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Form **990-PF**

Return of Private Foundation

OMB No 1545-0052

| | | | Of | Section | on 4947(a)(1) None Treated as a Priva | xempt Charitab | le Ti | rust | 2010 |
|-------------------|--|---|--|---|--|--|--------------------------|--|--|
| | | ne Treasury | | | | | | | 2010 |
| | | s Service | tax year beginn | | may be able to use a copy of the $7/01$. 2010 | | 2001111 <u>0</u> 2011 | , 2011 | |
| | | I that apply | Initial return | | tial Return of a former p | <u> </u> | <i>37 30</i> | | Inal return |
| G Cn | ech a | ii tilat appiy | Amended re | ш | Address | ´ — | me ch | L-J | marretum |
| | | | Amerided re | turri | | change [INai | A | Employer Identification | number |
| Elli | ot 1 | Mitchell I | Family Four | ndatio | on, Inc. | | ^_ | 52-2107405 | |
| 3 C1 | imb: | ing Rose (| Court | | , | | В | Telephone number (see | the instructions) |
| Rock | vil. | le, MD 208 | 850 | | | | | 301-294-229 | 4 |
| | | | | | | | С | | n is pending, check here |
| | | | | | | | D 1 | Foreign organizations, | check here . $ ightharpoonup$ |
| H Ç | | type of organia | | | 1(c)(3) exempt private 1 | | 2 | Foreign organizations n | neeting the 85% test, check |
| | | | | | trust Other taxable | | E | here and attach computed for private foundation st | |
| | | ket value of all ass art II, column (c), la | | la Vi | counting method: XC | ash Accrual | | under section 507(b)(1) |)(A), check here . ► |
| ► \$ | | | 7,270. | Part | Other (specify), column (d) must be or | | ļ F | If the foundation is in a | |
| | | | evenue and | T art i | | 1 | Т. Т | under section 507(b)(1) | <u> </u> |
| | E | xpenses (Th | e total of amoun | ts ın | (a) Revenue and expenses per books | (b) Net investme income | ent | (c) Adjusted net income | (d) Disbursements for charitable |
| | ÇO | lümns (b), (c), | and (d) may not amounts in colun | t neces- | | | - | | purposes |
| | (s | ee the instructi | ions)) | "" (a) | | | | | (cash basis only) |
| | 1 | | s, grants, etc, received | | | Maria de la compansión de | 1678 | | |
| | 2 | | foundn is not req to a | | | | | | |
| | 3 | Interest on sa | ivings and tempo ents | orary | 1,739. | 1,73 | 39. | | * |
| | 4 | | terest from securities | | | | | | |
| | 1 | Gross rents. | | | | | | | |
| _ | | Net rental income or (loss) | · | | | | | | |
| R E | 6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all | | | | 3. | | | | |
| ٧ | , | assets on line 6a 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications | | | | | | | |
| E N | 8 | | | | | | 72 | | |
| U | 9 | | | | | | | | |
| Ε | 10 a | Gross sales less returns and | | | | | 3. 1 | | Z SALE |
| | | allowances Less Cost of | | | | | | | |
| | | goods sold . | | | | | | Magail es. | |
| | 1 | : Gross profit/(loss Other income | (attach schedule | ·· ·· | | | _ | | |
| | '' | | (attaon our local | ·, · | | | | | |
| | 12 | Total. Add lin | es 1 through 11. | | 1,739. | 1,73 | 39. | | |
| | 13 | Compensation of o | officers, directors, trust | ees, etc . | 0. | - TO E! | VE | $D^{\prime\prime\prime}$ | |
| | 14 | | alaries and wages. | | | REUE | _ | 761 | |
| | I . | - | s, employee bene | efits | | E 19 | 9 70 | 11 191 | |
| A D M | | Legal fees (attach Accounting fees (| • | | | SEP 1 | 3 70 | 111 161 | |
| - 1 | | Other prof fees (a | | | | 18/ | | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | |
| 0 1 | 17 | Interest | | | | 12 Land 18 18 18 18 18 18 18 18 18 18 18 18 18 | - Feb . | المتشيال | |
| O P E R A T | 18 | | (see instr.) . See . | Stm .1 | 28. | THE UULL | | | |
| A A | 19 | Depreciation (| (attach | | | | | | |
| l i | 20 | sch) and depl Occupancy | etion | • | | | | | |
| N Ý G E | 21 | | ences, and meet | tinas | | | - | | |
| A E N X D P | 22 | Printing and p | ublications | ٠. | | | | | |
| Ďĝ | 23 | | es (attach sched | | ^- | | | | |
| Ň | | | See Statem | | 21. | | - | | |
| Ē | 24 | i otal operatir expenses. Ad | n g and administ d lines 13 throug | rative ih 23 | 49. | | | | |
| 3 | 25 | | s, grants paid .S.t.m | | 8,627. | | | | 8,627. |
| | • | Total expense | es and disburser | | | | | | |
| | | Add lines 24 a | and 25 26 from line 12: | | 8,676. | | 0. | | 8,627. |
| | | | enue over exper | ises | | | | | |
| | | and disburser | ments | | 6,937. | , | | | |
| | Ь | Net investment inc | come (if negative, ente | er -0-) . | | 1,73 | 39. | | |

b Net investment income (if negative, enter -0-) . C Adjusted net income (if negative, enter -0-)

0.

