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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

Sa Gross rents Description of closes	Internal	Rev	enue Service Note. Th	ne toundation may l	be able to use a copy of this	return to satisfy state repo	rting requirements.	
Less the IRS	For ca	len	dar year 2009, or tax year begin	ning		, and ending		·
Less than Institute	G Ch	eck	all that apply: Initial	return	Initial return of a fo	ormer public charity	Final return	
CHRISTOPHER M. AND JENNIFER L. YOUNG Operations. The Jennifer L. YOUNG Operations. AND JENNIFER L. YOUNG Operations. AND JENNIFER L. YOUNG Operations. The Jennifer L. YOUNG Operations. AND JENNIFER L. YOUNG Operations. The Jennifer L. YOUNG Operations. A Elephone number. (410) 580-4104 Create the westprease and the Jennifer L. Young and Jennife				ded return	Address chan	ge	Name change	
Teacher CHRISTOPHER M. AND JENNIFER L. YOUNG	llood	h a 1	Name of foundation	· · · · · ·		,·	A Employer identification	n number
Contributions, grids, grants, etc. recovered to attend actives to street active to the contribution of types. 1			HO CUDICADORUM N	1. AND JE	NNIFER L. YO	UNG	' '	
print in the set as the circle P C bear number of matter for delivered to severed softward in Page 1999. See Special Control							56-2548298	3
of type: 623 WYATTS RIDGE ROAD					elivered to street address)	Room/suite		<u> </u>
See Special City or lown, state, and ZIP code CROWNSYTLER, MD 21032 H Check type of organization: Saction 501(c)3 exempt private foundation Section 4947(a)(1) nonexempt charitable trust Section 4947(a)(1) nonexempt charitable trust Other tabable private foundation Far market value of all sasts at end of year Accounting method: KJ Cash Accrual (from Part II, col. (c), Inn 16) Section 591(a) (1) (2) exemption state of year Accounting method: KJ Cash Accrual (from Part II, col. (c), Inn 16) Section 591(a) (1) (2) exemption state of year Accounting method: KJ Cash Accrual (from Part II, col. (c), Inn 16) Part II Analysis of Revenue and Expenses 4) (3) Revenue and Expenses 4) (3) Revenue and Expenses 4) (4) Revenue and Expenses 4) Revenu	•						l '	-4104
Instructions Cardy University and a display and a control of the c			ESTATE TO THE PROPERTY OF THE		<u> </u>			
H Check type of organization:		-	ne City Of LOWIT, State, and ZIF		າ			
Section 4947(a)(1) nonexempt charitable trust							2. Foreign organizations me	esting the 85% test.
Far market value of all assets at end of year (from Part II, col. (c), line 16) \$ 952,600 (Part II) col. (c), line 16) \$ 952,600 (Part II) col. (c), line 16) Part III coll coll coll coll coll coll coll	H Ch		• •	· · · · · · · · · · · · · · · · · · ·			check here and attach or	omputation
If the foundation is in a 60-month terringtion Part II, col. (c), line 16) Part II, col. (c), line 16) Part II, col. (c), line 16) Part II, column (d) must be on cash basis.)	<u> </u>							
Part I Analysis of Revenue and Expenses (the bits of amounts on columns (b), (c), and (c) may not provide the column (c), (c), and (c) may not provide the column (c), (c), and (c) may not provide the column (c), (c), and (c) may not provide the column (c), (c), and (c) may not provide the column (c), (c), and (c) may not provide the column (c), (c), and (c) may not provide the column (c), (c), and (c) may not provide the column (c), (c), and (c) may not provide the column (c), (c), and (c) may not provide the column (c), (c), and (c) may not provide the column (c), (c), and (c) may not provide the column (c), (c), and (c) may not provide the column (c), (c), and (c) may not provide the column (c), (c), and (c) may not provide the column (c), (c), and (c	1 Fair	ma	rket value of all assets at end of y		•	Accrual	under section 507(b)(1)(A), check here $ ightharpoonup$
Part Analysis of Revenue and Expenses (a) Revenue and expenses per books (b) Net Investment (d) Adjusted net (d) Debursement (d) Poblishment	•		Part II, col. (c), line 16)					
The lotal of amounts in columns (b), (c), and (d) may not income					mn (d) must be on cash i	basis.)	under section 507(b)(1)(B), check here
1 Contributions, girls, grants, etc., received 2 Check ▶	Par	<u>t I</u>	Analysis of Revenue and Expe	nses				(d) Disbursements
2			necessarily equal the amounts in col	umn (a))	expenses per books	income	income	
Check		1	Contributions, gifts, grants, etc.,	received	354,000.		N/A	
Interest on axiongs and temporary 27, 1, STATEMENT 2		2	. 🗀					
A Dividends and interest from securities Start Emert 2		3	Interest on savings and temporary		27.	1.		STATEMENT 1
Sa Gross rents Data tental income or (loss)				urities		11.781.		STATEMENT 2
