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990-PF

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

OMB No 1545-0052 **ചെ**

D In	epartm temal i	ent of the T Revenue Se	reasury rvice	Note: T	he foundation	n may	be able to u	d as a Privise a copy of	this return to	i on satisfy state	e repo	orting requirements		UU 9
Ē	For calendar year 2009, or tax year beginning				, 2009, and ending					, 20				
G	G Check all that apply Initial return				Initial return of a former public charity				Final ret	turn				
				\square	Amended re	eturn		Addre	ess change	ſ		Name change	_	
_	Name of foundation								····		A Employer identifi	cation numb	er	
	Use the IRS													
	label. THE BAXT FAMILY FOUNDATION									52-	-200674	6		
	Otherwise, Number and street (or P O box number					umber	f mail is not de	ivered to stree	et address)	Room/su	uite	B Telephone number (se	e page 10 of the in	estructions)
	•	rint												
	or type. 1200 NEW HAMPSHIRE AVE					NUE, N.W.				(202) 776-2000				
	See Specific Instructions. City or town, state, and ZIP code									C If exemption application is				
		uctions.	1									pending, check here D 1. Foreign organiza		▶
			WASHING'	TON,	DC 2003	36-6	802					2. Foreign organiza		
F	Ch	eck type	e of organiza		X Section			nt private	foundation			85% test, check in computation	here and attach	
ĺ		• •	1947(a)(1) no						rivate founda	tion				
1			t value of all				ounting met			crual		E If private foundation under section 507(b)		
-			m Part II, coi		1		ther (speci	_				F If the foundation is		
) ▶ \$		01,5					n cash basis)	- 		under section 507(b		
ſ			sis of Reve			•	1			-		'	· · · · · · · · · · · · · · · · · · ·	ursements
=		total o	f amounts in c	olumns	s (b), (c), and	(d)	(a) Neve	enue and ses per	(b) Net inve		((c) Adjusted net income	for ch	naritable
			iot necessanly n (a) (see pag					oks	incon	ne		income		poses pasis only)
-	1		uons, grits, grants,					22,681	-9 17,	* . 7/	• • •	7.7	1000113	
	2	Check I	If the f	foundati	on is not requi	red to	ia.	-1 ; 1					·	
	3	-	on savings and		an rach invest			321		321.			17. 27	*, *.
MN7	4		nds and intere	•	•			5,881	-	5,881.				- '
	ı		ents		•								;	
7			tal income or (lo						* _ #14°		. بعد		A.	P
<u>~</u>	l .		or (loss) from	-		ne 10						,	· .	3, 38
AUG.	b	Gross s	ales price for all	Sale of	233613 1101 011 111	16 10		*, 57	1,000	, 3	4.5	- [***47] - 4		٠
- AUG Revenue	7		n line 6a : gain net inco	me (fr	om Part IV Jur	na 2\				i			· · · · · · · · · · · · · · · · · · ·	. ;
	8	-	ort-term capita				12	RE	CEIVED				· .	
SCANNED	9		e modification	-			· ·		-	10				
Z	_	Gross sa	iles less returns					2 III	M # 9949	ÖS		, .		
Z	۱.		wances · · · ost of goods solo			-		2 ~10r	0 7 ZOIO	S	•			\$
			profit or (loss)		n schedule)								-	- 4;
9	11		ncome (attacl		-		ÿ.	OG	PEN. UT					.
Οø			Add lines 1 th					28,883		6,202.			-	
-	13		sation of office			-		0		-				
	14		employee sala											
es	15		n plans, empl		•									
ens	16a		ees (attach so											
Š	Ь	Accour	nting fees (att	ach scl	hedule) ATCH	<u>.</u>		2,650		1,325.		0.		1,325
ē	c		professional fe											
aţį	17		t											
str	18		ittach schedule)					183						
<u>:</u>	19	-	ciation (attach		-									
Operating and Administrative Expenses	20	•	ancy											
Ą	21	•	conferences,										1	
anc	22		g and publicat											
ğ	23	Other	expenses (atta	ach ech	edule) ATC	н 3		64	ļ					64
atir	24		perating and							-		 -		
)er:			es 13 through					2,897	1	1,325.		0.		1,389
Ö	25		es 13 trirougi outions, gifts,					27,745					 	27,745
	26		enses and disbur	-				30,642		1,325.		0.	<u> </u>	29,134
_	27		enses and disbur ct line 26 fron			anu 25			 					
	1		f revenue over ex			te		-1,759]					
	1		r revenue over ex restment inco					,	 	4,877.				
	1 4	, INCL IIII	esument mice	c (1)	negative, elit	U+ -U-)	t		1		L		1	

c Adjusted net income (if negative, enter -0-). . For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

ATCH 2

-0-

Form 990-PF (2009)

