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Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2009

Ford	alendar year 2009, or tax year beginning		, and ending		
G C	heck all that apply Initial return	Initial return of a for	· · · · ·	Final return	1
	Amended return	Address chang	e L	Name change	
Use	the IRS Name of foundation			A Employer identification	number
-	abel Bur GDAHAM BAMTIN BOH	NIDAMI ON TNO		31-1737383	1
	erwise, THE GRAHAM FAMILY FOU		Room/suite	1	· ·
	Y'''''	iiveled to siteet address)	1.com/saite	B Telephone number 540 687-83	129
	Specific City or town, state, and ZIP code			i _	
	MIDDLEBURG, VA 20118	_1788		C if exemption application is p D 1 Foreign organization	
ш С	heck type of organization. X Section 501(c)(3) ex			Foreign organizations management the check here and attach or	
	-	Other taxable private foundation	บกก		
L Fa	ir market value of all assets at end of year J Accounting		Accrual	E If private foundation sta under section 507(b)(1	Itus was terminated
-	· 1 —	her (specify)		F If the foundation is in a	• • • • • • • • • • • • • • • • • • • •
•		mn (d) must be on cash b	asis)	under section 507(b)(1	
$\overline{}$	Analysis of Revenue and Expenses	(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	41,000.		N/A	
	2 Check In the foundation is not required to attach Sch. B				
	Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)		 	ļ	
٥	6a Net gain or (loss) from sale of assets not on line 10		.		
Revenue	b Gross sales price for all assets on line 6a			1	
Š	7 Capital gain net income (from Part IV, line 2)		0.		
<u></u>	8 Net short-term capital gain				
	9 Income modifications Gross sales less returns		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	10a and allowances				
	b Less Cost of goods sold			 	<u> </u>
	c Gross profit or (loss)				
	11 Other income 12 Total Add lines 1 through 11	41,000.	0.		
	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits		RECE	VEU_	
es Ses	16a Legal fees STMT 1	1,100.	0.	80	0.
enses	h Accounting fees STMT 2	863.	\$ NOV 202	2010	0.
Exp	c Other professional fees		1 100	(2)	
Š	17 Interest				
Administrative	18 Taxes		OGDE	V. UL	
Jist	19 Depreciation and depletion				
Ē	20 Occupancy				
Ϋ́	21 Travel, conferences, and meetings				<u></u>
and	22 Printing and publications				
	23 Other expenses				
Operating	24 Total operating and administrative		•		
Dee	expenses Add lines 13 through 23	1,963.	0	•	0.
J	25 Contributions, gifts, grants paid	23,000.	 .	 	23,000.
	26 Total expenses and disbursements	24 063	^		22 000
	Add lines 24 and 25	24,963.	0	•	23,000.
	27 Subtract line 26 from line 12	16 027			
	a Excess of revenue over expenses and disbursements	16,037.		-	
	b Net investment income (if negative, enter -0-)		0	N/A	
9235	c Adjusted net income (if negative, enter -0-)	<u> </u>		IN/ M	5 000 PE (0000)

Form 990-PF (2009)