D Net rental income or (loss) C C C C C C C C C		•						
Same Net gain or (loss) from saile of assets not on line 10 199 , 624 .		-						
Day Cross sales price for all 199,624.			` ′ ———		_11 73/			
Net short-retrif capital gain 9 Income modifications	e	Ua L	Gross sales price for all		11,134.	-	REC	EIVED
Net short-retrif capital gain 9 Income modifications	들	-						T
Net short-retrif capital gain 9 Income modifications	è	-	· · ·	line 2)			0	
10a and allowances Description Descrip	_	8	· •				 	4 0 2010 3
10 and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 4 ,873		9						
c Gross profit or (loss) 11 Other income 12 Total, Add lines 1 through 11 358,947. 12,025. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 15 Accounting fees 16 Accounting fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 At 8,820. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter	['	10a	and allowances				OCD	· — ·
11 Other income		b	Less Cost of goods sold				.000	414, 01
12 Total. Add lines 1 through 11 358,947. 12,025. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 Legal fees		C	Gross profit or (loss)					
13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 15 Accounting fees 17 Interest 18 Taxes 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements 29 N/A	-	11	Other income		4,873.		<u></u>	STATEMENT 3
14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 25 expenses. Add lines 13 through 23 26 Contributions, gifts, grants paid 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 28 Cody 10 Penson 10 Penson		12	Total. Add lines 1 through 11		358,947.	12,025.		
15 Pension plans, employee benefits 16a Legal fees b Accounting fees STMT 4 c Other professional fees 17 Interest 18 Taxes STMT 5 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 5 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	·	13	Compensation of officers, directors, tr	rustees, etc	0.	0.		0.
16a Legal fees b Accounting fees STMT 4 4,000. 2,000. 2,000 2,00	-	14	Other employee salaries and way	ges				
16a Legal fees b Accounting fees STMT 4 4,000. 2,000. 2,000 2,00	-	15	Pension plans, employee benefit	ts				
b Accounting fees STMT 4 4,000 2,000	8				'			
17 Interest 18 Taxes STMT 5 89 89 0 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 24 Total operating and administrative 25 expenses Add lines 13 through 23 26 Contributions, gifts, grants paid 26 Total expenses and disbursements 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements 29 29 29 29 29 29	en s		-	STMT 4	4.000.	2.000.		2,000
17 Interest 18 Taxes STMT 5 89 89 0 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 24 Total operating and administrative 25 expenses Add lines 13 through 23 26 Contributions, gifts, grants paid 26 Total expenses and disbursements 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements 29 29 29 29 29 29	Š			D 1111				
22 Printing and publications 23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	ا تو		·			-		
22 Printing and publications 23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	_ :≩			CTMT 5	20	80	_	0
22 Printing and publications 23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	E SE			JIMI J	05.			
22 Printing and publications 23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	dminis					· · · · ·		
22 Printing and publications 23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	· · ·		· ·					
23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	φ		•	gs				
23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	, 동[:					6 556		
25 Contributions, girts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	<u> </u>	23		===	6,756.	6,756.		0
25 Contributions, girts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	풀	24	-]		
25 Contributions, girts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	<u>a</u>		expenses. Add lines 13 through	າ 23		8,845.		2,000
b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	اد ا	25	Contributions, gifts, grants paid		48,820.			48,820
b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A		26	Total expenses and disbursem	ents.				
b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	2		Add lines 24 and 25		59,665.	8,845.		50,820
b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	<u> </u>	27				•		
b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A				I disbursements	299.282.			
c Adjusted net income (if negative, enter -0-)	٠		•			3.180.		
923501 HA For Privary Act and Panerwork Reduction Act Notice see the instructions						<u> </u>		<u> </u>
	92350	1,			Act Notice see the instruc	tions	<u></u>	Form 990-PF (2009)

