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Form 990-PF

Return of Private Foundation

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

Department of the Treasury
Internal Revenue Service

Note The foundation may

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2009

OMB No 1545-0052

For	cale	ndar year 2009, or tax year beginning JUL	1, 2009	, and ending	JUN 30, 2010	_ '
		all that apply: Initial return		ormer public charity	Final return	
•	,,,,,,,,	Amended return	Address change	· / —	Name change	
	•••	Name of foundation			A Employer identification	n number
	the abel	IRS Hame or real season				, munipol
	erwi	se, ELLIOT MITCHELL FAMIL	Y FOINDATION	, INC.	52-2107405	
011	print			Room/suite	B Telephone number	
0	r typ				301-294-22	94
	Spe	cific City or town state and ZIP code	******		C If exemption application is p	
Inst	ructi	ROCKVILLE, MD 20850			D 1. Foreign organization	
H (heck	type of organization: X Section 501(c)(3) ex	emnt private foundation		2 Foreign organizations micheck here and attach co	
Γ	_	1	Other taxable private founda	ation	1	
L Fa		arket value of all assets at end of year J Accounting		Accrual	E If private foundation sta under section 507(b)(1	Itus was terminated
			her (specify)		ł	• •
-	\$		mn (d) must be on cash t	basis.)	F If the foundation is in a under section 507(b)(1	
		Analysis of Revenue and Eynenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received		,	N/A	(Seast Basis Only)
	2	Check X If the foundation is not required to attach Sch B			11/22	
	3	Interest on savings and temporary			`	
	4	cash investments Dividends and interest from securities	2760.	2760.		STATEMENT 1
	`	Gross rents	2700.	2700.		DIATEMENT I
	١	Net rental income or (loss)				
	۱ ـ	· · · · · · · · · · · · · · · · · · ·				
E	b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all		3		<u> </u>
Š	l _	assets on line 6a Capital gain net income (from Part IV, line 2)		0.		
Revenue	7	Net short-term capital gain		· · · · · · · · · · · · · · · · · · ·		
	8	Income modifications				
	100	Gross sales less returns				
	10a	- 13 45		· *		
	l	Gross profit or (loss) Other income Total, Additions 15though 14 2010	 :	<u>.</u>		
	11 12	Other indome Total. Additiones 15through 14 2010	2760.	2760.		
	13	Compensation of officers, directors, trustees, etc.	2700.	2700.	L	0.
	14	Other employee salaries and wabes U.T.		<u> </u>		· · ·
	15	Pension plans, emptoyee benefits				
ses		Legal fees				
Š		Accounting fees STMT 2	800.	0.		0.
ă		Other professional fees	000.			- 0.
e E	17	Interest				
윭	18	Taxes STMT 3	28.	0.		0.
stra	19	Depreciation and depletion		<u>U•</u>		· · · · · · · ·
<u>=</u>		· · · · · · · · · · · · · · · · · · ·				/
μþ	20	Occupancy Travel, conferences, and meetings				
) pi	21	Printing and publications				
ar	22	Other expenses STMT 4	568.	0.		-
Ę	23		300.			0.
Operating and Administrative Expen	24	Total operating and administrative	1396.	0.		
Õ	Q.F	expenses. Add lines 13 through 23	9350.	<u>U.</u>	·	9350.
		Contributions, gifts, grants paid	3300.	-		3330.
	26	Total expenses and disbursements.	10746	0.		0250
	97	Add lines 24 and 25	10746.	U.		9350.
	27	Subtract line 26 from line 12:	-700 <i>E</i>	÷ •		
		Excess of revenue over expenses and disbursements	<7986.		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
		Net investment income (if negative, enter -0-)		2760.	37 / 3	
92356		Adjusted net income (if negative, enter -0-)		<u></u>	N/A	