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize).....

167,270

167,270

4

5

6

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30....

| (a) List and descr | Losses for Tax on Investment tibe the kind(s) of property sold (e.g., puse, or common stock, 200 shares M | real estate, (t | D) How acquired P — Purchase D — Donation | (C) Date acquired (month, day, year) | (d) Date sold (month, day, year) |
|---|---|---|---|--|-------------------------------------|
| 1a N/A | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| <u>e</u> | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | 5 | (h) Gain or (e) plus (f) m | (loss) nnus (g) |
| a | | | | | |
| b | | <u> </u> | | - | |
| <u>C</u> | | | | | |
| <u>d</u> | | | | | |
| Complete only for assets she | owing gain in column (h) and owned b | v the foundation on 12/21/60 | | | |
| (i) Fair Market Value as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of column (i) over column (j), if any |) (| (i) Gains (Col gain minus column (an -0-) or Losses (fi | k), but not less |
| a | | | | | |
| b | | | | | |
| С | | · · · · · · · · · · · · · · · · · · · | | | |
| d | | | | | |
| <u>e</u> | | · | | <u> </u> | |
| 2 Capital gain net income or (i | net capital loss). If gain, also If (loss), ent | enter in Part I, line 7 er -0- in Part I, line 7 | . 2 | | |
| 3 Net short-term capital gain of | r (loss) as defined in sections 1222(5) | and (6): | | } | |
| If gain, also enter in Part I, I in Part I, line & | ine 8, column (c) (see the instructions |). If (loss), enter -0- | 3 | | |
| Part V Qualification Under | er Section 4940(e) for Reduced | Tax on Net Investment | Income | | |
| If 'Yes,' the foundation does not q | section 4942 tax on the distributable an ualify under section 4940(e). Do not co at in each column for each year; see the | omplete this part. | · | . Yes | X No |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use asset | s (col | (d) Distributior umn (b) divided | |
| 2009 | 9,322. | 178, | 917. | | 0.052102 |
| 2008 | 10,072. | 186, | | | 0.054038 |
| 2007 | 12,228. | 212, | 295. | | 0.057599 |
| 2006 | 9,250. | 310, | 029. | | 0.029836 |
| 2005 | 10,000. | 318, | 866. | <u> </u> | 0.031361 |
| 2 Total of line 1, column (d). | | | 2 | | 0.224936 |
| 3 Average distribution ratio for number of years the foundation | the 5-year base period— divide the to- ion has been in existence if less than | tal on line 2 by 5, or by the 5 years | 3 | | 0.044987 |
| 4 Enter the net value of nonch | arıtable-use assets for 2010 from Part | X, line 5 | 4 | | 168,178. |
| 5 Multiply line 4 by line 3 | | | . 5 | | 7,566. |
| 6 Enter 1% of net investment i | ncome (1% of Part I, line 27b) | | 6 | | 17. |
| 7 Add lines 5 and 6 | | | 7 | | 7,583. |
| · | from Part XII, line 4 | | . 8 | | 8,627. |
| If line 8 is equal to or greater Part VI instructions. | r than line 7, check the box in Part VI, | line 1b, and complete that p | art using a | 1% tax rate. Se | e the |