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

		nd(s) of property sold (e.g	 	income	(b) l	How acquir - Purchase	red (c) Date ac	quired	(d) Date sold
2-story br	ick warehouse;	or common stock, 200 sh	s MLC Co.)		B	- Purchasi - Donation	n '	(mo., day		(mo., day, yr.)
1a				<u> </u>	-					
<u>b</u>	NONE				\vdash					
d d	•				\vdash					
e		***			 					
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		t or other basis xpense of sale	•				n or (loss) (f) minus (i	g)
a										
b										
C			1							
<u>d</u>			ļ							
e			<u> </u>							
Complete only for assets s			7						l. (h) gaın ı ıt less than	
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ֈ), ıf any		· 			rom col. (h	
a										
b			-							
C										
d										
е			<u> </u>							
2 Capital gain net income or	(net capital loss	$ \begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter} -0 \end{cases} $	er in Part I, line D- in Part I, line	7 7	}	2				
 Net short-term capital gain If gain, also enter in Part I, 	line 8, column (nd (6):		}					
If (loss), enter -0- in Part I, Part V Qualification		Section 4940(e) for	- Dadwaad	Tour on Not		3	-			
If section 4940(d)(2) applies, I Was the foundation liable for t If "Yes," the foundation does n	he section 4942	tax on the distributable ar	, ,	•	rıod?					Yes X No
1 Enter the appropriate amo	unt in each colu	mn for each year; see inst	ructions before	making any entri	es.			,		
(a) Base period year Calendar year (or tax year b		(b) Adjusted qualifying di		Net value of no	(c) oncha	ritable-use			Distrib ol (b) divi	(d) ution ratio ded by col (c))
2008			39,500.				<u>,173.</u>			1.008348
2007			L6,000.				<u>,366.</u>			<u>.97763</u>
2006			0.				,783.			.00000
2005			1,500.				,590.			.197628
2004			0.			3	<u>,446.</u>	ļ		.000000
2 Total of line 1, column (d)								2		2.18361
3 Average distribution ratio f the foundation has been in			on line 2 by 5,	or by the number	r of ye	ars		3		.43672
4 Enter the net value of nonc	harıtable-use as	sets for 2009 from Part X	, line 5					4		31,945
5 Multiply line 4 by line 3								5		13,951
6 Enter 1% of net investmen	t income (1% of	f Part I, line 27b)						6		0
7 Add lines 5 and 6								7		13,951
8 Enter qualifying distribution		•						8		23,000
If line 8 is equal to or great See the Part VI instructions		heck the box in Part VI, lin	e 1b, and comp	olete that part usir	ng a 1	% tax rate				

Part	VI Excise Tax Based on Investment Income (Section 4940(a),			3/383		Page 4
			1940 - 56	e insur	icuoi	15)
	kempt operating foundations described in section 4940(d)(2), check here and enter N/.					
	ate of ruling or determination letter: (attach copy of letter if necessary					^
	omestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1			0.
	Part I, line 27b					
	I other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Par	• •				^
	ax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others er	nter -U-)	2			<u> </u>
-	dd lines 1 and 2		3			0.
	ubtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others e	nter -u-)	4			0.
	ax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			0.
	redits/Payments:	I	. :			
	009 estimated tax payments and 2008 overpayment credited to 2009 6a		-			
	kempt foreign organizations - tax withheld at source	 	-			
	ax paid with application for extension of time to file (Form 8868)		-			
	ackup withholding erroneously withheld 6d		┦_			0
	otal credits and payments. Add lines 6a through 6d		7			0.
	nter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	_	8			
	ax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			0.
	verpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10			
	nter the amount of line 10 to be: Credited to 2010 estimated tax ► VII-A Statements Regarding Activities	Refunded -	11			
	uring the tax year, did the foundation attempt to influence any national, state, or local legislation of	or did it participate or interven	0.10	1	Yes	No
	ny political campaign?	or the it participate or litterven	6 III	1a		X
	d it spend more than \$100 during the year (either directly or indirectly) for political purposes (sea	a instructions for definition\2		1b		X
	the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copie	•	ed or	10		- 22
	stributed by the foundation in connection with the activities	or arry materials publish	su oi			
	d the foundation file Form 1120-POL for this year?			10		х
	nter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			10		
) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$	0				
	nter the reimbursement (if any) paid by the foundation during the year for political expenditure tax		_			
	anagers. ►\$ 0.					
	as the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	"Yes," attach a detailed description of the activities					
	as the foundation made any changes, not previously reported to the IRS, in its governing instrum	ent, articles of incorporation,	or			
	vlaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	, ,		3		X
	d the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		Х
b If	"Yes," has it filed a tax return on Form 990-T for this year?		N/A	. 4b		
5 W	as there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
lf	"Yes," attach the statement required by General Instruction T					
6 A	re the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
•	By language in the governing instrument, or				!	
•	By state legislation that effectively amends the governing instrument so that no mandatory direct	tions that conflict with the sta	te law			
	remain in the governing instrument?			6	X	
7 D	d the foundation have at least \$5,000 in assets at any time during the year?			_ 7	X	
	"Yes," complete Part II, col (c), and Part XV					
	nter the states to which the foundation reports or with which it is registered (see instructions)			_		
_	MI			_		
	the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	General (or designate)				
	each state as required by General Instruction G? If "No," attach explanation			8b	X	<u> </u>
	the foundation claiming status as a private operating foundation within the meaning of section 4	*****	endar			
	ear 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," comple			9		X
10 D	id any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing	their names and addresses		10	<u> </u>	Х