923501 02-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions

For	m 99	00-PF(2009) ELLIOT MITCHELL FAMILY			2107405 Page 2
P	art	II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
_			(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing	568.	454005	454005
		Savings and temporary cash investments	181625.	174207.	174207.
	3	Accounts receivable	_		
	١.	Less: allowance for doubtful accounts			
	4	Pledges receivable >	i i		
	_	Less: allowance for doubtful accounts			
	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			
ets	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			****
•		Investments - U.S. and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers)	182193.	174207.	174207.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue .			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jab	21	Mortgages and other notes payable			
_	22	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.			
Ses	24	Unrestricted	182193.	174207.	
Net Assets or Fund Balances	25	Temporarily restricted			1
Bal		Permanently restricted			e
рu		Foundations that do not follow SFAS 117, check here			. ,
교		and complete lines 27 through 31.			
ρ	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			•
Ass	29	Retained earnings, accumulated income, endowment, or other funds			,
et	30	Total net assets or fund balances	182193.	174207.	•
Z	00	Total fict assets of fully balances	102175.	1/420/*	•
	21	Total liabilities and net assets/fund balances	182193.	174207.	7 s
_				1742076	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		t agree with end-of-year figure reported on prior year's return)		11	182193.
	•	amount from Part I, line 27a		2	<7986.>
		increases not included in line 2 (itemize)		3	2/300. 2
		ines 1, 2, and 3		4	174207.
		eases not included in line 2 (itemize)		5	1/420/.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	nlumn (h) line 20	6	174207.
-	ايىن.	to a second or round durations at one of your finite a milition line of a fall lift.	violitii (b), mio oo		Form 990-PF (2009)

9350.

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

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

Form		210740		Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	see ins	truction	ons)
1a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \) and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%			28.
	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.
	Add lines 1 and 2			28.
	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-			28.
6	Credits/Payments:	-		
-	2009 estimated tax payments and 2008 overpayment credited to 2009 6a			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868) 6c 28.			
	Backup withholding erroneously withheld 6d			
	Total credits and payments. Add lines 6a through 6d			28.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			20.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			<u> </u>
	Enter the amount of line 10 to be: Credited to 2010 estimated tax			····
	rt VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Ye	s No
Iđ	any political campaign?	<u> </u>	a	X
		1		$\frac{\mathbf{x}}{\mathbf{x}}$
U	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	 	- ا	+^
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		- 1	
	distributed by the foundation in connection with the activities		_	1.7
	Did the foundation file Form 1120-POL for this year?		c	<u>X</u>
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.	į		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
_	managers. ▶ \$0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	<u>'</u>	<u> </u>
_	If "Yes," attach a detailed description of the activities			1
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	<u> -</u> 3		<u> X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	. 4		X
	If "Yes," has it filed a tax return on Form 990-T for this year?			+
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	<u> </u>	-	X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or	1		
	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?	<u> </u>		
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	<u> </u>	
	If "Yes," complete Part II, col. (c), and Part XV			1
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	<u>MD</u>			
b	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	8	b X	<u> </u>
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)? If "Yes," complete Part XIV	_9	<u> </u>	X
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses .			X
		Form 9	90-PF	(2009)

923531 02-02-10

Porm 990-PF (2009) ELLIOT MITCHELL FAMILY F Part VII-B Statements Regarding Activities for Which	OUNDATION, INFORMATION OF FORM 4720 May Be F	IC . Required (contin	52-21074 ued)	05 Page 6
 5a During the year did the foundation pay or incur any amount to: Carry on propaganda, or otherwise attempt to influence legislation (section). Influence the outcome of any specific public election (see section 4955); of any voter registration drive? Provide a grant to an individual for travel, study, or other similar purposes. Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)? Provide for any purpose other than religious, charitable, scientific, literary the prevention of cruelty to children or animals? If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un section 53.4945 or in a current notice regarding disaster assistance (see instruorganizations relying on a current notice regarding disaster assistance check in the answer is "Yes" to question 5a(4), does the foundation claim exemption feexpenditure responsibility for the grant? "Yes," attach the statement required by Regulations section 53.494 	n 4945(e))? or to carry on, directly or indirectly or indirectly or indirectly or indirectly or indirectly or indirectly or described in section , or educational purposes, or for der the exceptions described in indirectly or i	ectly, Ye Ye for Ye In Regulations	es X No es X No es X No es X No	5 b
 6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a pif "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax s b If yes, did the foundation receive any proceeds or have any net income attributed. 	personal benefit contract? shelter transaction? able to the transaction?	Ye	es X No N/A	6b X
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	,	nagers, Highly	/ 	
1 List all officers, directors, trustees, foundation managers and their			[**(-1)	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JASON MITCHELL	PRESIDENT, TR	EASURER		
3 CLIMBING ROSE CT		1		
ROCKVILLE, MD 20850	0.00	0.	0.	0.
	SECRETARY			
10817 LUXBERRY DRIVE				
ROCKVILLE, MD 20852	0.00	0.	0.	0.
	VICE PRESIDEN	T		
14393 RICHARDS RUN LANE				
PURCELLEVILLE, VA 20132	0.00	0.	0.	0.
	DIRECTOR			
8100 CONNECTICUT AVE. APT 425				
CHEVY CHASE, MD 20815 2 Compensation of five highest-paid employees (other than those inc	0.00	onter "NONE "	0.	0.
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
NONE	devoted to position	.,	compensation	allowances

