Elected<br>179       | section  |
| 25         | Special depreciation                       | allowance for qua                    |                                                    |                     | •                                     |                  |                                       | ing th | e tax                     |                   | 1        | deut         | Cuon          | 175                        |          |
|            | year and used more t                       | than 50% in a qualifie               | ed business us                                     | e (see ı            | nstructio                             | ns)              |                                       |        | <u></u>                   |                   | . 25     | <u> </u>     |               | <u> </u>                   |          |
| 26         | Property used more                         | than 50% in a qualifie               | d business us                                      | e:                  |                                       |                  |                                       |        |                           |                   | _        |              |               |                            |          |
|            |                                            |                                      | <del> </del> -                                     | %                   |                                       |                  |                                       |        |                           |                   | _        | <u> </u>     |               |                            |          |
|            |                                            |                                      | <del> </del>                                       | %                   |                                       | $\perp$          |                                       |        |                           |                   |          | <u> </u>     |               |                            |          |
|            |                                            |                                      | <u> </u>                                           | %                   |                                       |                  |                                       |        |                           |                   |          |              |               | L                          |          |
| 27         | Property used 50% of                       | or less in a qualified bu            |                                                    | <del></del>         |                                       |                  |                                       |        | 1                         |                   |          | ·            |               |                            |          |
|            |                                            |                                      |                                                    | %                   |                                       |                  |                                       |        |                           | S/L -             |          | ļ            |               |                            |          |
|            |                                            | -                                    | <del>                                       </del> | %                   |                                       |                  |                                       |        |                           | S/L -             |          |              |               |                            |          |
|            | A 1.1 1                                    | 1                                    | <u> </u>                                           |                     |                                       |                  |                                       |        | İ                         | S/L -             | 1        |              |               |                            |          |
| 28<br>29   | Add amounts in colu                        |                                      |                                                    |                     |                                       |                  |                                       |        |                           |                   | . 28     | L            | 1             |                            |          |
| 29         | Add amounts in colu                        | min (i), line 20. Ente               |                                                    |                     |                                       |                  |                                       |        |                           | <u>· · · · · </u> | <u></u>  |              | .   29        |                            |          |
| Con        | nplete this section for                    | r vahicles used by a                 |                                                    |                     |                                       |                  | on Use o                              |        |                           | related           | norcon   | If you r     | rouded        | vobiolos                   | to vou   |
|            | oloyees, first answer th                   |                                      |                                                    |                     |                                       |                  |                                       |        |                           |                   |          |              | novided       | verilides                  | to you   |
|            |                                            | • .                                  | Ī                                                  |                     | -\                                    | <u> </u>         | <u>'</u>                              | T      | (a)                       |                   | <u> </u> | T .          | ->            |                            |          |
| 30         | Total business/inv<br>during the year (do  | o not include comm                   |                                                    |                     | a)<br>icle 1                          |                  | (b)<br>hicle 2                        | V      | (c)<br>ehicle 3           | Vehi              | •        |              | e)<br>Icle 5  | (1<br>Vehi                 |          |
| 31         | miles)                                     |                                      |                                                    |                     |                                       |                  |                                       |        |                           |                   |          | <u> </u>     | ,             |                            |          |
|            |                                            | ersonal (noncomm                     |                                                    |                     |                                       |                  |                                       |        |                           |                   |          |              | <u>'</u>      |                            |          |
| -          | miles driven                               | •                                    | ٠,                                                 |                     |                                       |                  |                                       |        |                           |                   |          | l            |               |                            |          |
| 33         | Total miles driven                         |                                      | r                                                  |                     |                                       |                  |                                       |        |                           |                   |          | <del> </del> |               |                            |          |
| •          | lines 30 through 32                        | •                                    |                                                    |                     |                                       |                  |                                       |        |                           | İ                 |          | j            |               |                            |          |
| 34         | Was the vehicle                            |                                      |                                                    | Yes                 | No                                    | Yes              | No                                    | Yes    | No.                       | Yes               | No       | Yes          | No            | Yes                        | No       |
|            | use during off-duty he                     | ours?                                |                                                    |                     | · · · · · · · · · · · · · · · · · · · |                  |                                       |        |                           |                   |          |              |               |                            |          |