| | 1 SOUPPE (2010) Elliot Mitchell Family Foundation, Inc. 52-210 | | | Page 4 |
|------------|---|------------|------------------|--|
| | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the | instruct | ions) | |
| 1; | 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 instr.) | | | |
| | Domestic foundations that meet the section 4940(e) requirements in Part V, | | | 17. |
| | check here ► X and enter 1% of Part I, line 27b | | | |
| • | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b) | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable | | <u> </u> | |
| _ | foundations only. Others enter -0-) . | | | 0. |
| 3 | Add lines 1 and 2 | | | <u> 17.</u> |
| 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- | | 77.8 | 17. |
| 6 | Credits/Payments: | | 1 | |
| | a 2010 estimated tax pmts and 2009 overpayment credited to 2010 | | | |
| | Exempt foreign organizations — tax withheld at source | | 3. | |
| | Tax paid with application for extension of time to file (Form 8868) . 6c Backup withholding erroneously withheld | | | |
| ٦, | | | 100000 | Θ. |
| , | Total credits and payments. Add lines 6a through 6d | + | | 0. |
| 0 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed. | + | | 17. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. | +- | | |
| 11 | Enter the amount of line 10 to be: Credited to 2011 estimated tax Refunded. 11 | + | | |
| | WILA Statements Regarding Activities | | | |
| | | | Ye | s No |
| 1 a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | İ | 1a | X |
| | | ļ | | |
| t | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? | j | 16 | X |
| | | | | |
| | If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials publish or distributed by the foundation in connection with the activities. | iea | | |
| (| Did the foundation file Form 1120-POL for this year? | ı | 1 c | Х |
| (| Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | _ | | |
| | (1) On the foundation . \blacktriangleright \$ 0. (2) On foundation managers \blacktriangleright \$ | 0. | | |
| • | 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? | i | 2 | Х |
| | If 'Yes,' attach a detailed description of the activities. | • | | â |
| | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes | - | 3 | Х |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4a | <u> </u> |
| | of If 'Yes,' has it filed a tax return on Form 990-T for this year? | l | | N/A |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | 5 | X |
| - | If 'Yes,' attach the statement required by General Instruction T. | | | الثاد |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | 4 | |
| • | By language in the governing instrument, or | | | |
| | | . | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflic with the state law remain in the governing instrument? | л | 6 X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV | | 7 X | |
| 8 <i>a</i> | Enter the states to which the foundation reports or with which it is registered (see the instructions) | | | |
| | MD | _ | | () |
| ŧ | of the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | _ | , in | |
| - | (or designate) of each state as required by General Instruction G? If 'No,' attach explanation See. Statement. 4 | | 8b | X |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(i)(3) or 494 | 2(j)(5) | | |
| - | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 494 for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV)? | rt XIV. | 9 | X |
| 10 | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their name | : s | | |
| | and addresses | | 10 | <u> </u> |
| BAA | | Fo | rm 990-PI | (2010) |

| | | <u>-2107405</u> | 5 | P | age : |
|------------|--|-----------------|------|-------------|--------------|
| <u>Par</u> | MILA Statements Regarding Activities (Continued) | | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions) . | | 11 | | Х |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? | | 12 | | Х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption applic Website address • N/A | ation? | 13 | Х | |
| 14 | The books are in care of ► Jason Mitchell Telephone no ► | 301-20 | | 201 | |
| 1-7 | | 850 | 4-22 | 2 2 4_ | - |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here | | N/A | <u>-</u> | LL. |
| | and enter the amount of tax-exempt interest received or accrued during the year | 15 | | | N/A |
| 16 | At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority bank, securities, or other financial account in a foreign country? | | 16 | Yes | No X |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the name of foreign country ► | the | | | |
| Peri | Statements Regarding Activities for Which Form 4720 May Be Required | | | | |
| | File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies. | | | Yes | No |
| 1 a | During the year did the foundation (either directly or indirectly): | | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes | X No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes | XNo | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes | X No | | Š. | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | ∆N0 | | | |
| | for the benefit or use of a disqualified person)? | XNo | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) | XNo | | | |
| b | If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? | | 1 b | N | 'A |
| | Organizations relying on a current notice regarding disaster assistance check here | - 🗌 📑 | | | |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010? | | 1c | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | 8 | | | |
| а | At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? | XNo | | | |
| | If 'Yes,' list the years ► 20 , 20 , 20 | | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see the instructions.) | | 2b | N/ | A |
| C | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. • 20, 20, 20 | | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | X No | 22 | | |
| | If 'Yes,' did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010.). | | 3b | N | 'A |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its | İ | | | |
| | charitable purposes? | | 4a | ١ | X |
| | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010? | | 4b | | X |
| BAA | | | | -PF (2 | |