Dari II	Balance Sheets description column should be for end-of-year	Beginning of year	Ena	or year
r aut ii	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			
2	Savings and temporary cash investments	138,370.		
3	Accounts receivable		ALL OF THE SECOND STATE OF THE SECOND STATE OF THE SECOND	
	Less allowance for doubtful accounts ▶			
4	Pledges receivable			
i	Less. allowance for doubtful accounts ▶			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see page 16 of the instructions)			
7	Other notes and loans receivable (attach schedule)	141	\$ - ()	
	Less: allowance for doubtful accounts ▶			
8 0	Inventories for sale or use			
Assets 0 0 a	Prepaid expenses and deferred charges			
8 10 a	Investments - U.S. and state government obligations (attach schedule) *.*	51,964.	50,987.	52,766
	Investments - corporate stock (attach schedule) ATCH 5	258,057.	260,065.	223,387
	Investments - corporate bonds (attach schedule)			
11	Investments - land, buildings,	, and and a very service		
	and equipment basis Less accumulated depreciation		had the tite of the transfer of the contraction of the tite of the transfer of	AND IN IN THE WARRANT AND
140	(attach schedule)			
12	Investments - mortgage loans			
13	Investments - other (attach schedule)	S Trayron Co	and the first section is	
	Land, buildings, and equipment basis Less accumulated depreciation			
1	(attach schedule)			
15	Other assets (describe)			
16	Total assets (to be completed by all filers - see the	448,391.	126 112	401 542
	Instructions. Also, see page 1, item l)		436,442.	401,543
17	Accounts payable and accrued expenses	9,000.	0.	,
18	Grants payable	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
<u>မွ</u> 19	Deferred revenue			
Liabilities 20 21	Loans from officers, directors, trustees, and other disqualified persons			
.답 21	Mortgages and other notes payable (attach schedule)			
- 22	Other liabilities (describe		<u>.</u>	Į
			_	
23	Total liabilities (add lines 17 through 22)	9,000.	0.	
	Foundations that follow SFAS 117, check here ▶			^, ,
	and complete lines 24 through 26 and lines 30 and 31.			, ,
ဗ္ဗိ 24	Unrestricted			
E 25	Temporarily restricted			
평 26	Permanently restricted			
Fund Balances	Foundations that do not follow SFAS 117,			,
큔	check here and complete lines 27 through 31. ▶ X			., .
ර් 27	Capital stock, trust principal, or current funds			,2
	Paid-in or capital surplus, or land, bldg , and equipment fund			1 "' <i>'</i>
29		439,391.	436,442.	, , , , , , , , , , , , , , , , , , , ,
	Retained earnings, accumulated income endowment or other funds			
حّا عَمَ	Retained earnings, accumulated income, endowment, or other funds	100,0021		_ · ·
Set As	Total net assets or fund balances (see page 17 of the	<u> </u>	436,442.	
l l	Total net assets or fund balances (see page 17 of the instructions)	439,391.	436,442.	
	Total net assets or fund balances (see page 17 of the instructions) Total liabilities and net assets/fund balances (see page 17	439,391.		
31	Total net assets or fund balances (see page 17 of the instructions) Total liabilities and net assets/fund balances (see page 17 of the instructions)	439,391. 448,391.	436,442. 436,442.	
31 Part II	Total net assets or fund balances (see page 17 of the instructions) Total liabilities and net assets/fund balances (see page 17 of the instructions) Analysis of Changes in Net Assets or Fund	439,391. 448,391. Balances	436,442.	
31 Part II Total	Total net assets or fund balances (see page 17 of the instructions) Total liabilities and net assets/fund balances (see page 17 of the instructions)	439, 391. 448, 391. Balances , column (a), line 30 (mus	436, 442.	420 201
Part III 1 Total end-c	Total net assets or fund balances (see page 17 of the instructions) Total liabilities and net assets/fund balances (see page 17 of the instructions) Analysis of Changes in Net Assets or Fund I net assets or fund balances at beginning of year - Part II of-year figure reported on prior year's return)	439, 391. 448, 391. Balances , column (a), line 30 (mus	436, 442.	•
Part III 1 Total end-c 2 Enter	Total net assets or fund balances (see page 17 of the instructions) Total liabilities and net assets/fund balances (see page 17 of the instructions) Analysis of Changes in Net Assets or Fund I net assets or fund balances at beginning of year - Part II of-year figure reported on prior year's return) r amount from Part I, line 27a	439, 391. 448, 391. Balances , column (a), line 30 (mus	436, 442.	•
Part III 1 Total end-c 2 Enter 3 Othe	Total net assets or fund balances (see page 17 of the instructions) Total liabilities and net assets/fund balances (see page 17 of the instructions) Analysis of Changes in Net Assets or Fund I net assets or fund balances at beginning of year - Part II of-year figure reported on prior year's return) r amount from Part I, line 27a r increases not included in line 2 (itemize)	439, 391. 448, 391. Balances column (a), line 30 (mus	436, 442. st agree with	-1,759
Part III 1 Total end-c 2 Enter 3 Othe	Total net assets or fund balances (see page 17 of the instructions) Total liabilities and net assets/fund balances (see page 17 of the instructions) Analysis of Changes in Net Assets or Fund I net assets or fund balances at beginning of year - Part II of-year figure reported on prior year's return) r amount from Part I, line 27a r increases not included in line 2 (itemize)	439, 391. 448, 391. Balances column (a), line 30 (mus	436, 442. st agree with	-1,759 437,632
Part III 1 Total end-c 2 Enter 3 Othe 4 Add I 5 Decre	Total net assets or fund balances (see page 17 of the instructions) Total liabilities and net assets/fund balances (see page 17 of the instructions) Analysis of Changes in Net Assets or Fund I net assets or fund balances at beginning of year - Part II of-year figure reported on prior year's return) r amount from Part I, line 27a r increases not included in line 2 (itemize)	439, 391. 448, 391. Balances , column (a), line 30 (mus	436, 442. st agree with 2 3 4 5	439,391 -1,759 437,632 1,190 436,442

(a) List and	and Losses for Tax on Inv d describe the kind(s) of property sold (e g , real estate,	(b) How acquired	(c) Date	(d) Date sold
	rick warehouse, or common stock, 200	shs MLC Co)	P-Purchase D-Donation	(mo , day, yr.)	(mo , day, yr)
<u>1a</u>			 		
<u>b</u>			 		
<u>c</u>					
e			 		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
a					
_b	<u> </u>				
С					
_d					
Complete only for coasts of	cowing goin to column (h) and our	and by the foundation on 12/21/60			
Complete only for assets si		ned by the foundation on 12/31/69 (k) Excess of col. (i)		Gains (Col. (h) g (k), but not less t	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	over col (j), if any		Losses (from co	
_a					
<u>b</u>			 	·	
<u>c</u>			 		
<u>d</u>			 		
<u>e</u>	(If	gain, also enter in Part I, line 7			
2 Capital gain net income or	(not contal loce)	(loss), enter -0- in Part I, line 7	2		
3 Net short-term capital gain	or (loss) as defined in sections 12	• •		••	
If gain, also enter in Part I,	line 8, column (c) (see pages 13	and 17 of the instructions)	1 1		
	ine 8		3		
Part V Qualification Un	der Section 4940(e) for Redu	iced Tax on Net Investment Inc	ome		
		utable amount of any year in the b	ase period	ı? [Yes X No
		, see page 18 of the instructions be	efore mak	ing any entries	 -
(a)	(b)	(c)		(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets	j	Distribution re (col (b) divided by	itio coi (c))
2008	25,000.	400,287.			0.062455
2007	10,700.	435,003.			0.024598
2006	19,230.	368,843.			0.052136
2005	14,700.	321,430.			0.045733
2004	13,802.	280,683.	<u> </u>		0.049173
2 T-4-1 of line 4 column (d)			_		0.234095
2 Total of line 1, column (d)	for the 5-year base period - divide	the total on line 2 by 5, or by the	2		0.234033
•	for the 5-year base period - divide fation has been in existence if less	• • •	3		0.046819
		, , , , , , , , , , , , , , , , , , , ,			
4 Enter the net value of non	charitable-use assets for 2009 from	m Part X, line 5	4		341,912.
			_		16,008.
5 Multiply line 4 by line 3.			5		10,000.
6 Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		49.
7 Add lines 5 and 6			7		16,057.
8 Enter qualifying distribution If line 8 is equal to or gre	ns from Part XII line 4		8		29,134.