| 35         | Was the vehicle                            |                                      |                                                    |                     |                                       |                  |                                       |        |                           |                   |          | 1            |               |                            |          |
|            | more than 5% ov                            | wner or related p                    | erson?                                             |                     |                                       |                  |                                       |        |                           |                   |          |              |               |                            |          |
| 36         | ls another vehicle                         | e available for pe                   | rsonal                                             |                     |                                       |                  |                                       |        |                           |                   |          |              |               |                            |          |
|            | use?                                       | <u></u>                              |                                                    |                     |                                       |                  |                                       |        |                           |                   |          |              |               |                            |          |
|            |                                            | Section C - Que                      | stions for l                                       | Employ              | yers Wł                               | o Pro            | vide Vel                              | nicles | for Use b                 | y Their           | Emplo    | yees         |               |                            |          |
| Ans        | swer these question                        | ns to determine if                   | you meet                                           | an exc              | eption                                | to con           | npleting                              | Sect   | ion B for                 | vehicle           | s used   | by em        | ployees       | who a                      | re not   |
| mo         | re than 5% owners                          | or related persons                   | (see instruct                                      | lions)              |                                       |                  |                                       |        |                           |                   |          |              |               |                            |          |
| 37         | Do you maintain your employees?            | a written policy                     |                                                    |                     |                                       |                  |                                       |        |                           |                   | g com    | muting,      | by            | Yes                        | No       |
| 38         | Do you maintain a                          | written policy state                 | ment that pr                                       | ohibits             | persona                               | use c            | of vehicle                            | s, ex  | cept comn                 | iuting, b         |          |              |               |                            |          |
|            |                                            | for vehicles used by o               |                                                    |                     |                                       | 1% or            | more ow                               | ners.  |                           |                   |          |              |               |                            |          |
| 39         | Do you treat all use                       |                                      | -                                                  |                     |                                       |                  |                                       |        |                           |                   |          |              |               |                            |          |
| 40         | , ,                                        |                                      | =                                                  |                     | nployees,                             | obtai            | ın ınforr                             | nation | from yo                   | our emp           | loyees   | about        | the           |                            |          |
|            | ·                                          | and retain the informa               |                                                    |                     |                                       |                  |                                       |        |                           |                   |          |              |               |                            |          |
| 41         | Do you meet the re                         |                                      |                                                    |                     |                                       |                  |                                       |        |                           | ons)              |          |              |               |                            |          |
|            |                                            | to 37, 38, 39, 40, or                | 41 IS Yes, a                                       | o not co            | ompiete s                             | ection           | B for the                             | covere | ea venicies               |                   |          |              |               | L                          |          |
| Ρā         | art VI Amortizat                           | tion                                 | 1                                                  |                     | T                                     |                  |                                       |        |                           | _                 | r        | , ,          |               | -                          |          |
|            | (a)<br>Description                         | of costs                             | (b) Date amort begins                              |                     | Am                                    | (c)<br>ortizabl  | )<br>le amount                        |        | (d)<br>Code se            |                   |          |              | Amortiza      | <b>(f)</b><br>ation for th | nis year |
| 42         | Amortization of cos                        | sts that begins during               | ng your 2009                                       | ) tax v             | ear (see                              | ınstru           | ctions)                               |        |                           |                   | Porce    | 90           |               |                            |          |
|            |                                            | ==0,,,=====                          | Ĭ                                                  | <u></u>             | 1 ,555                                |                  |                                       | Ţ      |                           |                   |          |              |               |                            |          |
|            |                                            |                                      | <b> </b>                                           |                     | 1                                     |                  |                                       | -+     |                           |                   | _        |              |               |                            |          |
| 43         | Amortization of cost                       | s that began before                  | your 2009 tax                                      | year                | J                                     |                  |                                       |        | _                         |                   | l        | 43           |               |                            |          |
| 44         | Total. Add amounts                         | ın column (f) See th                 | e instructions                                     | for whe             | ere to rep                            | ort              |                                       |        |                           |                   |          | 44           |               |                            |          |
| JSA<br>9X2 | 310 1 000                                  |                                      |                                                    |                     |                                       |                  |                                       |        |                           |                   |          |              | Foi           | m 4562                     | (2009)   |

