

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



Form 990-PF

Department of the Treasury

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.

2009

OMB No 1545-0052

_			be able to use a copy of this			<u></u>
_			23, 2009	, and ending	DEC 31, 2009)
G	Che	ck all that apply:		rmer public charity	Final retur	n
_		Amended return	Address chan	ge L	Name change	
Us	e th	e IRS Name of foundation			A Employer identificatio	n number
	lab					_
0		vise, JAIN FAMILY FOUNDATIO			27-1530085	<u> </u>
	bti		elivered to street address)	Room/suite	B Telephone number	
	or ty	TOTAL MINIBRO ROID			703-319-22	265
		tione Gity of town, State, and ZIP code			C If exemption application is a	
		VIENNA, VA 22181			D 1. Foreign organization	s, check here
ᄲ	_	ck type of organization: X Section 501(c)(3) ex			Foreign organizations m check here and attach c	omputation
			Other taxable private founda		E If private foundation sta	
		narket value of all assets at end of year J Accounting	-	Accrual	under section 507(b)(1)(A), check here $ ightharpoonup$
			her (specify)		F If the foundation is in a	
	<u>►\$</u>	3 , 000 , 033 . (Part I, colui	mn (d) must be on cash b	oasis)	under section 507(b)(1	T
LP.	art	(The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
_	Τ.	necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
	1	, [3,000,000.		N/A	
	2	Check If the foundation is not required to attach Sch. B. Interest on savings and temporary			ļ	OM3 MH120000 1
	3	cash investments	33.	33.	•	STATEMENT 1
	1 1					
	5	a Gross rents				
	Ι,	D Net rental income or (loss)				
9	3 5	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all		······································		
Revenue	<u>ا</u>	b assets on line 6a		0.		-
ă	' ا	Capital gain net income (from Part IV, line 2) Net short-term capital gain		<u> </u>	·	
	;					
	1 -	Gross sales less returns and allowances				<u> </u>
	"	b Less Cost of goods sold			<u> </u>	
		c Gross profit or (loss)				
		Other income		· ·		
	1	! Total. Add lines 1 through 11	3,000,033.	33.		
	13		0.	0.		0
	14	Other employee salaries and wages			<u> </u>	-
1 2010	15	Pension plans, employee benefits				
7 ¥ 2	16	a Legal fees				
		b Accounting fees				
) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u>וֹל</u>	c Other professional fees				
UEC ative F	17	' Interest		REC	EIVED	
<u>ئ</u> ر	18	Taxes				
בי ב	19	Depreciation and depletion		S NOV	181	
ע פֿ	20	Occupancy		181 1404	2 2010 9	
	21				38	
ב ה	22	- '		OGD	NUT	
<u>פ</u>	P 23	•			-, -, -	
, <u>.</u>	24	Total operating and administrative	_	_		_
		expenses. Add lines 13 through 23	0.	0.	•	0
	23	Contributions, gifts, grants paid		 .	ļ	
	26	•	_	•	1	_
_	1	Add lines 24 and 25	0.	0 .	<u> </u>	0
	27	Subtract line 26 from line 12:			1	
	1	a Excess of revenue over expenses and disbursements	3,000,033.		ļ	
		b Net investment income (if negative, enter -0-)		33		<u> </u>
	1	C Adjusted net income (if negative, enter -0-)			N/A	1

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

_			
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	0.
2	Enter amount from Part I, line 27a	2	3,000,033.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	3,000,033.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	3,000,033.

Form **990-PF** (2009)

Set

Total net assets or fund balances

31 Total liabilities and net assets/fund balances

0.

0.

3,000,033.