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	ne ins	tructio	ons)
1 a	Exempt operating foundations described in section 4940(d)(2), check here	, 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			<u>4</u> 9.
	here \blacktriangleright X and enter 1% of Part I, line 27b	-1, is	1. 1.	34 1
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			i
	of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2			49.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			49.
6	Credits/Payments 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	, ř		- I
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a	1	•	•
b	Exempt foreign organizations-tax withheld at source 6b 0.	, · • § · ¹		:
C	Tax paid with application for extension of time to file (Form 8868) 6c 0.	-	"`·,	4.4
d	Backup withholding erroneously withheld			تــــــــــــــــــــــــــــــــــــــ
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			49.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			49.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2010 estimated tax Refunded 11			
_	t VII-A Statements Regarding Activities	3	Yes	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1a	res	No X
	participate or intervene in any political campaign?			
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	1ь	Į l	x
	of the instructions for definition)?			٠ .
	published or distributed by the foundation in connection with the activities	-4,	***	
_	Did the foundation file Form 1120-POL for this year?	1c		X
ن	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	10.05	7	50° 00
u	(1) On the foundation \blacktriangleright \$ 0. (2) On foundation managers \blacktriangleright \$ 0.		1.	د اب د
ρ.	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		, ;	1 4
Ū	on foundation managers > \$0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	L	Х
_	If "Yes," attach a detailed description of the activities		٠ .	ĺ.
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			Х
	If "Yes," attach the statement required by General Instruction T.	-		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			٠
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	_^_	
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	'	- `	
	instructions) >		-	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		 X	ĺ
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b		
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		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			l x
	names and addresses	10		

Par	rt 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		X
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	X	
	Website address ► N/A			
14	The books are in care of ► THE ORGANIZATION Telephone no ►202-770		00	
	Located at ▶1200 NEW HAMPSHIRE AVENUE, N.W WASHINGTON, DC ZIP+4 ▶ 20036-	5802		, , ,
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	1	T	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	7,00	Yes	No
1a	During the year did the foundation (either directly or indirectly)			أ • ثر
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			, , ,
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	1 33	4	
	disqualified person?	- '		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualitied person?	١.,		3.4
	(4) Pay compensation to, or pay of reimburse the expenses of, a disqualined person.		10	100
	(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)? Yes X No	.:		% - '
		1. 5th		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if	1.75		أيرانها
	the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)		£y` ≀	
_	termination of government convicting manner of days, it is the second of	. 7 ¹ #.	ŀ	3
D	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1b		,
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?			
_	Organizations relying on a current notice regarding disaster assistance check here		300	2
C	were not corrected before the first day of the tax year beginning in 2009?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		16- 1	, 2434 I
-	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			32.78**
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and	-,	· ′	ا ۾ د
-	6e, Part XIII) for tax year(s) beginning before 2009?			
	If "Yes," list the years \(\bigs\)	. ~		'
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	` ',],	5 5
-	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			i
	to all years listed, answer "No" and attach statement - see page 20 of the instructions.)	2b		X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			,
	>			_
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business	١.		
	enterprise at any time during the year? Yes X No			,
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or	٠.		
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	,		- 1
	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)	3 b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	 	<u>X</u>
þ	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?	14b	1	X