| • | ' ' | | | |
|--|--|--|--|--|
| Form 990-PF (2010) Elliot Mitchell F | amily Foundatio | on, Inc. | 52-21 | 07405 Page |
| Part VII-B Statements Regarding Activit | | n 4720 May Be Reg | uired (continued) | |
| 5a During the year did the foundation pay or inci | - | | | |
| (1) Carry on propaganda, or otherwise attem | pt to influence legislation | on (section 4945(e))? | Yes X | No No |
| (2) Influence the outcome of any specific pub | olic election (see section | n 4955), or to carry | п., 67 | |
| on, directly or indirectly, any voter registr | | _ | <u> </u> | No la la la la la la la la la la la la la |
| (3) Provide a grant to an individual for travel, | study, or other similar | purposes? | ∐ Yes X | No No |
| (4) Provide a grant to an organization other t in section 509(a)(1), (2), or (3), or section | han a charitable, etc, o n 4940(d)(2)? (see instr | rganization described uctions) | Yes X | No |
| (5) Provide for any purpose other than religion educational purposes, or for the prevention | ous, charitable, scientifien on of cruelty to children | c, literary, or or animals? | Yes X | No |
| b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53.4945 or in (see instructions)? | the transactions fail to a current notice regar | qualify under the exceptions disaster assistance | tions | 56 N/A |
| Organizations relying on a current notice rega | ırdıng disaster assistan | ce check here | ▶ [| |
| c If the answer is 'Yes' to question 5a(4), does | | | _ | ' |
| tax because it maintained expenditure respon If 'Yes,' attach the statement required by Reg | sibility for the grant? | | .N/A Yes | No |
| 6a Did the foundation, during the year, receive a on a personal benefit contract? | ny funds, directly or ind | lirectly, to pay premium | s Yes X | No . |
| b Did the foundation, during the year, pay prem | iums, directly or indirec | ctly, on a personal bene | fit contract? | _6b X |
| If 'Yes' to 6b, file Form 8870. | | | | |
| 7a At any time during the tax year, was the found | | | | No Marie Mar |
| b If yes, did the foundation receive any proceed | | | | N/A 7b |
| Information About Officers, D | irectors, Trustees, | Foundation Manag | gers, Highly Paid B | Employees, |
| and Contractors | | | · | · · · · · · · · · · · · · · · · · · · |
| 1 List all officers, directors, trustees, foundation | | | | |
| (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 | 0. | 0. | 0 |
| 3 Climbing Rose Ct | 0 | | | Ĭ |
| Rockville, MD 20850 | | | | |
| Jane Mitchell | Secretary | 0. | 0. | 0 |
| 10817 Luxberry Drive | 0 | | 0. | ľ |
| Rockville, MD 20852 | | | | |
| Stephen Mitchell | Vice Preside | 0. | 0. | 0 |
| 14393 Richards Run Lane | 0 | 0. | 0. | 0 |
| Purcelleville, VA 20132 | U | | | |
| Mildred Mitchell | Director | | | · · · · · · · · · · · · · · · · · · · |
| 8100 Connecticut Ave. Apt 425 | Director | 0. | 0. | 0 |
| Chevy Chase, MD 20815 | 0 | | | |
| | | | | |
| 2 Compensation of five highest-paid employee | <u> </u> | | | |
| (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 compensation | (e) Expense account, other allowances |
| None | | | compensation | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| <u> </u> | | | | |
| Total number of other employees paid over \$50,000 | | | <u></u> ► | |
| BAA | TEEA0306L 0 | 7/23/10 | | Form 990-PF (2010) |

| Part VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued) | | |
|---|--------------------------------------|---------------------------|
| 3 Five highest-paid independent contractors for professional services (see in enter 'NONE.' | nstructions). If none, | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| None | (2) 1) 10 0.00.00 | (V) composition |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | ▶ | 0 |
| Part X-AX Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistics organizations and other beneficiaries served, conferences convened, research papers produced, etc. | al information such as the number of | Expenses |
| 1 <u>N/A</u> | | |
| 2 | | |
| | | |
| 3 | | |
| 4 | | |
| | | |
| Part IX4B. Summary of Program-Related Investments (see Instru | ctions) | |
| Describe the two largest program-related investments made by the foundation du | ring the tax year on lines 1 and 2. | Amount |
| 1 <u>N/A</u> | | |
| 2 | | |
| | | |
| All other program-related investments. See instructions. | | |
| | | |
| Total. Add lines 1 through 3 | | 0. |
| BAA | | Form 990-PF (2010) |