3,000,033

Part IV Capital Gains	and L	osses for Tax on In	vestmen	t Income					- Coos
	(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)	(b) How acquired P - Purchase D - Donation		acquired day, yr.)	(d) Date sold (mo., day, yr.)	
1a		_	-		 	Donation			
	NE			·					
C									
d	-		············						
e									
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale				Gain or (loss) s (f) minus (
a									
b									
C	ļ								
<u>d</u>	ļ								
e	<u> </u>								
Complete only for assets show	ng gain ir					,	(I) Gains ((Col (h) gain not less thar	minus
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any			Losses	(from col. (h))
<u>a</u>									
b	-								
<u>C</u>		-							
<u>d</u>	 			· · · · · ·		_			
e	<u>i </u>				_	1		_	
2 Capital gain net income or (net c	apıtal loss	$\begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0-} \end{cases}$	in Part I, line in Part I, line	7 : 7	}	2	.		
3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8			d (6):)				
If (loss), enter -0- in Part I, line 8		(U).			Ì	3			
		Section 4940(e) for	Reduced	Tax on Net	Inv	estment Ir	ncome		
(For optional use by domestic priva				••					N/A
			(-)			,			,
If section 4940(d)(2) applies, leave	this part b	lank.							
Was the foundation liable for the se-	ction 4942	2 tax on the distributable amo	ount of any y	ear in the base per	riod?				Yes No
If "Yes," the foundation does not qua	alify under	section 4940(e). Do not cor	mplete this pa	art.					
1 Enter the appropriate amount in	each colu	ımn for each year, see ınstru	ctions before	making any entri	es.	•			
(a) Base period years Calendar year (or tax year beginn	ıng ın)	(b) Adjusted qualifying dist	ributions	Net value of no	(c) incha) rıtable-use asse	ts		(d) ution ratio ided by col. (c))
2008									
2007									
2006									
2005									
2004									
2 Total of line 1, column (d)							2		
3 Average distribution ratio for the	5-year ba	se period - divide the total o	n line 2 by 5,	or by the number	of ye	ars		 	
the foundation has been in exist					-		3		
		•				, ,	-		···
4 Enter the net value of noncharita	ble-use as	ssets for 2009 from Part X, I	ine 5				4	-	
5 Multiply line 4 by line 3		-				-	5		
6 Enter 1% of net investment inco	me (1% o	f Part I, line 27b)					6		
7 Add lines 5 and 6							7		
8 Enter qualifying distributions fro	m Part XI	I, line 4					8		
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, c	heck the box in Part VI, line	1b, and comp	olete that part usin	g a 1	% tax rate.			

Form 990-PF (2009) JAIN FAMILY FOUNDATION, IN			153008		Page 4
Part VI Excise Tax Based on Investment Income (Section	n 4940(a), 4940(b), 4940(e), o	r 4948 -	- see inst	ructio	ns)
1a 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 let	ter if necessary-see instructions)				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check		1			1.
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)				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations	s only. Others enter -0-)	2	-		0.
3 Add lines 1 and 2		3			1.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation	s only. Others enter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter	-0-	5			1.
6 Credits/Payments:					
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a				:
b Exempt foreign organizations - tax withheld at source	6b				
c Tax paid with application for extension of time to file (Form 8868)	6c				
d Backup withholding erroneously withheld	6d				
7 Total credits and payments. Add lines 6a through 6d		7			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 223	20 is attached	8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	▶ 9			1.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount over	erpaid	▶ 10			
11 Enter the amount of line 10 to be; Credited to 2010 estimated tax	Refunded	▶ 11			
Part VII-A Statements Regarding Activities	· · · · · · · · · · · · · · · · · · ·	•			
1a During the tax year, did the foundation attempt to influence any national, state, or lo	ocal legislation or did it participate or interv	ene in		Yes	No
any political campaign?			1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for politic	al purposes (see instructions for definition)?	1b	1	Х
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activ	ities and copies of any materials publi	shed or			
distributed by the foundation in connection with the activities.					
c Did the foundation file Form 1120-POL for this year?			10		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed d	uring the year:				
(1) On the foundation. > \$ 0. (2) On foundation n		0.			l ,
e Enter the reimbursement (if any) paid by the foundation during the year for politica	expenditure tax imposed on foundation				
managers. ► \$ 0.					
2 Has the foundation engaged in any activities that have not previously been reported	I to the IRS?		2		X
If "Yes," attach a detailed description of the activities.					
3 Has the foundation made any changes, not previously reported to the IRS, in its go	verning instrument, articles of incorporatio	n, or			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the	e changes		3]	X
4a Did the foundation have unrelated business gross income of \$1,000 or more durin	g the year?		4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	<u>-</u>	N	/A 4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during	the year?		5		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) sa	itisfied either:				li
 By language in the governing instrument, or 					
 By state legislation that effectively amends the governing instrument so that no n 	nandatory directions that conflict with the s	tate law]		
remain in the governing instrument?			. 6		Х
7 Did the foundation have at least \$5,000 in assets at any time during the year?			. 7	X	
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 i	nstructions) >				i
VA					,
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)				ļ'
of each state as required by General Instruction G? If "No," attach explanatio	n		8b	X	
9 Is the foundation claiming status as a private operating foundation within the mean	ing 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		X
10 Did any persons become substantial contributors during the tax year? if "Yes," attack	n a schedule listing their names and addresses	STMT			
			Form 99	0-PF	(2009)