Pai	rt VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (contii	nued)			
5a	During the year did the foundation pay or incur any amou	nt to			_	187		· .
	(1) Carry on propaganda, or otherwise attempt to influer		4945(e))?	Yes	XNo	.,-	, ′	, ;
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,							٠,
		•	-	Yes	XNo			ļ
	(3) Provide a grant to an individual for travel, study, or other			Yes	X No		į.	1 · '
	•			es			,- *	
	(4) Provide a grant to an organization other than a chari	_			X No	That Part	· ·	
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (. Yes	LY NO	1 4		
	(5) Provide for any purpose other than religious, charital	-			ΓŪ			
	purposes, or for the prevention of cruelty to children o				X No	950 g	···	i
b	If any answer is "Yes" to 5a(1)-(5), did any of the trans	actions fail to qualify	under the exceptions	described in	n		'	ايس فين افحاد حققة
	Regulations section 53 4945 or in a current notice regard	ling disaster assistand	e (see page 22 of the	instructions)?		5b		ļ
	Organizations relying on a current notice regarding disast	ter assistance check h	ere	!	▶	1.		
c	If the answer is "Yes" to question 5a(4), does the foundation	ation claim exemption	from the tax					
	because it maintained expenditure responsibility for the gi	•		Yes	X No	į		()
	If "Yes," attach the statement required by Regulations section						3.	<u>.</u> 1
٠.	Did the foundation, during the year, receive any funds, d	• •	nov promiume				£ & .	ار الماؤ ا
ъa				Yes	XNo		<u> </u>	130
	on a personal benefit contract?			• —		6 b		, <u>-x</u> _ ,
D	Did the foundation, during the year, pay premiums, direct	city or indirectly, on a	personal benefit contrat	а [,]		00_		
	If "Yes" to 6b, file Form 8870.					<u> </u>	. '	3.77
	At any time during the tax year, was the foundation a par				No			1 1 7
	If yes, did the foundation receive any proceeds or have a					7b_		L
Pai	t VIII Information About Officers, Directors and Contractors	, Trustees, Foun	dation wanagers,	rigiliy Pa	ia Empio	yees,		
1	List all officers, directors, trustees, foundation m	anagers and their		page 22 of	the instru	ctions).		
-		0.5 70						4
	(a) Name and address	(b) Title, and average	(c) Compensation (If not paid, enter	(d) Contribu		(e) Expens		
	(a) Name and address	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribution employee ber and deferred co	efit plans	(e) Expens other all		
		(b) little, and average hours per week devoted to position	-0-)	employee ber	nefit plans Impensation			es
ĀT	(a) Name and address TACHMENT 7	(b) I file, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee ber	efit plans			
ĀT	TACHMENT 7	(b) I file, and average hours per week devoted to position	-0-)	employee ber	nefit plans Impensation			es
AT		(b) I title, and average hours per week devoted to position	-0-)	employee ber	nefit plans Impensation			es
ĀT	TACHMENT 7	(b) I title, and average hours per week devoted to position	-0-)	employee ber	nefit plans Impensation			es
AT	TACHMENT 7	(b) I title, and average hours per week devoted to position	-0-)	employee ber	nefit plans Impensation			es
AT	TACHMENT 7	(b) I title, and average hours per week devoted to position	-0-)	employee ber	nefit plans Impensation			es
ĀT	TACHMENT 7	(b) I title, and average hours per week devoted to position	-0-)	employee ber	nefit plans Impensation			es
	TACHMENT 7	hours per week devoted to position	0.	employee ber and deferred co	efit plans mpensation 0 .	other all		es
2	TACHMENT 7	hours per week devoted to position	0.	e page 23 c	efit plans mpensation 0.	other all		es
2	TACHMENT 7 Compensation of five highest-paid employees (other mode, enter "NONE."	hours per week devoted to position her than those inc	0.	e page 23 (d) Contribu	efit plans mpensation 0.	other all	lowance	0
2	TACHMENT 7	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 (d) Contribi employee plans and d	of the insti	other all	lowance	0 unt,
2	TACHMENT 7 Compensation of five highest-paid employees (other mode, enter "NONE."	hours per week devoted to position her than those inc	0.	e page 23 (d) Contribiemployee	of the insti	ructions).	lowance	0 unt,
2	TACHMENT 7 Compensation of five highest-paid employees (other in the state of the	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 (d) Contribi employee plans and d	of the insti	ructions).	lowance	0 unt,
2	TACHMENT 7 Compensation of five highest-paid employees (other mode, enter "NONE."	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 (d) Contribi employee plans and d	of the insti	ructions).	lowance	0 unt,
2	TACHMENT 7 Compensation of five highest-paid employees (other in the state of the	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 (d) Contribi employee plans and d	of the insti	ructions).	lowance	0 unt,
2	TACHMENT 7 Compensation of five highest-paid employees (other in the state of the	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 (d) Contribi employee plans and d	of the insti	ructions).	lowance	0 unt,
2	TACHMENT 7 Compensation of five highest-paid employees (other in the state of the	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 (d) Contribi employee plans and d	of the insti	ructions).	lowance	0 unt,
2	TACHMENT 7 Compensation of five highest-paid employees (other in the state of the	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 (d) Contribi employee plans and d	of the insti	ructions).	lowance	0 unt,
2	TACHMENT 7 Compensation of five highest-paid employees (other in the state of the	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 (d) Contribi employee plans and d	of the insti	ructions).	lowance	0 unt,
2	TACHMENT 7 Compensation of five highest-paid employees (other in the state of the	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 (d) Contribi employee plans and d	of the insti	ructions).	lowance	0 unt,
2	TACHMENT 7 Compensation of five highest-paid employees (other in the state of the	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 (d) Contribi employee plans and d	of the insti	ructions).	lowance	0 unt,
2	TACHMENT 7 Compensation of five highest-paid employees (other in the state of the	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 (d) Contribi employee plans and d	of the insti	other all	lowance	0 unt,

Part VI	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employand Contractors (continued)	yees,
3 Five hi	ghest-paid independent contractors for professional services (see page 23 of the instructions). If none,	enter "NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	E	
		<u> </u>
Total nur	nber of others receiving over \$50,000 for professional services	▶ NONE
Part IX-	A Summary of Direct Charitable Activities	
	oundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number tations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-		
	the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NON	E	
2		
		<u></u>
	program-related investments. See page 24 of the instructions	
3 NOV	E	
Total. Ad	d lines 1 through 3	

Pa	Part X Minimum Investment Return (All domestic foundations must complete this part. For see page 24 of the instructions)	oreign foundatio	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.	2 - 2	
а	Average monthly fair market value of securities		218,902.
b	Average of monthly cash balances	1b	128,217.
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
đ	d Total (add lines 1a, b, and c)	1d	347,119.
е	Reduction claimed for blockage or other factors reported on lines 1a and	60004 -95	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	347,119.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
		4	5,207.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	341,912.
6	Minimum investment return. Enter 5% of line 5	• • — — —	17,096.
_	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) productions and certain foreign organizations check here ▶ and do not complete the	orivate operating	
1	Minimum investment return from Part X, line 6	1	17,096.
2 a		19.	
b	Income tax for 2009. (This does not include the tax from Part VI)	chiego g	
С	Add lines 2a and 2b		49.
3	Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1	. 3	17,047.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4		17,047.
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	17,047.
_	Part XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	<u></u>	29,134.
a	· =: T = : - : - : - : - : - : - : - : - : - :		23,134.
b		. 1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the	1.4	_
а		3a	0.
b		3 b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	29,134.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	e	
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	49.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	. 6	29,085.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years	ng whether the fo	undation

Form 990-PF (2009)