| Form 990-PF (2010) Elliot Mitchell Family Foundation, Inc. | 52-2107405 | Page 8 |
|--|----------------|-------------|
| Minimum Investment Return (All domestic foundations must complete this part. see 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 | 170 720 |
| b Average of monthly cash balances | 1 b | 170,739. |
| c Fair market value of all other assets (see instructions) | 1c | 170 720 |
| d Total (add lines 1a, b, and c) | 1 d | 170,739. |
| e Reduction claimed for blockage or other factors reported on lines 1a and 1c | | |
| | <u> </u> | • |
| 2 Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 Subtract line 2 from line 1d | 3 | 170,739. |
| 4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | 2,561. |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4. | 5 | 168,178. |
| 6 Minimum investment return. Enter 5% of line 5 | . 6 | 8,409. |
| Particle Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private op | erating founda | |
| and certain foreign organizations check here ► □ and do not complete this | | |
| 1 Minimum investment return from Part X, line 6 | 1 | 8,409. |
| 2a Tax on investment income for 2010 from Part VI, line 5 | 7 . | |
| b Income tax for 2010. (This does not include the tax from Part VI.) 2b | | |
| c Add lines 2a and 2b | 2c | 17. |
| 3 Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 8,392. |
| 4 Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 Add lines 3 and 4 | 5 | 8,392. |
| 6 Deduction from distributable amount (see instructions) | 6 | |
| 7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 8,392. |
| PartXII 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 | 1 a | 8,627. |
| b Program-related investments — total from Part IX-B | . 1b | |
| 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 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 | 8,627. |
| 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 (see instructions) | 5 | 17. |
| · · · · · · · · · · · · · · · · · · · | | |

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

6 Adjusted qualifying distributions. Subtract line 5 from line 4 . . .

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Form **990-PF** (2010)

6

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|--|---|-----------------------------------|---|--|
| 1 Distributable amount for 2010 from Part XI, line 7 | 3 | | | 8,392. |
| 2 Undistributed income, if any, as of the end of 2010. | , | - grafin resign | 13+11 1 200 | agric a |
| a Enter amount for 2009 only | ., , , | | 6,842. | <u> </u> |
| b Total for prior years: 20, 20, 20 | | 0. | | |
| 3 Excess distributions carryover, if any, to 2010: | | Market 1 | 18 TO | |
| a From 2005 | | R ₃ | | |
| b From 2006 | | | | 3 |
| c From 2007 | | | S. S. S. S. | |
| e From 2009 | | | | |
| f Total of lines 3a through e | 0. | | 1 1 | |
| 4 Qualifying distributions for 2010 from Part | 0. | 25.5 | · Italian | 先(34 () 136 |
| XII, line 4: ► \$ 8,627. | | | | |
| a Applied to 2009, but not more than line 2a | | | 6,842. | |
| | | | 43 | |
| b Applied to undistributed income of prior years (Election required — see instructions). | | 0. | | |
| c Treated as distributions out of corpus | | Y | | |
| (Election required — see instructions). | 0. | | | |
| d Applied to 2010 distributable amount | N. 2000 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | | 1,785. |
| e Remaining amount distributed out of corpus | 0. | | A Salar Philips | |
| 5 Excess distributions carryover applied to 2010 | 0. | | | 0. |
| (If an amount appears in column (d), the same amount must be shown in column (a).) | | | | |
| | 3.5 | | | |
| 6 Enter the net total of each column as | | | | |
| indicated below: | NAV BUILD | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | U. | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistribut- ed 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. | · [6 % | |
| e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount — see instructions. | | AND THE STORY | 0. | |
| f Undistributed income for 2010. Subtract lines | | | | |
| 4d and 5 from line 1. This amount must be | | | | |
| distributed in 2011 | Real Control Control | <u> </u> | | 6,607. |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed | | | | |
| by section 170(b)(1)(F) or 4942(g)(3) | | i i | 1 40 | |
| (see instructions) | 0. | المنافق المنافقة المنافقة | | |
| 8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions). | 0. | | | |
| 9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a | 0. | , | | 3 1 |
| 10 Analysis of line 9: | S. Carrier | | | · 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. |
| a Excess from 2006 | | 10 m | | |
| b Excess from 2007 | ************************************** | | , 4 | * 1 |
| c Excess from 2008 | | * 1 800 10° | | |
| d Excess from 2009 | | | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 |
| e Excess from 2010 | | | F 38.78 | |