2009.04010 CHRISTOPHER M. AND JENNIFER 56254821

FAMILY FOUNDATION

56-2548298

Page 2

Б	art	Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only	Beginning of year	End of	l year
<u> </u>	ait	Balance Sheets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	254,898.	428,211.	428,211.
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶		<u> </u>	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
Assets	1	Inventories for sale or use			
\ss	ı	Prepaid expenses and deferred charges			
•	l	Investments - U.S. and state government obligations	244 454	265 642	
	l	Investments - corporate stock STMT 7	341,461.	365,649.	396,341.
	l	Investments - corporate bonds STMT 8	0.	103,168.	113,650.
	11	Investments - land, buildings, and equipment, basis			
		Less accumulated depreciation			
	l	Investments - mortgage loans	20 607	25 540	14 200
	13	Investments - other STMT 9	28,697.	25,540.	14,398.
	14	Land, buildings, and equipment basis	-		
		Less accumulated depreciation			
	10	Other assets (describe)			
	16	Total assets (to be completed by all filers)	625,056.	922,568.	952,600.
	17	Total assets (to be completed by all filers) Accounts payable and accrued expenses	025,050.	322,300.	332,000.
	18	Grants payable	-		
(Δ	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ig	21	Mortgages and other notes payable			
Ë		Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ces	24	Unrestricted			
<u>a</u>	25	Temporarily restricted			
Ba	26	Permanently restricted			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds	625,056.	922,568.	
Se	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
ţ	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
Š	30	Total net assets or fund balances	625,056.	922,568.	
	31	Total liabilities and net assets/fund balances	625,056.	922,568.	
P	art	III Analysis of Changes in Net Assets or Fund E	Balances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30	T	
		st agree with end-of-year figure reported on prior year's return)		1	625,056.
2	Ente	r amount from Part I, line 27a		2	299,282.
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	924,338.
5	Decr	eases not included in line 2 (itemize) PRIOR YEAR NON	DIVIDEND DIST	RIBUTION 5	1,770.
<u>6</u>	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	922,568.

Page 3

Part IV Capital Gains				. IIICOIII C						
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)				(b) I	low ac - Purc - Dona	liase i i) Date a (mo., da	cquired iy, yr.)	(d) Date sold (mo., day, yr.)	
1a PUBLICLY TRADE	D SEC	URITIES		-						
b CAPITAL GAINS	DIVID	ENDS			ļ					
_ c					<u> </u>					
_d										
e	=									
(e) Gross sales price		epreciation allowed (or allowable)		t or other basis xpense of sale					in or (loss) (f) minus (g)
a 199,479.				211,35	8.					-11,879
_ь 145.										145
_c				 						 -
d								<u>, </u>		
<u>e</u>				10.01.00						
Complete only for assets showing									ol. (h) gain ot less thar	
(i) F.M.V. as of 12/31/69) Adjusted basis as of 12/31/69		cess of col. (ı) col. (j), ıf any					from col. (I	
a										-11,879
b										145
C			•							
d										
е										
2 Capital gain net income or (net ca	pital loss)	If gain, also enter If (loss), enter -0-	in Part I, line	7 7	}	2				-11,734
3 Net short-term capital gain or (los	s) as defin	`								
If gain, also enter in Part I, line 8,	column (c).							/-	
If (loss), enter -0- in Part I, line 8 Part V Qualification U	d C	ection 4940(e) for	Dadwaad	Tay on Not	1	3	ant Inco		N/A	
If section 4940(d)(2) applies, leave the Was the foundation liable for the sec if "Yes," the foundation does not qual	tion 4942 t lify under s	ax on the distributable am section 4940(e). Do not co	mplete this pa	rt.						Yes X N
1 Enter the appropriate amount in (each coluit		uctions before	making any entir						(d)
(a) Base period years Calendar year (or tax year beginni	ng in)	(b) Adjusted qualifying dis		Net value of no	(c) onchai	rıtable-		(Dıstrıb col. (b) dıv	(d) ution ratio ided by col. (c))
2008			9,550.				2,184.			.12965
2007			1,875.				9,364.			.00671
2006		4	4,979.			10	1,052.			.44510
2005			0.				0.			.00000
2004										
2 Total of line 1, column (d)								2		.58146
3 Average distribution ratio for the	-	•	on line 2 by 5,	or by the number	of ye	ars		3		.14536
the foundation has been in existe		-						3		
4 Enter the net value of noncharitat	le-use ass	ets for 2009 from Part X,	line 5					4		559,281
5 Multiply line 4 by line 3								5		81,301
6 Enter 1% of net investment incom	ne (1% of l	Part I, line 27b)						6		32
7 Add lines 5 and 6								7		81,333
8 Enter qualifying distributions from If line 8 is equal to or greater than See the Part VI instructions.			1b, and comp	elete that part usin	ng a 1	% tax	rate.	8		50,820