Pa	Unaistributed income (see page	20 of the instruction	113)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
-	line 7	1 191 11			17,047.
2	Undistributed income, if any, as of the end of 2009	· · · · · · · · · · · · · · · · · · ·	1 . 12		
а	Enter amount for 2008 only	विस्त्रीत क्षीत हो हो हो	ម៉ាន់ស៊ីវិទី ៤. ម៉ា ២៣	11,571.	The second second
ь	Total for prior years 20 07 .20 06 .20 05				\$
3	Excess distributions carryover, if any, to 2009	Control of the state of the sta	1918 A 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
а	From 2004				in a second of
b	From 2005				
-	From 2006			49	,
ď	From 2007				
_	From 2008			, k, , , , , , , , , , , , , , , , , ,	
•	Total of lines 3a through e	The same of the sa		- 16	- '
4	Qualifying distributions for 2009 from Part XII,			٠, ٠,	-, , , , ,
•	line 4: ▶ \$ 29,134.				· · · · · · · · · · · · · · · · · · ·
а	Applied to 2008, but not more than line 2a			11,571.	
h	Applied to undistributed income of prior years (Election	**		Les with the second	
~	required - see page 26 of the instructions)	J. C. S.			
_	Treated as distributions out of corpus (Election				
Ŭ	required - see page 26 of the instructions)		The transfer affi	- A 7 4	Tak of 15 A, 12 pm 12 , 12 pm
d	Applied to 2009 distributable amount	ag P 益集的 包 27	- 1327 h /2 138	(第2) [[] []	17,047.
е	Remaining amount distributed out of corpus	516.		, x' ,	3.5,2
5	Excess distributions carryover applied to 2009.		· · · · · · · · · · · · · · · · · · ·	Section 1	
	(If an amount appears in column (d), the same amount must be shown in column (a))				(\$3.00) Existing
6	Enter the net total of each column as			Ser Ser	
	indicated below:	and a self-binary by a		Links in the	
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	516.	,)	% 3. , M. AY	, g
b	Prior years' undistributed income. Subtract	Carry Tay of the		12 1 1 1 1 1 1 1 1 1 1 1	
	line 4b from line 2b	, - , - , - , <u>- , - , - , - , - , - , -</u>			· · · · · ·
C	Enter the amount of prior years' undistributed income for which a notice of deficiency has been				l s
	issued, or on which the section 4942(a) tax has			-	
	been previously assessed	,1 ,		/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
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		<u> </u>		
	27 of the instructions				
f	Undistributed income for 2009 Subtract lines	h tight was			
	4d and 5 from line 1. This amount must be				
_	distributed in 2010				<u> </u>
7	to satisfy requirements imposed by section		- '		- }
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the		,	, ,	
8	instructions)				
0	applied on line 5 or line 7 (see page 27 of the				
_	instructions)	-	<u> </u>		
9	Excess distributions carryover to 2010.	516.	`		ı
	Subtract lines 7 and 8 from line 6a			,	
	Analysis of line 9. Excess from 2005	1			
a b	Excess from 2006	1			
_	Excess from 2007	1			
c d	Excess from 2008	1			
-	Excess from 2009 516.	1			
-	—				

Forn	, n 990-PF (2009)			52-20	06746	Page 10
Pa	rt XIV Private Oper	rating Foundations	see page 27 of the	e instructions and Par	t VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter th	at it is a private opera	ting	
	foundation, and the ruling	g is effective for 2009, e	nter the date of the ruling	9	▶	
b	Check box to indicate wh				4942()(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(0) 1041
	I or the minimum investment return from Part X for each					
	year listed					
b	85% of line 2a					
C	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not					
	used directly for active conduct of exempt activities					
е	Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line					
	2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i)					
b	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed					
C	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents,]				
	payments on securities loans (section 512(a)(5)),					
	or royalties)					
	(2) Support from general public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(w)			 		
	(3) Largest amount of sup- port from an exempt					
	organization			- 		<u> </u>
Da	(4) Gross investment income.	any Information (C	omplete this part	only if the founda	tion had \$5 000	or more in assets
ه ۲	at any time o	during the year - se	e page 28 of the ir	estructions.)		
1	Information Regardin					
а	List any managers of	the foundation who h	nave contributed mor	re than 2% of the total more than \$5,000) (Se	contributions receiv	ed by the foundation
	_		ley have contributed	more than \$5,000) (Se	e section 507 (d)(2))	
	ATTACHMI		400/	£ 4b4b £	tion (or on onicelli	lorge parties of the
þ	List any managers of	the foundation who	own 10% or more of twhich the foundation	of the stock of a corpo n has a 10% or greater	ration (or an equally interest	large portion of the
	ownership or a partner	iship of other entity) o	willon the foundation	ii nasa 1070 oi greater	macical	
	N/A					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholars	hip, etc., Programs:		
_	Ť	_		to preselected charita	able organizations a	ind does not accept
	unsolicited requests f	for funds If the foun	dation makes gifts.	grants, etc (see page	28 of the instruction	ons) to individuals or
	organizations under ot					
a			of the person to who	m applications should be	addressed	
<u>_</u>	The form in which ann		hmitted and informat	ion and materials they s	should include.	
				and materials may c		
	ATTACHMI	<u>ENT 10</u>				
С	Any submission deadli	ines:				
	NONE					
d	_ •	mitations on awards	such as by geogr	aphical areas, charitat	ole fields, kinds of	institutions, or other
	factors ATTACHMI	ENT 11				
164	ATTACHM	<u> </u>				Form 990-PF (2009)

Form 990-PF (2009)			52-2006746	Page 1'
Part XV Supplementary Information (c	ontinued)			
3 Grants and Contributions Paid Dur	ing the Year or App		uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
ATTACHMENT 12				
)		
		-		
		i		
		1		
		<u> </u>		
Total	 	· · · · · · ·	▶ 3a	27,745.
b Approved for future payment				
]		
]		
Total			▶ 3b	