Form 990-PF (2009) ELLIOT MITCHELL FAMILY FOUNDATION,	INC. 52-	2107405	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)			
3 Five highest-paid independent contractors for professional services. If none, enter "NON	IE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compe	ensation
NONE	-	•	
Total number of others receiving over \$50,000 for professional services		>	0
Part IX-A Summary of Direct Charitable Activities		· · · · · · · · · · · · · · · · · · ·	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info number of organizations and other beneficiaries served, conferences convened, research papers produced, e	ormation such as the	Expenses	
1 N/A			
2			
3			
4			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1	and 2.	Amount	
1 N/A			
2			
All all and a second a second and a second a			
All other program-related investments. See instructions. 3			
Total. Add lines 1 through 3	>	l	0.

F	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a		1a	0.
b	Average of monthly cash balances	1b	181642.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	181642.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	181642.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2725.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	178917.
6	Minimum investment return. Enter 5% of line 5	6	8946.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	8946.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	28.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	8918.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	8918.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	8918.
P	art XII Qualifying Distributions (see instructions)	1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	, , , , , , , , , , , , , , , , , , , ,	1a	9350.
b	9	1b	<u> </u>
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:		
a	, , , , , , , , , , , , , , , , , , , ,	3a	
þ		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	9350.
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	28.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	9322.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	jualifies for	the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,		· · · · · · · · · · · · · · · · · · ·		
line 7				8918.
2 Undistributed income if any, as of the end of 2009				
a Enter amount for 2008 only			7274.	
P Lotal to block have a prior have a prior prior per prior have a prior per	-	_		
Excess distributions carryover, if any, to 2009:		0.		
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from	-			· · · · · · · · · · · · · · · · · · ·
Part XII, line 4: ►\$ 9350.				
a Applied to 2008, but not more than line 2a			7274.	
b Applied to undistributed income of prior			1,2,12	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount			· · · · · · · · · · · · · · · · · · ·	2076.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				* *
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line	,			
4a from line 2a. Taxable amount - see instr.			0.	<u> </u>
f Undistributed income for 2009. Subtract		,	,	
lines 4d and 5 from line 1. This amount must	. ^		·	
be distributed in 2010				6842.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			·····-
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:	·		,	
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				Form 990-DE (2000)

Form 990'-PF (2009) ELLIOT Part XIV Private Operating F	MITCHELL FA	MILY FOUNDA	ATION, INC.	52-21 N/A	07405 Page 10
1 a If the foundation has received a ruling of			7A, question 5)	N/A	· · · · · · · · · · · · · · · · · · ·
foundation, and the ruling is effective for					
b Check box to indicate whether the foun		•	in section	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	T Tournation described	Prior 3 years	1 4342())(0) 01 4.	7-2())(3)
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for	· · · · · · · · · · · · · · · · · · ·			1	· · · · · · · · · · · · · · · · · · ·
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)					
127. 7. 7.7					
2/3 of minimum investment return shown in Part X, line 6 for each year					
		-		<u> </u>	
•••					
investment income (interest,					
dividends, rents, payments on					
			İ		
and 5 or more exempt					
organizations as provided in					
					