CHRISTOPHER M. AND JENNIFER L. YOUNG

	990-PF (2009) FAMILY FOUNDATION 56-25 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - section 4940(a), 4940(e), or 4948 - section 4940(a), 4940(e), or 4948 - section 4940(a), 4940(e), or 4940(e), and a section 4940(e), and a	54829 ee inst	8	P tion	age 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%			•	54.
Ī	of Part I, line 27b	_			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
3	Add lines 1 and 2	_		(54.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			(5 4.
6	Credits/Payments:				
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 871.				
b	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d 6d				
	Total credits and payments. Add lines 6a through 6d			<u>8'</u>	<u>71.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			8(07.
	Enter the amount of line 10 to be: Credited to 2010 estimated tax				0.
	rt VII-A Statements Regarding Activities		-	<i>-</i>	NI-
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	<u> </u>		'es	
	any political campaign?	1			<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1	b	_	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				
	distributed by the foundation in connection with the activities.				v
	Did the foundation file Form 1120-POL for this year?	1	C		<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		ŀ		
	(1) On the foundation. ► \$ O . (2) On foundation managers. ► \$ O .		-		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
_	managers. ▶ \$	١,	.	l	Х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	 	2		
_	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	١,	3		X _
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year?	<u> </u>	a b		-41
	-		5		X
9	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.				-42
e	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
O	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law				
	remain in the governing instrument?	- 1	5	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	х	-
•	If "Yes," complete Part II, col. (c), and Part XV.				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	İ		ĺ	
	MD				
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
•	of each state as required by General Instruction G? If "No," attach explanation		ь	x	
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		\top		
-	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV	_	9		X _
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	1	0		X

4a

X

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

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Total number of other employees paid over \$50,000

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Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highes	-paid independent contractors for professional services. If none, enter "NONE."		
	(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NC	NE		
			
			_
Total number of	others receiving over \$50,000 for professional services		
	Summary of Direct Charitable Activities		
List the foundate	on's four largest direct charitable activities during the tax year. Include relevant statistical information such as the izations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/			
	Α		
2			
3			
4			
·			
Part IX-B	Summary of Program-Related Investments		
	largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 <u>N/</u>	Α		
			
2			
All other program	n-related investments. See instructions.		•
3			
Total. Add lines	1 through 3	<u> </u>	<u>0.</u>

- 01	FAMILI FOUNDATION		340230 Tage 0
P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	435,711.
b	Average of monthly cash balances	1b	132,087.
C	Fair market value of all other assets	1c	
d		1d	567,798.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •	1.	
2	Acquisition indebtedness applicable to line 1 assets	1 ~ <u> </u>	0.
3	Subtract line 2 from line 1d	3	567,798.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	8,517.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	559,281.
6	Minimum investment return. Enter 5% of line 5	6	27,964.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certain	
=	foreign organizations check here and do not complete this part.)	T . T	27 064
1	Minimum investment return from Part X, line 6	1	27,964.
_	Tax on investment income for 2009 from Part VI, line 5 2a 64.	1 1	
Ь	Income tax for 2009. (This does not include the tax from Part VI.)	1.	<i>c</i>
C	Add lines 2a and 2b	2c	64.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	27,900.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	27,900.
6	Deduction from distributable amount (see instructions)	6	<u> </u>
<u>7_</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	27,900.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	-	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	50,820.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	50,820.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	50,820.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation		
	4940(e) reduction of tax in those years.		

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2	009 from Part XI,				
line 7	<u> </u>	<u></u>	<u>-</u>		27,900.
2 Undistributed income, if any, as					
a Enter amount for 2008 onl	у			0.	
b Total for prior years:					
3 Excess distributions carry	ver if any to 2009:		0.		
a From 2004	-			-	
b From 2005				-	
c From 2006	28,287.				
d From 2007					
e From 2008	30,560.				
f Total of lines 3a through e		58,847.			
4 Qualifying distributions for					
Part XII, line 4: ► \$					
a Applied to 2008, but not m				0.	
b Applied to undistributed in	come of prior				
years (Election required - s	ee instructions)		0.		
c Treated as distributions ou	t of corpus				
(Election required - see ins	tructions)	0.			
d Applied to 2009 distributat	ole amount				27,900.
e Remaining amount distribu	ited out of corpus	22,920.			
Excess distributions carryover a (If an amount appears in column must be shown in column (a))	applied to 2009 n (d), the same amount	0.			0.
6 Enter the net total of each indicated below:	column as				
a Corpus Add lines 3f, 4c, and 4	e Subtract line 5	81,767.			
b Prior years' undistributed i	ncome. Subtract				
line 4b from line 2b			0.		
c Enter the amount of prior y undistributed income for w deficiency has been issued	hich a notice of				
the section 4942(a) tax has assessed	s been previously		0.		
d Subtract line 6c from line 6	6b. Taxable				
amount - see instructions			0.		
e Undistributed income for 2					
4a from line 2a. Taxable an				0.	
f Undistributed income for 2					
lines 4d and 5 from line 1. be distributed in 2010	This amount must			:	0
7 Amounts treated as distrib	utions out of				0.
corpus to satisfy requireme	I				
section 170(b)(1)(F) or 49		0.			
8 Excess distributions carry					
not applied on line 5 or line		0.			
9 Excess distributions carry					
Subtract lines 7 and 8 from	1	81,767.			
O Analysis of line 9:	\ \frac{1}{2}		-	 	
a Excess from 2005					
b Excess from 2006	28,287.				
c Excess from 2007			İ		
d Excess from 2008	30,560.	İ			
e Excess from 2009	22,920.				