| Form 990-PF (2010) Elliot Mitchell Family Foundation, Inc. 52-2107405 | | | Page 1 | | |
|---|--|---|--|---|----------------------------------|
| Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) | | | N/A | | |
| 1a If the foundation has received a ruling or one is effective for 2010, enter the date of the | ruling . | | | n, and the ruling | |
| b Check box to indicate whether the foundat | | rating foundation of | described in section | 4942(j)(3) or | 4942(j)(5) |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum | Tax year | | Prior 3 years | · · · · · · | |
| investment return from Part X for each year listed | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | (e) Total |
| 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 | | | | | |
| Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| a 'Assets' alternative test — enter: | | | | | |
| (1) Value of all assets | | | - | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c 'Support' alternative test - enter: | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | <u> </u> | 4 1 1 1 1 1 1 | <u> </u> | | |
| Supplementary Information (assets at any time during the | e year — see in: | part only if the structions.) | organization ha | nd \$5,000 or more | e in |
| Information Regarding Foundation Managers a List any managers of the foundation who had close of any tax year (but only if they have None | ave contributed mo | ore than 2% of the han \$5,000). (See | total contributions r section 507(d)(2).) | eceived by the found | ation before the |
| b List any managers of the foundation who o a partnership or other entity) of which the None | wn 10% or more of foundation has a 10 | the stock of a cor 0% or greater interes | poration (or an equi est. | ally large portion of t | ne ownership of |
| 2 Information Regarding Contribution, Gran | t Cift Loon Schol | orchin etc Brown | | | |
| Check here In the foundation only makes complete items 2a, b, c, and d. | akes contributions | to preselected cha | ritable organization | s and does not accep anizations under othe | et unsolicited er conditions, |
| a The name, address, and telephone number | of the person to w | hom applications s | should be addressed | d: | |
| | | | | | |
| | | | | | |
| See Statement 5 | | | ··· · · · · · · · · · · · · · · · · · | | |
| b The form in which applications should be s | ubmitted and inforr | nation and materia | lls they should inclu | de: | |
| See Statement for Line 2a | | | | ······ | |
| c Any submission deadlines: | | | | | |
| See Statement for Line 2a | | | | | |
| d Any restrictions or limitations on awards, s | uch as by geograph | nical areas, charital | ble fields, kinds of i | nstitutions, or other f | actors: |
| See Statement for Line 2a | | | | | |

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Form **990-PF** (2010)

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Page 11

| Part XVI Supplementary Information (| continued) | | | 07405 Page I |
|---|--|----------------------|----------------------------------|--------------|
| 3 Grants and Contributions Paid During the Yo | ear or Approved for Fut | ure Paymer | nt | |
| 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) | substantial contributor | recipient | Contribution | |
| a Paid during the year | substantial contributor | Тестренс | | |
| | ···· · · · · · · · · · · · · · · · · · | | | |
| b Approved for future payment | | | | |
| Total | <u></u> | | <u> ≻</u> 3b | 1 |

E

| ter gross amounts unless otherwise indicated | Unrelat | ed business income | Excluded | by section 512, 513, or 514 | (e) | |
|---|-------------------------------|---|-------------------------------|--|--|--|
| Program service revenue. | (a) Business code | (b) Amount | (c) Exclu- sion code | (d) Amount | Related or exempt function income (see the instructions | |
| a | <u> </u> | | | | · | |
| b | 1 | | | | | |
| <u> </u> | + | | | | | |
| d | | | | | | |
| e | | | | | | |
| The second contracts from government agencies | | | | | | |
| g Fees and contracts from government agencies Membership dues and assessments | | | li | | | |
| 3 Interest on savings and temporary cash investments | | | 1 | 1,739. | | |
| 4 Dividends and interest from securities | | | | 1,100. | | |
| 5 Net rental income or (loss) from real estate: | | | | | 100 | |
| a Debt-financed property | | | | | | |
| b Not debt-financed property | | | | | | |
| 6 Net rental income or (loss) from personal property. | | | | | | |
| 7 Other investment income | - | | | | | |
| B Gain or (loss) from sales of assets other than inventory | <u> </u> | | | | | |
| 9 Net income or (loss) from special events | | | | | | |
| Gross profit or (loss) from sales of inventory | | | | | · | |
| Other revenue: | 1000 | | | | | |
| a | 1552.15 | 1984 | | K-41-Fii | Burney and a series of the Section o | |
| b | 1 | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| Subtotal. Add columns (b), (d), and (e) | | | (1) N | 1,739. | | |
| 3 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 1,739 | |
| ee worksheet in line 13 instructions to verify calculate | tions.) | | | • | | |
| Relationship of Activities to the | | shment of Exempt | Purpos | ses | | |
| ine No. Explain below how each activity for which accomplishment of the foundation's exempt | income is re ot purposes (| ported in column (e) of other than by providing | Part XV funds fo | I-A contributed importa or such purposes). (See | ntly to the the instructions.) | |
| N/A | | · | | | | |
| | | `` | ······ | | | |

| ▼ | accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See the instructions,) |
|-----|---|
| N/A | |
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Form **990-PF** (2010)