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	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	40		
13	August 17, 2008? Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	12	X	X
	Website address ► N/A			
14	The books are in care of ► THE GRAHAM FAMILY FOUNDATION Telephone no. ► 540 - 68	37-8	329	
	Located at ▶ P.O. BOX 1788, MIDDLEBURG, VA ZIP+4 ▶20			67_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
Pa	art VII-B 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
1a	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(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.)			
t	o 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 page 20 of the instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
(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 2009?	1c		Х
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)).			
á	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	} ;		
	before 2009? Yes X No			
	If "Yes," list the years ▶ , , , , ,			
ı	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 instructions.) N/A	2b		
(If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
3:	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
1	b If "Yes," did it have excess business holdings in 2009 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 2009) N/A	3b		L
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
ı	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		X

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Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	า 4945(e))?	Ye	es X No		1
(2) Influence the outcome of any specific public election (see section 4955); of	r to carry on, directly or indire				
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ĺ Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	_			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es 🗶 No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			ŀ	
the prevention of cruelty to children or animals?		Ye	es 🗶 No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit	der the exceptions described i	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere			ŀ	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for					
expenditure responsibility for the grant?	N	「/A	s No		
If "Yes," attach the statement required by Regulations section 53 494	5-5(d)				ļ
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				ł
a personal benefit contract?		Ye	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	6b	<u> </u>
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No		
b If yes, did the foundation receive any proceeds or have any net income attribut				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Higniy	/		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) l	Expense unt, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allo	wances
KRISTIANE C. GRAHAM	PRESIDENT/SEC	RETARY			
3388 TURNER MOUNTAIN ROAD					
THE PLAINS, VA 20198	0.25	0.	0.		0.
BENJAMIN H. GRAHAM	VICE PRES/TRE	ASURER			
3388 TURNER MOUNTAIN ROAD					
THE PLAINS, VA 20198	0.25	0.	0.		<u> </u>
CHARLES W. TIEDEMANN	VICE PRESIDEN	T			
3200 44TH STREET, NW			_		
WASHINGTON, DC 20016	0.00	0.	0.		0.
PHILIP S. LAWRENCE	DIRECTOR				
8 OVERLOOK DRIVE					•
MOUNT KISCO, NY 10549 2 Compensation of five highest-paid employees (other than those inc	0.00	0.	0.	<u> </u>	<u> </u>
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter "NONE."	(d) Contributions to	(0)	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	acco	unt, other wances
NONE					
	_				
	-				
				-	
	4	-			
				-	
	-				
T-A-L number of other employees and over #50,000	<u></u>	I			
Total number of other employees paid over \$50,000					U

orm 990-PF (2		. 31-173	37383 Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highe	st-paid independent contractors for professional services. If none, enter "I		
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
<u>N</u>	ONE		
Total number o	of others receiving over \$50,000 for professional services		▶ 0
Part IX-A	Summary of Direct Charitable Activities		·
List the founda	tion's four largest direct charitable activities during the tax year. Include relevant statistica inizations and other beneficiaries served, conferences convened, research papers produc	I information such as the ed, etc.	Expenses
	/A		
·			
2			
3			
*			
-			
Part IX-B	Summary of Program-Related Investments	•	
Describe the tv	o largest program-related investments made by the foundation during the tax year on line	es 1 and 2.	Amount
1N	/A		
2			
All other progr	am-related investments. See instructions.		
3			
-			