	FOUNDATION		<u>. </u>		48298 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part V	I-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter that	it is a private operating			
foundation, and the ruling is effective fo	or 2009, enter the date of t	he ruling	>		
b Check box to indicate whether the foun	dation is a private operatir	ig foundation described	in section	4942(J)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities			 		
e Qualifying distributions made directly					
for active conduct of exempt activities.		•	-		
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:		•			
a "Assets" alternative test - enter:				•	
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
· ·					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)		· · · · · · · · · · · · · · · · · · ·			
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from			1.		
an exempt organization					
(4) Gross investment income		<u> </u>			
Part XV Supplementary Info			if the foundation	on had \$5,000 or m	ore in assets
at any time during	the year-see the i	nstructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh	=	than 2% of the total con	tributions received by t	he foundation before the clo	se of any tax
year (but only if they have contributed i	more than \$5,000). (See s	ection 507(d)(2).)	-		•
SEE STATEMENT 10				-	
b List any managers of the foundation wi	to own 10% or more of th	e stock of a corporation	(or an equally large por	rtion of the ownership of a p	artnership or
other entity) of which the foundation ha			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•
NONE					
2 Information Regarding Contribut	ion Grant Gift Loan	Scholarship etc. D	rograme:		
Check here ► X If the foundation				e not accept uncolicited real	usete for funde If
the foundation makes gifts, grants, etc.	•	•	•		
a The name, address, and telephone num	·				
b The form in which applications should	be submitted and informa	tion and materials they s	hould include:	<u> </u>	
c Any submission deadlines:					
d Any restrictions or limitations on award	ls, such as by geographic	al areas, charitable fields	, kinds of institutions. c	r other factors:	
			-, -		

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient a Paid during the year SEE STATEMENT 11 48,820. Total **▶** 3a b Approved for future payment NONE Total **▶** 3b 0. 923611 02-02-10

Part XVI-A Analysis of Income-Producing Activities

er gross amounts unless otherwise indicated.	(a)	business income (b)	(c) Exclu-	y section 512, 513, or 514 (d)	(e) Related or exempt
Program service revenue;	Business code	Amount	sion code	Amount	function income
	_		+		
		·			
				-	
		<u> </u>	<u> </u>		
Fees and contracts from government agencies	<u> </u>				
lembership dues and assessments					
nterest on savings and temporary cash evestments			14	27.	
ividends and interest from securities			14	11,781.	
et rental income or (loss) from real estate;					
Debt-financed property					
Not debt-financed property					
et rental income or (loss) from personal		-			
roperty			1		
ther investment income			14	4,873.	
ain or (loss) from sales of assets other			18	11 724	
nan inventory let income or (loss) from special events			1.10	-11,734.	
ross profit or (loss) from sales of inventory			+	-	
ther revenue:					
			<u> </u>		
·			-		
<u> </u>	_			4 047	
14 14 14 14 14 14 14 14 14 14 14 14 14 1		0	<u> </u>	4,947.	4,94
	<u> </u>			10	
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation		unlighment of E	Evernt D		4,5.
ntal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activitie No. Explain below how each activity for which	es to the Accor	column (e) of Part XVI		urposes	
ntal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation TXVI-B Relationship of Activitie No. Explain below how each activity for which	es to the Accor	column (e) of Part XVI		urposes	
ntal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation TXVI-B Relationship of Activitie No. Explain below how each activity for which	es to the Accor	column (e) of Part XVI		urposes	
worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities No. Explain below how each activity for which	es to the Accor	column (e) of Part XVI		urposes	
worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities No. Explain below how each activity for which	es to the Accor	column (e) of Part XVI		urposes	
ntal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation TXVI-B Relationship of Activitie No. Explain below how each activity for which	es to the Accor	column (e) of Part XVI		urposes	
worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activitie No. Explain below how each activity for which	es to the Accor	column (e) of Part XVI		urposes	
worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities No. Explain below how each activity for which	es to the Accor	column (e) of Part XVI		urposes	
worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities No. Explain below how each activity for which	es to the Accor	column (e) of Part XVI		urposes	
worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities No. Explain below how each activity for which	es to the Accor	column (e) of Part XVI		urposes	
worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities No. Explain below how each activity for which	es to the Accor	column (e) of Part XVI		urposes	
worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities No. Explain below how each activity for which	es to the Accor	column (e) of Part XVI		urposes	
worksheet in line 13 instructions to verify calculation TO XVI-B Relationship of Activities Be No. Explain below how each activity for which	es to the Accor	column (e) of Part XVI		urposes	
total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation THE XVI-B Relationship of Activitie e No. Explain below how each activity for which	es to the Accor	column (e) of Part XVI		urposes	
e No. Explain below how each activity for which	es to the Accor	column (e) of Part XVI		urposes	