923541 02-02-10

2 Compensation of five highest-paid employees (other than those in	hose included on line 1). If none, enter "NONE."					
(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, othe allowances		
NONE						
	_					
	-					
Total number of other employees paid over \$50,000	•			<u> </u>		

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ente	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<u></u>	
		
	_	
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 statis	tical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers proc		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 other program-related investments. See instructions.		
3		
Table Addition of the court of		0.
Total. Add lines 1 through 3		Form 000 DE (2000)

P	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		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	3,000,033.
	Fair market value of all other assets	1c	0.
đ	Total (add lines 1a, b, and c)	1d	3,000,033.
	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	3,000,033.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	45,000.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,955,033.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	3,644.
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	3,644.
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	1.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,643.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,643.
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	3,643.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		_
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	0.
þ	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.	_	
	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	0.
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	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	jualifies f	or 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,	Corpus	Tours prior to 2000	2000	2000
line 7	İ			3,643.
2 Undistributed income, if any, as of the end of 2009				3,043.
a Enter amount for 2008 only			0.	
b Total for prior years:			- 0.	
g read to prior years.		0.	•	
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
dFrom 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ►\$ 0.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior		.=	0.	
years (Election required - see instructions)		0.		;
c Treated as distributions out of corpus				
·	0.		·	
(Election required - see instructions)	<u> </u>			0.
d Applied to 2009 distributable amount	0.	_ . <u>-</u>		0.
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
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		0.		
assessed 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.	
f Undistributed income for 2009 Subtract			•	
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				3,643.
7 Amounts treated as distributions out of				3,043.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004		<u></u>		
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	l			
b Excess from 2006	ļ			
c Excess from 2007	İ			
d Excess from 2008				
e Excess from 2009	l			
5 1000 II 0 2000				Form 000, DE (2000)

3 Grants and Contributions Paid During	the Year or Approved for Future	Payment		
Recipient	If recipient is an individual,		Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				•
NONE				
NONE				
				:
		ł		
· ·				
		ŀ		
Total b Approved for future payment		ſ	▶ 3a	0
• Approved for lattire payment				
NONE				
Total		<u> </u>	.	0
Total	<u> </u>	•	▶ 3b	orm 990-PF (2009

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	d business income		d by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
•					
b	_				
C					
d					
e	-				
1	_				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					· <u>-</u>
investments			14	33.	
4 Dividends and interest from securities		•			
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					
d	-		++		
	-	- · · · · · · ·			
12 Subtotal. Add columns (b), (d), and (e)		() .	33.	0
13 Total. Add line 12, columns (b), (d), and (e)			-	13	33
(See worksheet in line 13 instructions to verify calculations.)	١			· · · ·	
Part YVI-R Relationship of Activities			_		.

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
	
	· · · · · · · · · · · · · · · · · · ·
-	

	<u> </u>	FAMILY FOUNDATI	•	nd Dalatianala	27-1530			ge 13
artx	Exempt Organ	egarding Transfers To nizations	and Transactions ar	ia Relationsn	nps with Nonchai	ritabio	9	
Dıd tl	he organization directly or indi	rectly engage in any of the following	ng with any other organization	described in sectio	on 501(c) of	<u> </u>	Yes	No
the C	ode (other than section 501(c	c)(3) organizations) or in section 5	27, relating to political organiz	ations?				
a Trans	sfers from the reporting found	lation to a noncharitable exempt or	ganization of:					
(1) Cash								X
(2)	Other assets					1a(2)		X
b Other	r transactions:							
(1)	Sales of assets to a noncharita	ible exempt organization				1b(1)		X
(2)	Purchases of assets from a no	oncharitable exempt organization				1b(2)		X
(3) I	Rental of facilities, equipment,	or other assets				1b(3)		X
(4) 1	Reimbursement arrangements	;				1b(4)		X
(5) l	Loans or loan guarantees					1b(5)		X
(6) F	Performance of services or me	embership or fundraising solicitation	ons			15(6)		X
		ailing lists, other assets, or paid en				1c		X
		"Yes," complete the following sch		ays show the fair ma	arket value of the goods, o	ther ass	ets.	
		foundation. If the foundation receiv			_		•	
		other assets, or services received		•	,			
Line no	(b) Amount involved	(c) Name of noncharitabl		(d) Description of	of transfers, transactions, and s	haring an	rangeme	nts
		N/A		·-				
	"	1		-				
		1						
				 				