Form 990-PF (2010) Elliot Mitchell Family Foundation, Inc. 52-2107405 Rart XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| | | | | | | | | Yes | No |
|----------------------|--|--|--|--|---|--|------------------------------------|----------|---------------|
| 1 Did the | organization directly ed in section 501(c) | or indirectly e | engage in any of the | following wit | h any other organi | ization | WOO! | | |
| relating | to political organizat | tions? | thei than section 50 | r(c)(3) organ | izations) of itsec | 31011 527, | | | |
| a Transfe | rs from the reporting | foundation to | a noncharitable exe | empt organiza | ation of: | | | , | |
| (1) Cas | | , | | | | | 1a(1) | | X |
| • • | er assets . | • | • | • | | | 1a (2) | | $\frac{x}{x}$ |
| | ransactions: | | | | • | | 333 | | |
| | es of assets to a non | scharitable ave | and organization | | | | | 1 622 7 | |
| | | | . • | | | • | 1b(1) | | X |
| | chases of assets from | | | ation | | | 1b(2) | | <u>X</u> |
| • • | ntal of facilities, equip | • | r assets . | | | | 1b(3) | | X |
| ` . | mbursement arrange | | • | | • | • | 1b (4) | | X |
| • • | ns or loan guarantee | | | | | • • | 1b (5) | | _X_ |
| (6) Per | formance of services | or membersh | ip or fundraising sol | ıcıtatıons | • | | 1b(6) | | <u>X</u> |
| c Sharing | of facilities, equipme | ent, mailing lis | sts, other assets, or | paid employe | ees . | | 1c | | _X |
| | | | | | | | | | |
| the good any tran | nswer to any of the a ds, other assets, or s nsaction or sharing a | ibove is Yes, services given rrangement, s | complete the following the reporting four how in column (d) the co | ing schedule. Indation. If th he value of th | Column (b) shoul e foundation recei e goods, other as: | ld always show the fair wed less than fair mark sets, or services receiv | market valu ket value in red | ue of | |
| (a) Line no. | (b) Amount involved | | of noncharitable exempt or | | | of transfers, transactions, an | | nement | |
| N/A | (D) Tanouni intolicu | (0) 1.0 | THORIGINAL TOLDER OF | gamzadon | (a) basinpusii (| or danstors, dansdorons, dir | a sharing untui | gentent | |
| 24, 22 | | | | | | | | | |
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| describe | oundation directly or it | of the Code (of | ated with, or related ther than section 50 | to, one or m 1(c)(3)) or in | ore tax-exempt or section 527?. | ganizations | Yes | X | No |
| | complete the following | | | | | | | | |
| |) Name of organization | on | (b) Type of | organization | | (c) Description of re | lationship | | |
| N/A | | | | | | | | | |
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| | | | · | | | <u> </u> | | | |
| | | | | | | | | | |
| Sign Here | penalties of perjury, I declare and complete Declaration | e that I have exami of preparer (other t | ned this return, including a than taxpayer or fiduciary) | ccompanying sch is based on all in | 19/8/11 | and to the best of my knowled arer has any knowledge | ge and belief, it | is true, | |
| | Print/Type preparer's name | ne | Propagar's second | ha / | Date | · | PTIN | | |
| | """ | nic. | Preparer's signat | 71X! - | Date | Check ifif | | | |
| Paid | T VAS | | T VAS | U// | | self-employed | N/A | | |
| Preparer | | | lbert, Silverman | , Vas & Pa | sternak | Firm's EIN ► N/A | | | |
| Use Only | | 151 Executi | | | | | | | |
| | Ro | ockville, M | 20852-3901 | | | Phone no. (301 |) 231-053 | 5 | |
| BAA | | | | | | | Form 99 0 | 0-PF (| 2010) |
| | | | | | | | | | |

2010 **Federal Statements** Page 1 **Elliot Mitchell Family Foundation, Inc.** 52-2107405 Statement 1 Form 990-PF, Part I, Line 18 Taxes (a) (b) Net (d) (c) Expenses Investment Adjusted Charitable Purposes Federal Excise Tax Total \$ Statement 2 Form 990-PF, Part I, Line 23 Other Expenses (a) (b) Net (c) (d) Expenses Adjusted Investment Charitable per Books <u>Income</u> Net Income Purposes Bank Charges...... 21. \$ Total \$ 0. \$ <u>0.</u> Statement 3 Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants Cash Grants and Allocations Class of Activity: Donee's Name: Adesha Village Donee's Address: P. O. Box 751 Kimberton, Pa 19442 Relationship of Donee: None Organizational Status of Donee: Amount Given: 2,500. Class of Activity: Donee's Name: Children's Hospital Foundation Donee's Address: 111 Michigan Avenue Washington, DC 20010 Relationship of Donee: None Organizational Status of Donee: Amount Given: 750. Class of Activity: Donee's Name: Washington Hebrew Congregation Donee's Address: 3935 Macomb Street NW Washington, DC Relationship of Donee: None Organizational Status of Donee: Amount Given: 500. Class of Activity: Donee's Name: St Jude Children's Research Hospital Donee's Address: 501 St. Jude Place Memphis, TN 38105 Relationship of Donee: None