· •					
	rmation (Comple	te this part only	if the foundation	had \$5,000 or me	ore in assets
				40,000 07	
1 Information Regarding Foundation	on Managers:				
	-	than 2% of the total contr	ributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed in	nore than \$5,000). (See s	ection 507(d)(2).)		10411441011 201010 4110 4110	00 0. L., LL.
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(i)(3)(B(b)(m) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV Suppolementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.) 1 Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) IONE					
	o own 10% or more of th	e stock of a corporation (or an equally large portion	on of the ownership of a p	artnership or
				•	·
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., Pro	ograms:		
				ot accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num		n applications should be	addressed:		
JANE MITCHELL, 301-8 10817 LUXBERRY DRIVE		MD 20852			
b The form in which applications should be			ould include:		-
LETTER OF SOLICITATI		ion and materials diey sit	ono incidoe.		
c Any submission deadlines:					
MO d Any restrictions or limitations on awards	s such as hy geographics	Largae charitable fielde	kinds of institutions or a	other factors:	<u> </u>
QUALIFIED CHARITY	o, audii aa uy yevyiapiilea	त बाटवंड, जावास्त्रण्य स्थापंड, I	หแบง บา แเงแนเเขเร, 0f C	ouisi iaviulo.	

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the You	ear or Approved for Future	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 SEE STATEMENT 5	or substantial contributor	recipient		
total b Approved for future payment			<u>▶ 3a</u>	9350.
NONE				
Total			<u>▶ 3b</u>	0.
923611 02-02-10			E ₄	orm 990-PF (2009)

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b			 -		
С					
d		-	 		7-
e			 		
1			1		
g Fees and contracts from government agencies			1		
2 Membership dues and assessments			1	**************************************	
3 Interest on savings and temporary cash					
investments			1		
4 Dividends and interest from securities		·	14	2760.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					·-···.
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
С					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		2760.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	2760.
	ons.)				
(See worksheet in line 13 instructions to verify calculation		nlishment of F	xempt P	urnoses	
	ries to the Accom			a.poooo	
Part XVI-B Relationship of Activit			· · · · · · · · · · · · · · · · · · ·		
Part XVI-B Relationship of Activit	ch income is reported in c	olumn (e) of Part XVI-	· · · · · · · · · · · · · · · · · · ·	d importantly to the accomp	olishment of
Part XVI-B Relationship of Activit	ch income is reported in c	olumn (e) of Part XVI-	· · · · · · · · · · · · · · · · · · ·	d importantly to the accomp	olishment of
Part XVI-B Relationship of Activit	ch income is reported in c	olumn (e) of Part XVI-	· · · · · · · · · · · · · · · · · · ·	d importantly to the accomp	olishment of
Part XVI-B Relationship of Activit	ch income is reported in c	olumn (e) of Part XVI-	· · · · · · · · · · · · · · · · · · ·	d importantly to the accomp	olishment of
Part XVI-B Relationship of Activit	ch income is reported in c	olumn (e) of Part XVI-	· · · · · · · · · · · · · · · · · · ·	d importantly to the accomp	olishment of
Part XVI-B Relationship of Activit	ch income is reported in c	olumn (e) of Part XVI-	· · · · · · · · · · · · · · · · · · ·	d importantly to the accomp	olishment of
Part XVI-B Relationship of Activit	ch income is reported in c	olumn (e) of Part XVI-	· · · · · · · · · · · · · · · · · · ·	d importantly to the accomp	olishment of
Part XVI-B Relationship of Activit	ch income is reported in c	olumn (e) of Part XVI-	· · · · · · · · · · · · · · · · · · ·	d importantly to the accomp	olishment of
Part XVI-B Relationship of Activit	ch income is reported in c	olumn (e) of Part XVI-	· · · · · · · · · · · · · · · · · · ·	d importantly to the accomp	olishment of
Line No Explain below how each activity for which	ch income is reported in c	olumn (e) of Part XVI-	· · · · · · · · · · · · · · · · · · ·	d importantly to the accomp	olishment of
Part XVI-B Relationship of Activit	ch income is reported in c	olumn (e) of Part XVI-	· · · · · · · · · · · · · · · · · · ·	d importantly to the accomp	olishment of
Part XVI-B Relationship of Activit	ch income is reported in c	olumn (e) of Part XVI-	· · · · · · · · · · · · · · · · · · ·	d importantly to the accomp	olishment of