FAMILY FOUNDATION

Par	t XVII Information R Exempt Organ		s To and Transactions ar	nd Relationships With Nonc	haritable	
1 1			following with any other organization	described in section 501(c) of	Ye	es No
			ction 527, relating to political organiz	• •		1
	Transfers from the reporting found			4.0		
	(1) Cash	ation to a nononantable ox	ompt of gamzation of.		1a(1)	х
	(2) Other assets				1a(2)	X
	Other transactions:				10(2)	
	(1) Sales of assets to a noncharita	ahla avamnt organization			1b(1)	х
	(2) Purchases of assets from a no	• •	ration		1b(2)	X
	(3) Rental of facilities, equipment,		241011		1b(3)	X
	(4) Reimbursement arrangements				1b(4)	X
,	(5) Loans or loan guarantees	,			1b(5)	X
	(6) Performance of services or m	ambarchia ar fundraicina ci	olicitations		1b(6)	X
	Sharing of facilities, equipment, m	•			10(0)	X
				ays show the fair market value of the goo		
				in any transaction or sharing arrangeme		,
	column (d) the value of the goods,			in any transaction of sharing arrangeme	iii, siiow iii	
a) Lin			haritable exempt organization	(d) Description of transfers, transactions	and charing arrang	
4/ [(b) / induit involved	 	I/A	(a) Description of Balsiers, Balsactions	ald shalling arang	
			V/A			-
		 	· · · · · · · · · · · · · · · · ·			
	+	+				
			. —			
			· · · · · · · · · · · · · · · · · · ·			
	-					
				• • •		
		<u> </u>				
						
		 				
						
		<u> </u>				
		<u> </u>		1		
2a	ls the foundation directly or indired	tly affiliated with, or related	to, one or more tax-exempt organiza	itions described		
	n section 501(c) of the Code (othe	, , , , ,	r ın section 527?		Yes	X No
b	f "Yes," complete the following sch			· ·		
	(a) Name of or	ganization	(b) Type of organization	(c) Description of relat	ionship	
	N/A	· · · · · · · · · · · · · · · · · · ·				
			-			
				w		
			ding accompanying schedules and statemer based on all information of which preparer h	nts, and to the best of my knowledge and belief	, it is true, correct,	
"	Constitution of preparation	A a	61/10	as any knowledge		
. 1	-XIMILIU	JOLX	Ø 5 (U	MANAGER		
	Signature of officer or trustee (<u> </u>	Date L	Title		
Sign nere	(Preparer)s	TIP NOW	Da	te Check if Pi	reparer's identifying のろうしいよう マク	
n gg	signature	IN CPA		⟨ S V employed ►	800644283	<u> </u>
Jaic	<u> </u>		PANY, P.A.	EIN ► 52-	1158459	
-	를 하 if self-employed),	RED BROOK BO		300 °		
- 1	address, and ZIP code	JGS MATLIS MI	21117	Phone no 41	0-363-32	200

Form **990-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

CHRISTOPHER M. AND JENNIFER L. YOUNG

FAMILY FOUNDATION

CHRISTOPHER M. AND JENNIFER L. YOUNG

FAMILY FOUNDATION

The property of the companization of the organization of the organ

Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
• •	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one nplete Parts I and II.					
Special Rules						
509(a)(1) and 17	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 0(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% in (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
aggregate contri	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, chantable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
contributions for If this box is che purpose. Do not	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. cked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ble, etc., contributions of \$5,000 or more during the year.					
-	that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify					

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

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Page 1 of 1 of Part I

Name of organization

CHRISTOPHER M. AND JENNIFER L. YOUNG

FAMILY FOUNDATION

Employer identification number

56-2548298

Part I	Contributors	(see instructions)
--------	--------------	--------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CHRISTOPHER M. AND JENNIFER L. YOUNG 1623 WYATTS RIDGE ROAD CROWNSVILLE, MD 21032	\$354,000.	Person X Payroll
(a) No.	(b) 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) No.	(b) 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) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