0.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	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	0.
Ь	Average of monthly cash balances	1b	32,431.
C	Fair market value of all other assets	1c	
ď	Total (add lines 1a, b, and c)	1d	32,431.
e	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	32,431.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	486.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	31,945.
6	Minimum investment return Enter 5% of line 5	6	1,597.
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.)	id certain	
1	Minimum investment return from Part X, line 6	1	1,597.
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	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,597.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,597.
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	1,597.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	23,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
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	23,000.
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	23,000.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for	the section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				1,597.
2 Undistributed income, if any, as of the end of 2009				1,351.
a Enter amount for 2008 only			0.	
b Total for prior years:				
b rotation prior yours.		0.		
3 Excess distributions carryover, if any, to 2009:				· ·
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: ► \$ 23,000.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				1,597.
e Remaining amount distributed out of corpus	21,403.			
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	21,403.			
b Prior years' undistributed income. Subtract	21,103,			····-
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		0.		
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line	······································	-	7 "	_
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				0.
7 Amounts treated as distributions out of				-
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	23,000.			
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				
				Farm 000 DE (0000)

		FOUNDATION,			737383 Page 10
Part XIV Private Operating F	· · · · · · · · · · · · · · · · · · ·		-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo	•	=	. ▶∟		
b Check box to indicate whether the found		ng foundation described i		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2009	(b) 2008	Prior 3 years (c) 2007	(d) 2006	(a) Total
income from Part I or the minimum	(4) 2003	(0) 2000	(6) 2007	(0) 2000	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,	1				
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 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					
Part XV Supplementary Info			if the foundation	on had \$5,000 or m	ore in assets
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh	o have contributed more		ributions received by	the foundation before the cl	ose of any tax
year (but only if they have contributed r	nore than \$5,000). (See s	section 507(d)(2))			
SEE STATEMENT 4					
b List any managers of the foundation wh other entity) of which the foundation ha			(or an equally large po	ortion of the ownership of a	partnership or
NONE					
2 Information Regarding Contribut Check here ► X if the foundation of	only makes contributions	to preselected charitable	organizations and doe		
the foundation makes gifts, grants, etc.	(see instructions) to indi	viduals or organizations u	inder other conditions	, complete items 2a, b, c, ar	nd d.
a The name, address, and telephone num	ber of the person to who	m applications should be	addressed:		
b The form in which applications should i	oe submitted and informa	ation and materials they sh	nould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kınds of ınstitutions,	or other factors:	
					Form 990-PE (2000)
022601 02-02-10					1 Acres 5444 L/E (0000)

Name and address (I a Paid during the year OUR SISTER'S SI 145 BROWNELL A BEDFORD, MA 02 THE HILL SCHOOL P.O. BOX 65 13 MADISON STREET MIDDLEBURG, VA SHENANDOAH UNI 1460 UNIVERSIT WINCHESTER, VA FAUQUIER FAMIL SERVICES P.O. BOX 3599 VA 20188	SCHOOL AVE. NEW 2740 OL 30 S. T A 20117 IVERSITY TY DRIVE VA 22601	ear or Approved for Future If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE NONE	Foundation status of recipient 501(C)(3) 501(C)(3)	CHARITABLE	Amount 500
Name and address (I a Paid during the year OUR SISTER'S S 145 BROWNELL A BEDFORD, MA 02 THE HILL SCHOOL P.O. BOX 65 13 MADISON STREET MIDDLEBURG, VA SHENANDOAH UNI 1460 UNIVERSIT WINCHESTER, VA FAUQUIER FAMIL SERVICES P.O. BOX 3599	Chome or business) SCHOOL AVE. NEW 2740 OL 30 S. T A 20117 IVERSITY TY DRIVE VA 22601	any foundation manager or substantial contributor NONE NONE	status of recipient 501(C)(3) 501(C)(3)	CHARITABLE CHARITABLE CHARITABLE	500
a Paid during the year OUR SISTER'S SI 145 BROWNELL ABEDFORD, MA 02 THE HILL SCHOOL F.O. BOX 65 13 MADISON STREET MIDDLEBURG, VASHENANDOAH UNITAGE OF WINCHESTER, VASHENANDOAH UNITAGE OF WINCHESTER, VASHENANDOAH UNITAGE OF WINCHESTER, VASHENANDOAH UNITAGE OUNIVERSITE OUN	SCHOOL AVE. NEW 2740 OL 30 S. T A 20117 IVERSITY TY DRIVE VA 22601	NONE	501(C)(3) 501(C)(3)	CHARITABLE	·
P.O. BOX 65 13 MADISON STREET MIDDLEBURG, VA SHENANDOAH UNI 1460 UNIVERSIT WINCHESTER, V FAUQUIER FAMIL SERVICES P.O. BOX 3599	30 S. T A 20117 IVERSITY TY DRIVE VA 22601				21,000
1460 UNIVERSIT WINCHESTER , V FAUQUIER FAMII SERVICES P.O. BOX 3599	TY DRIVE VA 22601	NONE	501(C)(3)		
SERVICES P.O. BOX 3599				CHARITABLE	500
VI 20100		NONE	501(C)(3)	CHARITABLE	1,000
			<u> </u>		
Total				▶ 3a	23,000
b Approved for future p	payment				
NONE					