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

1	Did the organization directly or indirectly engage in any of	the following wi	th any other organia	zation described in s	ection 501(c) of		Yes	No
	the Code (other than section 501(c)(3) organizations) or i	ın section 527, re	elating to political or	ganizations?				
a	a Transfers from the reporting foundation to a noncharitable	e exempt organiz	zation of:					
	(1) Cash					1a(1)		_X_
	(2) Other assets					1a(2)		Х
b	b Other transactions:						~	
	(1) Sales of assets to a noncharitable exempt organizatio	on				1b(1)		х
	(2) Purchases of assets from a noncharitable exempt org					1b(2)		X
	(3) Rental of facilities, equipment, or other assets	J ann a				1b(3)		X
	(4) Reimbursement arrangements					1b(4)		X
	(5) Loans or loan guarantees					1b(5)	·	X
	(6) Performance of services or membership or fundraising	na solicitations				1b(6)		X
	c Sharing of facilities, equipment, mailing lists, other assets,	_	249			1c		X
,	d If the answer to any of the above is "Yes," complete the fol			l always show the fa	ur market value of the goods in		ets	
٠	or services given by the reporting foundation. If the found						010,	
	column (d) the value of the goods, other assets, or service		or man man man		ggg			
(a)			mpt organization	(d) Descrip	otion of transfers, transactions, and s	haring ari	angeme	ents
(-/		N/A		1				
_		11/21						
								
								
								
								
_					<u></u>			
_								
_				-				
_								
_	_			_				
_								
29	la Is the foundation directly or indirectly affiliated with, or reli	lated to one or o	nore tay-exempt or	anizations describe				
20	in section 501(c) of the Code (other than section 501(c)(3			unizations describe	" 	Yes	X	No
	b If "Yes," complete the following schedule.	,,, 01 111 00011011 0	,,,			163		טוו כ
	(a) Name of organization	(b)	Type of organization	on T	(c) Description of relationsh	QI		
	N/A		, ,,		(-/			
								
_								
	Under penalties of perjury, I declare that I have examined this return, it				st of my knowledge and belief, it is to	ue, corre	ct,	
	and complete Declaration of preparer (other than tarpayer or fiduciary	r) is based on all inf	_ / /		7 .0 0			
	JAM THAMIN		18h2/1	o M	resident			
e	Signature of officer or trustee	19	Date	Title				
푀	Preparer's	1		Date		's identify	/ing num	ber
Sign Here	signature signature signature signature signature firm's name (or yours BOY SIZBERT SI define apployed), 6151 EXECUTIVE	Menul	5	09/21/10	self- employed ▶			
တ	signature BOY SIBERT SI	LVERMAN	VAS & PA	ASTERNAK	EIN ▶			
	of self-employed), 6151 EXECUTIVE							
	address, and ZIP code ROCKVILLE, MD	20852			Phone no. 301-2	31 -	053	5
_						m 990		
					. •		٠,	,

FORM 990-PF DIVIDENT	OS AND	INTER	EST FROM	SECUI	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A))
EAGLE BANK	_		2760.		0.	276	50.
TOTAL TO FM 990-PF, PART I, I	LN 4 =		2760.		0.	276	50.
FORM 990-PF	AC	COUNTI	NG FEES		***************************************	STATEMENT	2
DESCRIPTION	EXPE		NET INVI	EST-		(D) CHARITAI E PURPOSI	
ACCOUNTING		800.	0.				0.
TO FORM 990-PF, PG 1, LN 16B		800.		0.			0.
FORM 990-PF		TAX	ES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	NET INVE	EST-	(C) ADJUSTED NET INCOM	CHARITAE	
FEDERAL EXCISE TAX		28.	·	0.		0.	
TO FORM 990-PF, PG 1, LN 18		28.		0.			0.
FORM 990-PF	O	THER E	XPENSES		<u> </u>	STATEMENT	4
	EXPE	A) NSES BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM	(D) CHARITAE E PURPOSE	
DESCRIPTION							
OFFICE		568.	-	0.			0.