Form 9,90-P	F (2009)			52	-2006746	Page 12
Part XV	I-A Analysis of Income-Prod	ucing Acti	vities		 	
	s amounts unless otherwise indicated	T	ated business income	Excluded b	y section 512, 513, or 514	(e) Related or exempt function income
1 Program	m service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d)	function income (See page 28 of the instructions)
a	iii sei vice revenue					the instructions)
b						
c —						· · · · · · · · · · · · · · · · · · ·
d						
e						
f _						
g Fee	es and contracts from government agencies					
2 Membe	ership dues and assessments					
	on savings and temporary cash investments			14	321.	
4 Dividen	ids and interest from securities		<u> </u>	14	5,881.	
	ital income or (loss) from real estate:		\$255 th 2 1 1 2 11			
	bt-financed property			ļ		· · · · · · · · · · · · · · · · · · ·
	t debt-financed property					
	al income or (loss) from personal property					
	nvestment income	ľ			<u> </u>	
	(loss) from sales of assets other than inventory			- 		
	ome or (loss) from special events	I	<u> </u>			
	profit or (loss) from sales of inventory			 		
b				· 		· · · · · · · · · · · · · · · · · · ·
						
d						
е —						
12 Subtota	al Add columns (b), (d), and (e)	****		, , ,	6,202.	6,202.
Line No.	Explain below how each activities the accomplishment of the for page 29 of the instructions)	ty for whi	ch income is reporte	d ın columr	(e) of Part XVI-A con	
	page 20 of the management y					
		· · · · · · · · · · · · · · · · · · ·				
						
				·		
					 	
			NOT APPLICABI			
			NOI APPLICABI	<u>. – – – </u>	· · · · · · · · · · · · · · · · · ·	
	-					
						
						
						
	 					
					··	
			· 	<u></u> _		

Pa	rt XVI	Information Exempt Orga		Transfers To and	Transactions	and Relations	ships With N	lonc	harit	able
1	ın se	ction 501(c) of the C	ode (other than	engage in any of the n section 501(c)(3) org	anizations) or in			ē.	Yes	No
а	organi Trans	izations? fers from the reporting t	foundation to a n	noncharitable exempt organ	nization of.			- 12		
	(1) Ca	ash					. 	1a(1)		X
		ther assets						1a(2)		X
b		transactions						1235 ·	3/1 -	,
	(1) S	ales of assets to a nonc	haritable exempt	organization	<i></i>			1b(1)		X
	(2) Pi	urchases of assets from	a noncharitable	exempt organization				1b(2)		Х
				ets				1b(3)		X
	(4) R	eimbursement arrangem	ents			. 		1b(4)		Х
	(5) Lo	oans or loan guarantees				1b(5)		X
	(6) P	erformance of services	or membership or	r fundraising solicitations				1b(6)		Х
C	Sharir	ng of facilities, equipmen	nt, mailing lists, o	other assets, or paid employ	yees			1c	Ĺl	X
d	If the	answer to any of	the above is '	"Yes," complete the fo	llowing schedule	Column (b) shou	ıld always show	the	fair n	narke
	value	of the goods, other	assets, or sen	vices given by the rep	orting foundation	If the foundatio	n received less	than	fair n	narke
	value	in any transaction o	r sharing arran	ngement, show in colur	mn (d) the value	e of the goods, o	ther assets, or	service	es rec	eived
(a) l	ine no	(b) Amount involved	(c) Name of	noncharitable exempt organiz	zation (d) De	scription of transfers, ti	ansactions, and shar	ing arra	ngemer	nts
		N/A	 		N/A					
	-		<u> </u>							
			 							
		<u></u>								
			 							
				-						
										
2 a				ated with, or related to,		-exempt organization	ns described in	٦.,	s X	∂
				501(c)(3)) or in section 52			L		≋ <u></u>	7 140
	II TES	s," complete the followin (a) Name of organizatio		(b) Type of orga	nization	(c) De	scription of relations	hip		
		(2)		(5) 1) 10 11 11		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·····			
							· · · · · · · · · · · · · · · · · · ·			
			•							
_										
$\overline{}$	Under	penalties of perjuny 1 deci	are that have ex	ramined this return, including	accompanying sch	edules and statements,	and to the best of	my ki	nowledg	e and
	belief, i	it is true, correct and com	ete Declaration	or preparer (other than taxpa	ayer or fiduciary) is b	pased on all information	n of which preparer	has ar	iy know	dedge
1	N	1	cri Jas		2/	2/10 \0/	/			
ည	SI	gnature of officer or trustee			Date	Title				
Sign Here	_		0-	7	Date	Check if	Preparer's			
되	د ي	Preparer's	1///		6-20-	self-employed	number (Se page 30 of the			
ઙૢૻ	o a a	signature			0-30-29	0				
	Paid Preparer's Use Only	Firm's name (or yours if		WILTSE & ROBIN		EIN	>			
1	ر م	self-employed), address	8405	GREENSBORO DRIV	E, 7TH FLOO	DR [

Phone no. 703-893-0600

22102

and ZIP code

MCLEAN,

VA

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

Schedule of Contributors

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990, 990-EZ, or 990-PF.

2009

Name of the organization	AMITON	Employer Identification number
THE BAXT FAMILY FOUND.	ATION	52-2006746
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion
	501(c)(3) taxable private foundation	
	ered by the General Rule or a Special Rule. B), or (10) organization can check boxes for both the General Rule and a S	pecial Rule See
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 contributor. Complete Parts I and II	ır more (ın money or
Special Rules		
sections 509(a)(1) and	organization filing Form 990 or 990-EZ that met the 331/3% support tes 170(b)(1)(A)(vi), and received from any one contributor, during the year of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line	, a contribution of the greater
the year, aggregate co	, (8), or (10) organization filing Form 990 or 990-EZ that received from a ntributions of more than \$1,000 for use <i>exclusively</i> for religious, charitabl or the prevention of cruelty to children or animals. Complete Parts I, II, an	e, scientific, literary, or
the year, contributions aggregate to more than year for an exclusively reapplies to this organiza	, (8), or (10) organization filing Form 990 or 990-EZ that received from a for use exclusively for religious, charitable, etc., purposes, but these compast, \$1,000. If this box is checked, enter here the total contributions that we eligious, charitable, etc., purpose. Do not complete any of the parts unless tion because it received nonexclusively religious, charitable, etc., contributions.	tributions did not ere received during the is the General Rule
990-EZ, or 990-PF), but it must a	ot covered by the General Rule and/or the Special Rules does not file Sonswer "No" on Part IV, line 2 of its Form 990, or check the box on line Ho certify that it does not meet the filing requirements of Schedule B (Form	of its Form 990-EZ,