20-0068099

DORIS M CARTER FAMILY FOUNDATION

Description of Property

1319 KING ST

| 1319 KING ST         |                              |                                |          |                                  |                    |                        |                                                                    |                                       |                  |          |          |                         |                                       |                              |
|----------------------|------------------------------|--------------------------------|----------|----------------------------------|--------------------|------------------------|--------------------------------------------------------------------|---------------------------------------|------------------|----------|----------|-------------------------|---------------------------------------|------------------------------|
| DEPRECIATION         |                              |                                |          |                                  |                    |                        |                                                                    |                                       |                  | }        | ŀ        |                         |                                       | 4                            |
| Asset description    | Date placed in service       | Unadjusted<br>Cost<br>or basis | Bus<br>% | 179 exp<br>reduction<br>in basis | Basis<br>Reduction | Basis for depreciation | Beginning Ending Accumulated Accumulated depreciation depreciation |                                       | Me-<br>thod Conv |          | Life     | ACRS CRS<br>class class | A Current-year<br>S 179<br>ss expense | Current-year<br>depreciation |
|                      | $\overline{}$                |                                | 100 000  |                                  |                    | 1,671,205              |                                                                    |                                       | SL               | Æ        |          | 39                      |                                       | 30,357.                      |
|                      |                              | li                             | 100 000  |                                  |                    |                        |                                                                    |                                       |                  |          | -        |                         |                                       | •                            |
|                      |                              |                                |          |                                  |                    |                        |                                                                    |                                       | +                | _        | +        | 4                       |                                       |                              |
|                      |                              |                                |          |                                  |                    |                        |                                                                    |                                       | $\dashv$         | 4        | $\dashv$ | -                       |                                       |                              |
|                      |                              |                                |          |                                  |                    |                        |                                                                    |                                       |                  | $\dashv$ | +        | +                       |                                       |                              |
|                      |                              |                                |          |                                  |                    |                        |                                                                    |                                       | -                | $\dashv$ | -        | $\dashv$                |                                       |                              |
|                      |                              |                                |          |                                  |                    |                        |                                                                    |                                       |                  | +        |          | $\dashv$                |                                       |                              |
|                      |                              |                                |          |                                  |                    |                        |                                                                    |                                       | +                | -        | +        | +                       |                                       |                              |
|                      |                              |                                |          |                                  |                    |                        |                                                                    |                                       |                  | +        | +        | +                       |                                       |                              |
|                      |                              |                                |          |                                  |                    |                        |                                                                    |                                       | +                | +        | +        | +                       |                                       |                              |
|                      |                              |                                |          |                                  |                    |                        |                                                                    |                                       |                  |          | -        | +                       |                                       |                              |
|                      |                              |                                |          |                                  |                    |                        |                                                                    |                                       |                  |          | -        | +                       |                                       |                              |
|                      |                              |                                |          |                                  |                    |                        |                                                                    |                                       |                  |          |          |                         |                                       |                              |
|                      |                              |                                |          |                                  |                    |                        |                                                                    |                                       |                  |          |          |                         |                                       |                              |
|                      |                              |                                |          |                                  |                    |                        |                                                                    |                                       |                  | +        | +        |                         |                                       |                              |
|                      |                              |                                |          |                                  |                    |                        |                                                                    |                                       | +                | +        | +        |                         |                                       |                              |
|                      |                              |                                |          |                                  |                    |                        |                                                                    |                                       |                  |          | +        |                         |                                       |                              |
| Less Retired Assets  |                              |                                | !        |                                  |                    |                        |                                                                    |                                       |                  |          |          |                         |                                       |                              |
| Subtotals            |                              | 2,483,000                      |          |                                  |                    | 1,671,205              |                                                                    | 30,357                                |                  |          |          |                         |                                       | 30,357.                      |
| Listed Property      |                              |                                |          |                                  |                    |                        |                                                                    |                                       | }                |          |          | -                       |                                       |                              |
|                      |                              |                                |          |                                  |                    |                        |                                                                    |                                       |                  | +        | +        | -                       |                                       |                              |
|                      |                              |                                |          |                                  |                    |                        |                                                                    |                                       |                  |          | +        | +                       |                                       |                              |
|                      |                              |                                |          |                                  |                    |                        |                                                                    |                                       |                  |          | +        |                         |                                       |                              |
| Less: Retired Assets | •                            |                                |          |                                  |                    |                        |                                                                    |                                       |                  |          |          |                         |                                       |                              |
| Subtotals            | :                            |                                |          |                                  |                    |                        |                                                                    |                                       |                  |          |          |                         |                                       |                              |
| TOTALS               | •                            | 2,483,000.                     |          |                                  |                    | 1,671,205              |                                                                    | 30,357                                |                  |          |          |                         |                                       | 30,357                       |
| AMORTIZATION         |                              |                                |          |                                  |                    |                        |                                                                    |                                       | -                | f        |          |                         |                                       |                              |
| Asset description    | Date<br>placed in<br>service | Cost<br>or<br>basis            |          |                                  |                    |                        | Accumulated , amortization                                         | Ending<br>Accumulated<br>amortization | Code             | Lıfe     |          |                         | 1                                     | Current-year<br>amortization |
|                      |                              |                                |          |                                  |                    |                        |                                                                    |                                       | $\dashv$         |          |          |                         |                                       |                              |
|                      |                              |                                |          |                                  |                    |                        |                                                                    |                                       | +                |          |          |                         |                                       |                              |
|                      |                              |                                |          |                                  |                    |                        |                                                                    |                                       | +                |          |          |                         |                                       |                              |
|                      |                              |                                |          |                                  |                    |                        |                                                                    |                                       | +                |          |          |                         | .1                                    |                              |
| TOTALS               |                              |                                |          |                                  |                    |                        |                                                                    |                                       |                  |          |          |                         | l                                     |                              |
| *Accest Detired      |                              |                                |          |                                  |                    |                        |                                                                    |                                       |                  |          |          |                         |                                       |                              |