FORM 990-PF

STATEMENT

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	AMOUNT
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET ATLANTA, GA 30303-1002	NONE	750.
BCC RESCUE SQUAD 5020 BATTERY LANE BETHESDA, MD 20814	NONE	300.
BOOMER ESIASON FOUNDATION 52 VANDERBILT AVE 15TH FLOOR NEW YORK, NY 10017	TO AID IN THEIR	1200.
CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN AVE NW WASHINGTON, DC 20010-2970	STATED CHARITABLE	1000.
COMPASSION OVER KILLING P O BOX 9773 WASHINGTON, DC 20016	PURPOSE	500.
COMPEER OF CHESTER COUNTY 825 PAOLI PIKE 3RD FL MAILBOX #7 WEST CHESTER, PA 19380-4525	NONE	250.
MAKE A WISH FOUNDATION 10920 CONN. AVE KENSINGTON, MD 20895-1600	NONE	300.
PHOENIX VILLAGE ART CENTER 207-209 BRIDGE STREET PHOENIXVILLE, PA 19460	NONE	250.

GRANTS AND CONTRIBUTIONS

PAID DURING THE YEAR

ELLIOT MITCHELL FAMILY FOUNDATION, INC.	52-2107405
SIBLEY MEMORIAL HOSPITAL FDN NONE 5255 LOUGHBORO ROAD NW WASHINGTON, DC 20016	1250.
ST.JUDES CHILDRENS RESEARCH NONE HOSPITAL 501 ST. JUDE PLACE MEMPHIS, TN 38105-1942	1000.
SUSAN KOMEN BREAST CANCER FUND NONE 5005 LBJ FREEWAY STE 250 DALLAS, TX 75244	750.
TRISKELES FOUNDATION NONE 707 EAGLEVIEW BLVD SUITE 105 EXTON, PA 19341	1800.
TOTAL TO FORM 990-PF, PART XV, LINE 3A	9350.

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 not complete Part II unless you have already been granted an automatic 3-month extension on a previously for	led For	m 8868		
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)				
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and con	nplete			
Part I only	•	▶ □		
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request at to file income tax returns	n extens	sion of time		
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or co you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file www.irs.gov/efile and click on e-file for Charities & Nonprofits	ically if	(1) you want the additional ited Form 990-T Instead.		
Type or Name of Exempt Organization print	Empl	oyer identification number		
ELLIOT MITCHELL FAMILY FOUNDATION, INC.	5	2-2107405		
Number, street, and room or suite no If a P O box, see instructions 3 CLIMBING ROSE COURT				
return See Instructions City, town or post office, state, and ZIP code For a foreign address, see instructions ROCKVILLE, MD 20850				
Check type of return to be filed (file a separate application for each return).				
Form 990 Form 990-T (corporation) Form 4 Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 52 Form 990-EZ Form 990-T (trust other than above) Form 60 X Form 990-PF Form 1041-A Form 80	227 069			
JASON MITCHELL • The books are in the care of ▶ 3 CLIMBING ROSE COURT - ROCKVILLE, MD 2 Telephone No ▶ 301-294-2294 FAX No ▶ • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all	ıs ıs for	the whole group, check this		
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt FEBRUARY 15, 2011 , to file the exempt organization return for the organization named a is for the organization's return for □ calendar year □ or □ tax year beginning □JUL 1, 2009 , and ending □JUN 30, 2010		The extension		
2 If this tax year is for less than 12 months, check reason Initial 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.		\$ 28.		
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	\$ 0.		
c 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)				
See instructions	3c	\$ 28.		
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form				

LHA

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