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

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

THE BAXT FAMILY FOUNDATION Name of organization Employer identification number 52-2006746 Part I Contributors (see instructions) (a) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 1 LEONARD J. & JOY H. BAXT Person Payroll 2728 1/2 CHAIN BRIDGE ROAD NW 22,681. Noncash (Complete Part II if there is WASHINGTON, DC 20016 a noncash contribution) (a) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution) (c) (d) (a) (b) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Person Payroll Noncash (Complete Part II if there is a noncash contribution) (b) (c) (d) (a) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Person Payroll Noncash (Complete Part II if there is a noncash contribution) (c) (a) (b) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Person Payroll Noncash (Complete Part II if there is a noncash contribution) (b) (c) (d) (a) Aggregate contributions Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash

(Complete Part II if there is a noncash contribution)

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CHARITABLE	1,325.	1,325.
ADJUSTED NET INCOME		0
NET INVESTMENT INCOME	1,325.	1,325.
REVENUE AND EXPENSES PER BOOKS	2,650.	2,650.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

FORM 990PF, PART I - TAXES

REVENUE AND EXPENSES

DESCRIPTION

PER BOOKS

EXCISE TAX FOREIGN TAXES

31. 152.

TOTALS

183.

- OTHER EXPENSES PART I FORM 990PF,

REVENUE AND

EXPENSES
PER BOOKS
64.

DESCRIPTION MISCELLANEOUS EXPENSES

TOTALS

ATTACHMENT

CHARITABLE PURPOSES

64.

64.

ATTACHMENT 3

NT 4	ENDING FMV	
ATTACHMENT	ENDING BOOK VALUE	
T II - U.S. AND STATE OBLIGATIONS		

JE FMV	50,987. 52,766.	987.
BOOK VALUE	20,	50.987.

US OBLIGATIONS TOTAL

50,000 FEDERAL FARM CR BKS FDG CORP @ 6.3% 12/20/2010

DESCRIPTION

52-2006746

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION	272 SH S&P MID CAP 400 DEP	699.345 SH FIDELITY CONTRAFUND	2166.421 SH EATON VANCE LG CAP	1445.411 SH AMERICAN GROWTH	3179.630 SH ROYCE TOTAL RETURN	1737.182 SH TWEEDY BROWNE
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TOTALS

260,065.

snt 5	ENDING	35,833. 40,758. 36,353. 39,243. 34,372. 36,828.
ATTACHMENT 5	ENDING BOOK VALUE	40,742. 47,963. 46,209. 34,745. 43,287.

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

DESCRIPTION

1,190. PRIOR PERIOD ADJUSTMENT

> 1,190. TOTAL

AMOUNT

THE BAXT FAMILY FOUNDATION

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1 - LISI OF OFFICERS, DIRECTORS, AN	
OFFICERS, L	
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VIII - LISI (
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FORM SSUFF, FARI VIII	

EXPENSE ACCT AND OTHER ALLOWANCES	.0	.0	.0	Ö	0
CONTRIBUTIONS E TO EMPLOYEE BENEFIT PLANS	0.	.0	.0	Ö	0
COMPENSATION	.0	.0	.0	.0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	V.P. / SEC 1.00	PRES./TREAS. 1.00	DIRECTOR 1.00	DIRECTOR 1.00	GRAND TOTALS
NAME AND ADDRESS	LEONARD J. BAXT 2728 1/2 CHAIN BRIDGE ROAD NW WASHINGTON, DC 20016	JOY H. BAXT 2728 1/2 CHAIN BRIDGE ROAD NW WASHINGTON, DC 20016	STEPHANIE L. BAXT 2728 1/2 CHAIN BRIDGE ROAD NW WASHINGTON, DC 20016	TAMARA F. BAXT 2728 1/2 CHAIN BRIDGE ROAD NW WASHINGTON, DC 20016	

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

LEONARD J. BAXT JOY H. BAXT

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

LEONARD J. BAXT 2728 1/2 CHAIN BRIDGE ROAD NW WASHINGTON, DC 20016 202-776-2000

990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

WRITTEN REQUESTS AND DOCUMENTATION REFLECTING THAT THE ORGANIZATION QUALIFIES AS A CHARITABLE ORGANIZATION UNDER THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 AS AMENDED.

990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

AWARDS RESTRICTED TO 501(C)(3) ORGANIZATIONS HAVING NO DIRECT OR INDIRECT ACTIVITIES ATTEMPTING TO INFLUENCE LEGISLATION, OR PARTICIPATING OR INTERVENING IN ANY POLITICAL CAMPAIGN ON BEHALF OF ANY CANDIDATE FOR POLITCAL OFFICE.

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

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
OPERATION UNDERSTANDING DC 3000 CONNECTICUT AVENUE, NW SUITE 335 WASHINGTON, DC 20008	501(C)(3)	HUMANITARIAN AID	200
CROSSWAY COMMUNITY 3015 UPTON DRIVE KENSINGTON, MD 20895	501(C)(3)	HUMANITARIAN AID	1,500
HOUSE OF RUTH 5 THOMAS CIRCLE, NW WASHINGTON, DC 20077-1865	501(C)(3)	HUMANITARIAN AID	1,500.
PROVIDENCE HEALTH FOUNDATION 1150 VAMUM STREET, NE WASHINGTON, DC 20017			3,995.
JEWISH FOUNDATION FOR GROUP HOMES THE JOY W. AND S. ROBERT COHEN BLDG 1500 EAST JEFFERSON STREET ROCKVILLE, MD 20852	501(C)(3)	HUMANITARIAN AID	1,500
MIRIAM'S KITCHEN 2401 VIRGINIA AVENUE, NW WASHINGTON, DC 20037	501(C)(3)	HUMANITARIAN AID	1,000.