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated	business income		by section 512, 513, or 514	(e)
-	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	Tunction income
a	_				
b	_				
C	_				
d	_				
e	_				
f	_	-			
g Fees and contracts from government agencies					16.15
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
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					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
c					
d					
e					
2 Subtotal Add columns (b), (d), and (e)		<u> </u>	0.	0.1	
3 Total Add line 12, columns (b), (d), and (e)				13	
See worksheet in line 13 instructions to verify calculations.)				

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).

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

1	Did th	e organization directly or indir	ectly engage in any of the following	g with any other organization	described in section 501(c) of		Yes	No
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?								
а	Trans	fers from the reporting founda	ation to a noncharitable exempt org	anization of:				
	(1) C	(1) Cash						X
	(2) 0	ther assets				1a(2)		<u>X</u>
b	Other	transactions:						
	(1) S	ales of assets to a noncharital	ble exempt organization			1b(1)		X
	(2) P	urchases of assets from a noi	ncharitable exempt organization			1b(2)		
	• •	ental of facilities, equipment,				1b(3)		X
	٠,	eimbursement arrangements				1b(4)		X
		oans or loan guarantees				1b(5)		X
			mbership or fundraising solicitation	пѕ		1b(6)		X
c	Sharı	ng of facilities, equipment, ma	iling lists, other assets, or paid emp	ployees		1c		X X X X X
			•	•	ays show the fair market value of the goods, o	ther ass	ets,	
		<u>=</u>		• •	in any transaction or sharing arrangement, sh			
			other assets, or services received.					
(a)	Line no	(b) Amount involved	(c) Name of noncharitable	exempt organization	(d) Description of transfers, transactions, and s	haring an	angeme	ents
		-	N/A					
_								
	·,			·				
_								
				· · · · · · · · · · · · · · · · · · ·				
2:	a Is the	foundation directly or indirect	tly affiliated with, or related to, one	or more tax-exempt organiza	ations described			
		•	r than section 501(c)(3)) or in sect	· -		Yes	X	No
ı		s," complete the following sch				_		
		(a) Name of org		(b) Type of organization	(c) Description of relationsh	ір		
N/A								
			· · ·					
					nts, and to the best of my knowledge and belief, it is t	rue, corre	ect,	
	and cor	nplete Degleration of prepare (other	er than taxpayer or fiduciary) is based on	all information of which preparer h	nas any knowledge			
		18-16	2	111/15/2010	V I			
9re	Signature of officer or trustee Date Title							
Sign Here		Preparer's	1 1 1 1 1 1 1	's identif	ying nui	nber		
šğ	- 's' >		11 (15 (10 Self-					
0)	Paid Preparer's Use Only	signature						
	rep Jse	f self-employed). P.O. BOX 467						
					Phone no. (540)	68	7-6	381
	·	,				rm 990		
					, 3.			,/

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

Employer identification number Name of the organization 31-1737383 THE GRAHAM FAMILY FOUNDATION, INC Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule 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 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, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III 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, charitable, 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, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, 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) Schedule B (Form 990, 990-EZ, or 990-PF) (2009) LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

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

Name of organization

Employer identification number

THE GRAHAM FAMILY FOUNDATION, INC.