		 						
								
	<u></u>		<u> </u>					
		 		 				
								
		 		-				
		<u> </u>						
								
				+				
	formedation discostly as and so	the efficient with an expected to a second						
		ctly affiliated with, or related to, one	• •	itions described	_	٦.,	□ ▼] No
		er than section 501(c)(3)) or in sec	11011 321 7			Yes	Δ	סאו ר
) II TE	s," complete the following sch (a) Name of or		(b) Type of organization		c) Description of relationsh	ın.		
	N/A	Janization	(b) Type of organization		by Description of relations	ıιp		
	N/A		 					
			-					
		·····						
Hodor	popultion of possing I dealers that I I	have everying this return probation are	Amanana sehedular and statemen	and to the best of	ny kaomindan and haliaf it in h			
		have examined this return, including acci er than taxpayer or fiduciary) is based or			my knowledge and beller, it is t	rue, corre	CL,	
١.	At 1		11/12/15	. 11100	046646646	τ (∠	SAN	ር ፓለ
-	· · · · · · · · · · · · · · · · · · ·	Jam	1410	VICE	PRESIDENT	17 <u>5</u>	CK	
S	ignature of officer or trustee	·	Date '	Title	4	D	KE	CT
ر.' >	ricpaiers and anis						ying nu n	iber
Paid Preparer's Use Only	DAKE DAKE	KER TILLY VIRCHOW KRAUSE, LLP EIN ► 19 LEESBURG PIKE, SUITE 800						
နှင့်မှ	Firm's name (or yours BALLS							
م ع	if self-employed), address, and ZIP code VTEN	NA, VA 22182	POTIE OUG		Dhaman 702 (122	020	Λ
ı	anniess' ann til mas . ATEI	MA, VA 44184			Phone no. 703 9	743	030	U

923622 02-02-10

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	Employer identification number							
JA	IN FAMILY FOUNDATION, INC.	27-1530085						
Organization type (check o	ne)							
Filers of:								
Form 990 or 990-EZ	501(c)() (enter number) organization							
	4947(a)(1) nonexempt chantable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt chantable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile. See instructions.						
General Rule								
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.								
Special Rules								
For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(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% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.								
aggregate contribu	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 u If this box is check purpose. Do not co	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, contributions for use exclusively for religious, chantable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, chantable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, chantable, etc., contributions of \$5,000 or more during the year.							
Caution. An organization 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), but it must answer "No" 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 that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).								

for Form 990, 990-EZ, or 990-PF.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

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

Employer identification number

TATN.	FAMILY	FOUNDATION	TNC

27-1530085

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ATUL JAIN 10421 LAWYERS ROAD VIENNA, VA 22181-2822	\$1,500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	PRITI AGARWAL JAIN 10421 LAWYERS ROAD VIENNA, VA 22181-2822	\$1,500,000.	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 Omnicash Omnicash (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 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.)
923452 02-01	-10	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2009)

FORM	990-PF	INTEREST	ON S	SAVINGS	AND	TEMPORARY	CASH	INVESTMENTS	STATEMENT	1
SOUR	CE								AMOUNT	
MORG	ANSTANLE	Y SMITH B	ARNEY	7.						33.
TOTA	L TO FORI	M 990-PF,	PART	I, LI	NE 3	, COLUMN A				33.
FORM	990-PF		LIST			NTIAL CONT -A, LINE 1		ORS	STATEMENT	2
NAME	OF CONT	RIBUTOR			j	ADDRESS				
ATUL	JAIN					10421 LAWY VIENNA, VA		·		
PRIT	I AGARWA	L JAIN				10421 LAWY VIENNA, VA				
FORM	990-PF	,	LI			- LINE 1A DATION MAN			STATEMENT	3

NAME OF MANAGER

ATUL JAIN PRITI AGARWAL JAIN