Organizational Status of Donee:

| 2010 | Federal Statements | Page 2 |
|---|--|------------|
| EI | liot Mitchell Family Foundation, Inc. | 52-2107405 |
| Statement 3 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants | | |
| Amount Given: | \$ | 750. |
| Class of Activity: Donee's Name: Donee's Address: | Bullis School 10601 Falls Road Potomac, MD 20854 | |
| Relationship of Donee: Organizational Status of Done Amount Given: | None e: | 250. |
| Class of Activity: Donee's Name: Donee's Address: | Bullis School 10601 Falls Road Potomac, Md 20854 | |
| Relationship of Donee: Organizational Status of Done Amount Given: | None e: | 250. |
| Class of Activity: Donee's Name: Donee's Address: | Bullis School 10601 Falls Road Potomac, Md 20854 | |
| Relationship of Donee: Organizational Status of Done Amount Given: | None | 257. |
| Class of Activity: Donee's Name: Donee's Address: | Avon Walk for Breast Cancer P. O. Box 1073 Rye, NY 10580 | |
| Relationship of Donee: Organizational Status of Done Amount Given: | Stated Charitable | 250. |
| Class of Activity: Donee's Name: Donee's Address: | Avon Walk for Breast Cancer P. O. Box 1073 Rye, NY 10580 | |
| Relationship of Donee: Organizational Status of Done Amount Given: | Stated Charitable | 500. |
| Class of Activity: Donee's Name: Donee's Address: | Autism Speaks 5455 Wilshire Blvd | |
| Relationship of Donee: Organizational Status of Done Amount Given: | Los Angelos , CA 90036 Stated Charitable e: | 100. |
| Class of Activity: Donee's Name: Donee's Address: | Boomer Esiason Foundation 200B Armstrong Road Garden City Park, NY 11040 | |
| Relationship of Donee: Organizational Status of Done | Aid in their foundation | |

| 2010 F | ederal Statements | Page 3 | |
|---|--|--------------|--|
| Elliot N | Elliot Mitchell Family Foundation, Inc. | | |
| Statement 3 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants | | | |
| Amount Given: | \$ | 500. | |
| Class of Activity: Donee's Name: Donee's Address: Relationship of Donee: | Boomer Esiason Foundation 200B Armstrong Road Garden City Park, NY 11040 Aid in their foundation | | |
| Organizational Status of Donee: Amount Given: | | 100. | |
| Class of Activity: Donee's Name: Donee's Address: Relationship of Donee: Organizational Status of Donee: Amount Given: | University of Virginia Fund P.O. Box 400314 Charlottesville, Va 22904 None | 100. | |
| Class of Activity: Donee's Name: Donee's Address: Relationship of Donee: Organizational Status of Donee: Amount Given: | Compassion Over Killings P. O. Box 9773 Washington, DC 20016 Purpose | 500. | |
| Class of Activity: Donee's Name: Donee's Address: Relationship of Donee: Organizational Status of Donee: Amount Given: | American Cancer Society PO Box 22718 Oklahoma, OK 73123 Stated Charitable | 500. | |
| Class of Activity: Donee's Name: Donee's Address: Relationship of Donee: Organizational Status of Donee: Amount Given: | Make-A-Wish Foundation 5272 River Road Bethesda, Md 20816 None | 200 | |
| Class of Activity: Donee's Name: Donee's Address: Relationship of Donee: Organizational Status of Donee: Amount Given: | Jewish Community Center of Greater Wash. 6125 Montrose Road Rockville, Md 20852 Stated Charitable | 300. 200. | |
| Class of Activity: Donee's Name: Donee's Address: Relationship of Donee: Organizational Status of Donee: | Pi Beti Phi 1154 Town & Country Commons Drive Town & Country, MO 63017 None | | |

Relationship of Donee: Organizational Status of Donee:

2010 **Federal Statements** Elliot Mitchell Family Foundation, Inc. Statement 3 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants Amount Given: Class of Activity: Stepping Stones Shelter Donee's Name: Donee's Address:

180. Ś

Page 4

52-2107405

PO Box 712

Rockville, Md 20848

Relationship of Donee:

Organizational Status of Donee:

Amount Given:

140.

8,627. Total \$

Statement 4 Form 990-PF, Part VII-A, Line 8b Copies of Form 990-PF to State Officials

No filing required

Statement 5 Form 990-PF, Part XV, Line 2a-d **Application Submission Information**

Name of Grant Program:

Name:

Jane Mitchell

Care Of:

Street Address:

10817 Luxberry Drive Rockville, Md 20852 301-816-3133

City, State, Zip Code:

Telephone: Form and Content:

Letter of Solicitation

Submission Deadlines:

No

Restrictions on Awards:

Qualified Charity