FORM 990-PF INTEREST ON SAVINGS A	ND TEMPORARY CASH	INVESTMENTS	STATEMENT 1
SOURCE			TUUOMA
ISHARES S&P GSCI COMMODITY - INDEX POWERSHARES DB COMMODITY INDEX TRA		•	26. 1.
TOTAL TO FORM 990-PF, PART I, LINE	3, COLUMN A	- -	27.
FORM 990-PF DIVIDENDS AND	INTEREST FROM SE	CURITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
FIDELITY ACCOUNT 670-525570 FIDELITY ACCOUNT 670-982881	7,434. 4,492.	145.	7,289. 4,492.
TOTAL TO FM 990-PF, PART I, LN 4	11,926.	145.	11,781.
FORM 990-PF O	THER INCOME		STATEMENT 3
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
FIDELITY ACCOUNT 670-525570 - NONDIVIDEND DISTRIBUTION FIDELITY ACCOUNT 670-982881 -	219	0.	
NONDIVIDEND DISTRIBUTION POWERSHARES DB COMMODITY INDEX TRACKING K-1	4,411 43		
PRIOR INCOME ADJUSTMENT	200		
TOTAL TO FORM 990-PF, PART I, LINE	4,873	243	•

FORM 990-PF	ACCOUNTING FEES		STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
TAX RETURN PREPARATION	4,000.	2,000.		2,000.	
TO FORM 990-PF, PG 1, LN 16B	4,000.	2,000.		2,000.	
ORM 990-PF TAXES		ES	STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
FOREIGN TAXES ON INVESTMENTS	89.	89.		0.	
TO FORM 990-PF, PG 1, LN 18 =	89.	89.		0.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME		
INVESTMENT INTEREST EXPENSE INVESTMENT MANAGEMENT FEES AGENCY FEES	279. 6,254. 223.	279. 6,254. 223.		0. 0. 0.	
TO FORM 990-PF, PG 1, LN 23	6,756.	6,756.		0.	
TO FORM 990-PF, PG 1, LN 23 FORM 990-PF	6,756. CORPORAT			STATEMENT 7	
		E STOCK	OK VALUE		
FORM 990-PF DESCRIPTION 214 SHS ISHARES BARCLAYS TREA PROTECTED SECS FD (TIP)	CORPORAT	E STOCK BOO	OK VALUE 22,227.	STATEMENT 7 FAIR MARKET	
FORM 990-PF DESCRIPTION 214 SHS ISHARES BARCLAYS TREA	CORPORAT S INFLATION A HK CHINA	E STOCK BOO		STATEMENT 7 FAIR MARKET VALUE	

CHRISTOPHER M. AND JENNIFER L. YOUNG FAM		56-2548298
332 SHS ISHARES TR RUSSELL 2000 INDEX FD (IWM)	19,435.	20,730.
157 SHS SPDR GOLD TR SHS (GLD)	11,222.	16,848.
304 SHS VANGUARD BD INDEX FD INC TOTAL BD MARKE		,
ETF (BND)	22,874.	23,891.
328 SHS VANGUARD INTL EQUITY INDEX FD INC FTSE		
(VEU)	12,215.	14,304.
895 SHS VANGUARD INDEX FDS TOTAL STK MKT ETF		
(VTI)	54,076.	50,451.
2564.928 SHS TORTOISE ENERGY INFRASTRUCTURE COR		
(TYG)	68,690.	79,564.
604 SHS ISHARES INC MSCI GERMANY INDEX FD (EWG)	_	-
1,346 SHS ISHARES INC MSCI JAPAN INDEX FD (EWJ) 172 SHS ISHARES BARCLAYS 7-10 YEAR TREASURY BON	•	13,110.
FD (IEF)	15,482.	15,239.
189 SHS ISHARES TR JPMORGAN USD EMERGING MKTS B		
FD (EMB)	19,390.	19,236.
294 SHS POWERSHARES QQQ TR UNIT SER 1 (QQQQ)	13,409.	
425 SHS POWERSHARES DB COMMODITY INDEX (DBC)	10,366.	10,464.
237 SHS SPDR SER TR DB INTL GOVT INFLATION		
PROTECTED (WIP)	13,543.	13,239.
606 SHS WISDOMTREE TR DREYFUS EMERGING CURRENCY		40.000
(CEW)	13,511.	
267 SHS CLAYMORE EXCHANGE TRADED FD TR (EEB)	9,195.	11,337.
TOTAL TO FORM 990-PF, PART II, LINE 10B	365,649.	396,341.
FORM 990-PF CORPORATE BONDS		STATEMENT 8
		FAIR MARKET
DESCRIPTION	BOOK VALUE	VALUE
44 444 444		
11,912.999 SHS RIDGEWORTH CORP BOND CL I (STICX	103,168.	113,650.
TOTAL TO FORM 990-PF, PART II, LINE 10C	103,168.	113,650.
FORM 990-PF OTHER INVESTMENTS	S	STATEMENT 9
VALUATION		FAIR MARKET
DESCRIPTION METHOD	BOOK VALUE	VALUE
2 256 727 CUC UTOUT AND CAD BY CAM COCK		
2,256.737 SHS HIGHLAND CAP FLOAT COST	25 540	14 200
RATE ADVANTAGE CL Z (XLAZX)	25,540.	14,398.
TOTAL TO FORM 990-PF, PART II, LINE 13	25,540.	14,398.