ATTACHMENT 12 (CONT'D)

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT PURPOSE OF GRANT OR CONTRIBUTION AMOUNT	501(C)(3) HUMANITARIAN AID 500	501(C)(3) HUMANITARIAN AID 1,500	TS 501(C)(3) HUMANITARIAN AID 750.	501(C)(3) HUMANITARIAN AID 1,500.	501(C)(3) HUMANITARIAN AID 1,500.	501(C)(3) EDUCATIONAL 1,500.
· 51	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)
RECIPIENT NAME AND ADDRESS	BOYS & GIRLS CLUBS OF GREATER WASHINGTON 3265 S STREET, NW WASHINGTON, DC 20007-2945	JEWISH SOCIAL SERVICE AGENCY P O. BOX 6650 ROCKVILLE, MD 20849-9918	U S COMMITTEE FOR REFUGEES AND IMMIGRANTS P O BOX 17117 BALTIMORE, MD 21298-8420	SO OTHERS MIGHT EAT 5910 GLOSTER ROAD BETHESDA, MD 20816	FOOD & FRIENDS 219 RIGGS ROAD, NE WASHINGTON, DC 20011	AMERICAN JEWISH WORLD SERVICE 45 WEST 36TH STREET, 11TH FLOOR

ATTACHMENT 12 (CONT'D)

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

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
PEACEPLAYERS INTERNATIONAL 1455 PENNSYLVANIA AVENUE, NW SUITE 640 WASHINGTON, DC 2004	501(C)(3)	HUMANITARIAN AID	1,000.
REFUGEES INTERNATIONAL 2001 S STREET, NW, SUITE 700 WASHINGTON, DC 20077-5753	501(C)(3)	HUMANITARIAN AID	1,000
NEW FUTURES 3801 TAYLOR STREET CHEVY CHASE, MD 20815	501 (C) (3)	HUMANITARIAN AID	200
MARTHA'S TABLE 2114 14TH STREET, NW WASHINGTON, DC 20009	501(C)(3)	HUMANITARIAN AID	500.
DC RAPE CRISIS P.O. BOX 34125 WASHINGTON, DC 20043	501(C)(3)	HUMANITARIAN AID	1,000.
THE FRIENDSHIP CIRCLE 11621 SEVEN LOCKS ROAD POTOMAC, MD 20854	501(C)(3)	EDUCATIONAL	1,500.

52-2006746

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GRANTS AND CONTRIBUTIONS	
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PART XV	
FORM 990PE,	

			ATTACHMENT 12 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
LIZ LERMAN DANCE EXCHANGE	501(C)(3)	EDUCATIONAL	5,000
711) MAPLE AVENUE TAKOMA PARK, MD 201912			

TOTAL CONTRIBUTIONS PAID 27,745

Form 8868

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No. 1545-1709

Internal Revenue S		F i iio a soparate applica				 	TVI
		nth Extension, complete only			0 - 4 45 - 40	▶	X
Do not comple	ling for an Additional (Not to Part ii unless you have al	Automatic) 3-Month Extension ready been granted an automa	n, complete only Part I tic 3-month extension	on a prev	iously filed Fo	n). m 8868. 	
Part I Auto	matic 3-Month Extension	n of Time. Only submit origi	nal (no copies neede	∍d).			
		and requesting an automatic 6			ox and comple	ote	
Part I only	• • • • • • • • • • • • • • • • • • • •				• • • • • • •	•	·
time to file inco	ome tax retums.	filers), partnerships, REMICs,					
one of the re- electronically i returns, or a co	turns noted below (6 more f (1) you want the addition of consolidated F	an electronically file Form 886 aths for a corporation requiremal (not automatic) 3-month e from 990-T. Instead, you must lling of this form, visit www.irs.	d to file Form 990-T) xtension or (2) you fil submit the fully comp	. Howeve e Forms : leted and	er, you canno 990-BL, 6069 signed page	ot file Form 9, or 8870, 2 (Part II) of	group
Type or	Name of Exempt Organizatio	1			Employer ide	ntification num	nber
print	THE BAXT FAMIL	Y FOUNDATION		1	52-200	6746	
File by the		suite no. If a P.O. box, see instruction	ons.				
due date for		HIRE AVENUE, N.W.					
filing your return. See		te, and ZIP code. For a foreign addre	ess, see instructions.				
instructions	WASHINGTON, DC	•					
Check type o		parate application for each retu	·m/·				
Form 990		1	arı).	For	n 4720		
Form 990	ļ	Form 990-T (corporation)	(a) 4a (a4)	⊢	n 5227		
\vdash		Form 990-T (sec. 401(a) or 408(• •	─ ─ ` ` ` `	n 6069		
Form 990	<u> </u>	Form 990-T (trust other than ab	ove)	\vdash			
X Form 990		Form 1041-A		For	n 8870		
If the organIf this is for	a Group Return, enter the c	fice or place of business in the organization's four digit Group E	United States, check the Exemption Number (GE	his box .		If this is	
names and Elf	roup, check this box . Delay List of all members the external contents.				d attach a lis		
J	t an automatic 3-mont 08/15 2010 ganization's return for: calendar year 2009 or tax year beginning	n (6 months for a corpo _ , to file the exempt organiza	ration required to take to the title orgettion return for the orgettion, and ending	file Form	n 990-T) ex	dension of a. The exten	time sion is
2 If this tax	year is for less than 12 mo	nths, check reason: Initia	ıl return Final re	eturn 🔲	Change in a	accounting p	eriod
nonrefund	lable credits. See instruction				3	а \$	0.
made. Inc	lude any prior year overpay				3	b \$	0.
with FTC	coupon or, if required,	line 3a. Include your paymen by using ETPS (Electronic			n).See		C
instruction						c \$	<u>0.</u>
Caution. If you for payment ins		ronic fund withdrawal with this	Form 8868, see Form	8453-EO	and Form 88	79-EO 	
• • • • • • • • • • • • • • • • • • • •		on Act Notice, see Instructions.			Fort	n 8868 (Rev.	4-2009)