31-1737383

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	TARA FOUNDATION P.O. BOX 1850 MIDDLEBURG, VA 20118	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

990-PF

Current Year Deduction	0 0 0	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
Current Sec 179	Ö	mercial Revita
Accumulated Depreciation	1,516.	vage, Bonus, Com
Basis For Depreciation	1,516.	, Section 179, Salv
Reduction In Basis	0	1π°
Bus % Excl		
Unadjusted Cost Or Basis	1,516.	(D) - Asset disposed
Z S	4 4 ይ ይ	0
Life	Ф 0 Ф 0 Ф 0 Ф 0 Ф 0 Ф 0 Ф 0 Ф 0 Ф 0 Ф 0	
Method	2	
Date Acquired	040401248	
Description	ORGANIZATIONAL 1COSTS 2COSTS * TOTAL 990-PF PG DEPR & AMORT	
Asset		928102 06-24-09

16

FORM 990-PF	LEGAL	FEES			STATEMENT	1
DESCRIPTION	(A) EXPENSES PER BOOKS					
LEGAL FEES	1,100.		0.	<u> </u>		0.
TO FM 990-PF, PG 1, LN 16A =	1,100.		0.			0.
FORM 990-PF	ACCOUNTI	NG FEES			STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC	ST-			
ACCOUNTING FEES	863.		0.			0.
TO FORM 990-PF, PG 1, LN 16B	863.		0.			0.
FORM 990-PF DEPRECIATION OF	F ASSETS NOT	HELD FOR	INVE	ESTMENT	STATEMENT	3
DESCRIPTION		T OR BASIS		JMULATED RECIATION	BOOK VALU	Έ
ORGANIZATIONAL COSTS ORGANIZATIONAL COSTS		1,516. 1,735.		1,516. 1,735.		0.
TOTAL TO FM 990-PF, PART II,	LN 14	3,251.		3,251.		0.
FORM 990-PF	PART XV - I		RS		STATEMENT	4

NAME OF MANAGER

KRISTIANE C. GRAHAM BENJAMIN H. GRAHAM FORM 8688 EXPLANATION FOR EXTENSION STATEMENT 5

EXPLANATION

ALL OF THE INFORMATION TO FILE AN ACCURATE TAX RETURN IS NOT AVAILABLE AS SOON AS THIS INFORMATION IS AVAILABLE THE TAX RETURN WILL BE PROMPTLY FILED.

Form 8868 (Rev. 4-2009) Page 2							
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box							
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed in	Form 8	8868					
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)							
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	pies n	eeded)					
Type or Name of Exempt Organization	Employer identification number						
print THE GRAHAM FAMILY FOUNDATION, INC.	31-1737383						
Number, street, and room or suite no. If a PO box, see instructions due date for filing the P.O. BOX 1788	For IRS use only						
City, town or post office, state, and ZIP code. For a foreign address, see instructions MIDDLEBURG, VA 20118-1788							
Check type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-PF Form 990-T (sec 401(a) or 408(a) trust) Form 4720 Form 6069 Form 6069							
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.							
THE GRAHAM FAMILY FOUNDATION • The books are in the care of P.O. BOX 1788 - MIDDLEBURG, VA 20118-0467							
Telephone No ▶ 540-687-8329 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 this	s is foi	r the whole group, check this					
box > If it is for part of the group, check this box > and attach a list with the names and EINs of all r	nemb	ers the extension is for					
4 I request an additional 3-month extension of time until NOVEMBER 15, 2010							
5 For calendar year 2009, or other tax year beginning, and ending							
For calendar year 2009, or other tax year beginning, and ending If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period							
State in detail why you need the extension							
SEE STATEMENT 5							
8a 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	8a	\$ 0.					
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated							
tax payments made Include any prior year overpayment allowed as a credit and any amount paid		•					
previously with Form 8868	8b	\$ 0.					
c Balance Due. Subtract line 8b from line 8a 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	8c	\$ 0.					

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature >

Title 🕨

Date >

Form 8868 (Rev. 4-2009)