FORM 990-PF PART XV - LINE 1A STATEMENT 10 LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

CHRISTOPHER M. YOUNG JENNIFER L. YOUNG

FORM 990-PF STATEMENT 11 GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
ANNAPOLIS AREA CHRISTIAN SCHOOL 716 BESTGATE ROAD ANNAPOLIS, MD 21401		501 (C)(3) PUBLIC CHARITY	45,500.
JOANNA M. NICOLAY MELANOMA FOUNDATION 255 CLIFTON BOULEVARD, SUITE 217 WESTMINSTER, MD 21157	PAYMENTS FOR RESEARCH	PUBLIC	850.
WEEMS CREEK BAPTIST CHURCH 600 NORTH BESTGATE ROAD ANNAPOLIS, MD 21401	NONE PAYMENTS FOR IMPROVEMENTS	501 (C)(3) PUBLIC CHARITY	1,320.
BOYS AND GIRLS CLUB OF ANNAPOLIS 121 SOUTH VILLA AVENUE ANNAPOLIS, MD 21401			450.
CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DRIVE ORLANDO, FL 32832			300.
HOSPICE OF THE CHESAPEAKE FOUNDATION INC 445 DEFENSE HIGHWAY ANNAPOLIS, MD 21401	NONE PAYMENTS FOR IMPROVEMENTS	501 (C)(3) PUBLIC CHARITY	200.

CHRISTOPHER M. AND JENNIFER L. YOUNG FAM

56-2548298

MT. CARMEL VETERANS CEMETERY NONE 5712 O'DONNELL STREET BALTIMORE, MD 21224

PAYMENTS FOR IMPROVEMENTS 501 (C)(3) 200. PUBLIC CHARITY

48,820.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

Form **8868**

(Rev. April·2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box					
-	If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).				
Do n	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	led Fo	rm 8868.		
Pai	Automatic 3-Month Extension of Time. Only submit original (no copies needed).				
A cor	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and con	plete			
	only	•	▶ □		
All ot	her corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar	exten	sion of time		
	income tax returns.				
noted (not a you n	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronicationatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or constitutionally the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filers gov/efile and click on e-file for Chanties & Nonprofits.	cally if	(1) you want the additional ated Form 990-T. Instead,		
Туре	or Name of Exempt Organization	Employer identification number			
print	CHRISTOPHER M. AND JENNIFER L. YOUNG				
File by	FAMILY FOUNDATION	5	6-2548298		
due da filing y	te for Number, street, and room or suite no. If a P.O. box, see instructions.				
return	See 1023 WIRITO KIDGE KOAD		· · · · · · · · · · · · · · · · · · ·		
nstruc	tions City, town or post office, state, and ZIP code. For a foreign address, see instructions. CROWNSVILLE, MD 21032				
Chec	k type of return to be filed (file a separate application for each return):				
	Form 990 Form 990-T (corporation) Form 47	720			
	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	227			
Щ	Form 990-EZ Form 990-T (trust other than above) Form 60)6 9			
X	Form 990-PF	370			
	TENNITEED I VOING				
• T	JENNIFER L. YOUNG see books are in the care of $ ightharpoonup$ 1623 WYATTS RIDGE ROAD - CROWNSVILLE, M	m 2	1032-2144		
	lephone No ► (410) 849-3394 FAX No. ►	<u>2</u>	1032 2144		
	the organization does not have an office or place of business in the United States, check this box		▶ 🗀		
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If th	s is fo	r the whole group, check this		
	▶ ☐ . If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all		- · · · · · · · · · · · · · · · · · · ·		
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt				
	AUGUST 15, 2010 , to file the exempt organization return for the organization named a	bove.	The extension		
	is for the organization's return for: ► X calendar year 2009 or				
	tax year beginning , and ending				
	, and origing		- ·		
2	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period		
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				
	nonrefundable credits See instructions.	3a	\$ <u>101.</u>		
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated				
	tax payments made Include any prior year overpayment allowed as a credit.	3b	\$ 871.		
С	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,				
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	<u> </u>			
	See instructions .	3c	\$ 0.		
Caut	ion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-	EO for payment instructions.		

923831 05-26-09

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For Privacy Act and Paperwork Reduction Act Notice, see Instructions.