CA4619

PAGE 35

DORIS M CARTER FAMILY FOUNDATION 20-006
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

| Kınd of F                                    | Property                              | INS AND LO          | Desc                     | ription                                 | ¢                            | or Date<br>D acquired | Date sold |
|----------------------------------------------|---------------------------------------|---------------------|--------------------------|-----------------------------------------|------------------------------|-----------------------|-----------|
| Gross sale<br>price less<br>expenses of sale | Depreciation<br>allowed/<br>allowable | Cost or other basis | FMV<br>as of<br>12/31/69 | Adj basis<br>as of<br>12/31/69          | Excess of FMV over adj basis | Gain<br>or<br>(loss)  |           |
|                                              |                                       | TOTAL LONG-         | TERM CAPIT               |                                         | IDENDS                       |                       | 1.        |
|                                              |                                       |                     |                          |                                         |                              |                       |           |
| OTAL GAIN(L                                  | oss)                                  |                     |                          | • • • • • • • • • • • • • • • • • • • • |                              |                       | <u>1.</u> |
|                                              |                                       |                     |                          |                                         |                              |                       |           |
|                                              |                                       |                     |                          |                                         |                              |                       |           |
|                                              |                                       |                     |                          |                                         |                              |                       |           |
|                                              |                                       |                     |                          |                                         |                              |                       |           |
|                                              |                                       |                     |                          |                                         |                              |                       |           |
|                                              |                                       |                     |                          |                                         |                              |                       |           |
|                                              |                                       |                     |                          |                                         |                              |                       |           |
|                                              |                                       |                     |                          |                                         |                              |                       |           |
|                                              |                                       |                     |                          |                                         |                              |                       |           |
|                                              |                                       |                     |                          |                                         |                              |                       |           |
|                                              |                                       |                     |                          |                                         |                              |                       |           |
|                                              |                                       |                     |                          |                                         |                              |                       |           |
|                                              |                                       |                     |                          |                                         |                              |                       |           |
|                                              |                                       |                     |                          |                                         |                              |                       |           |
|                                              |                                       |                     |                          |                                         |                              |                       |           |
|                                              |                                       |                     |                          |                                         |                              |                       |           |
|                                              |                                       |                     |                          |                                         |                              |                       |           |
|                                              |                                       |                     |                          |                                         |                              |                       |           |
|                                              |                                       |                     |                          |                                         | !                            |                       |           |
|                                              |                                       |                     |                          |                                         |                              |                       |           |
|                                              |                                       |                     |                          |                                         |                              |                       |           |
|                                              |                                       |                     |                          |                                         |                              |                       |           |
|                                              |                                       |                     |                          |                                         |                              |                       |           |