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## Form 990-PF

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

OMB No 1545-0052 2009

Department of the Treasury Internal Revenue Service

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

For c	alenda	r year 2009, or tax year beginning	and ending				
G CI	heck al	· · · · · · · · · · · · · · · · · · ·	eturn of a former public of		.	Final return	
		Amended return Ad	dress change	Name			<del></del>
	the IRS	Name of foundation			•	loyer Identification num -226489 <u>4</u>	ber 
	erwise.	THE BUCHANAN FAMILY FOUND	ATION, INC.		B Telep	hone number (see page 1	of the instructions)
	rint	Number and street (or P.O. box number if mail is not delivered	d to street address)	Room/surte	30:	1-765-9251	
or '	type.	9055 COMPRINT COURT	2	00	C If exe	mption application is pend	ing, check here
See S	Specific	City or town, state, and ZIP code			D 1. Fo	oreign organizations, check	here 🕨 📘
Instru	uctions	GAITHERSBURG MD	20877		<b>2.</b> Fo	oreign organizations meetir	ng the
H CI	heck ty	pe of organization: X Section 501(c)(3) exempt private	foundation		85	5% test, check here and att	ach computation
☐ s	ection	4947(a)(1) nonexempt charitable trust Other taxab	ole private foundation			rate foundation status was	
I Fai	ir mark	et value of all assets at end   J Accounting method:	X Cash Acc	rual	section	on 507(b)(1)(A), check here	• ▶ ⊔
of y	year (fr	om Part II, col. (c), Uther (specify)				foundation is in a 60-mont	_ L
line	e 16) 🕨	\$ 539,885 (Part I, column (d) must	be on cash basis.)		under	r section 507(b)(1)(B), che	ck here P
Pa	et 1	Analysis of Revenue and Expenses (The	(a) Revenue and	(h) Net mu		(a) Advisad nat	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	(b) Net inve		(c) Adjusted net income	purposes
		the amounts in column (a) (see page 11 of the instructions) )					(cash basis only)
		Contributions, gifts, grants, etc., received (attach schedule)				****	
		Check  if the foundation is not required to attach Sch. B					
Ì	3	Interest on savings and temporary cash investments	1,490		1,485		
	4	Dividends and interest from securities	15,594	]	5,594		
	5a	Gross rents					
<u>o</u>	b	Net rental income or (loss)					
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	1,188		•		
~ <u>~</u>	ь	Gross sales price for all assets on line 6a 1,188					
~~	7	Capital gain net income (from Part IV, line 2)			1,188		
	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns & allowances					
	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
<b>5</b>		Other income (attach schedule)					
5	12	Total. Add line 1 through CEIVED	18,272	3	18,267	0	
7 8	13	Compensation of officers, directors, trustees, 400				-	
enses	14	Other employee estaties and wages 2010					
nec.	15	Pension plans, employee benefits 100					
Exp	46-	Local food (attable debodule)		<u> </u>			
W	ь	Accounting fees (attack)	838	<u> </u>			
Ě	C	Other professional lees (attach schedule)		<u> </u>		<del> </del>	
Ţ.	17	Interest Taxes (attach schedule) (see page 14 of the instructions) STMT 2				<del></del>	
is			81				
盲		Depreciation (attach schedule) and depletion					
Administrative E	20	Occupancy					
70		Travel, conferences, and meetings					
an	22	Printing and publications Other expenses (att. sch) STMT 3		ļ <u> </u>			
٦			97	<u> </u>			
atir		Total operating and administrative expenses.			_		i
Operating and Administrative		Add lines 13 through 23	1,016		0		174 436
<u> </u>		Contributions, gifts, grants paid	174,436				174,436
		Total expenses and disbursements. Add lines 24 and 25	175,452	<u> </u>	0	0	174,436
		Subtract line 26 from line 12:		1			<i>'</i> .
	,	Excess of revenue over expenses and disbursements	-157,180		0.00		
	1	Net investment income (if negative, enter -0-)		]	18,267		
	С	Adjusted net income (if negative, enter -0-)	<u>t</u>	<u> </u>		0	<u> </u>

Part III Analysis of Changes in Net Assets or Fund Balances

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)

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize) ▶

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ▶

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

6 774,659

Form 990-PF (2009)

Form 990-PF (2009)

Form	990-PF (2009) THE BUCHANAN FAMILY FOUNDATION, INC. 52-2264894		F	age 4
PE	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)			
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 letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			183
	here Mand enter 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 only. Others enter -0-)			
3	Add lines 1 and 2			183
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-			183
6	Credits/Payments.			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 746			
b	Exempt foreign organizations—tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868)		3	
d	Backup withholding erroneously withheld		•	
7	Total credits and payments. Add lines 6a through 6d			746
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			563
11	Enter the amount of line 10 to be. Credited to 2010 estimated tax ▶ 563 Refunded ▶ 11			
_ <b>₽</b> ≇	ert VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	İ		]
	of the instructions for definition)?	16		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			I
C	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	1		•
0	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			•
	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.	i i		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	1		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
Ь	If "Yes," has it filed a tax return on Form 990-T for this year?	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) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			Ī
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			Ţ
	instructions) ▶ MD		,	
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			۱
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8ь	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		>	
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			Ī
	27)? If "Yes," complete Part XIV	9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X

Form	990-PF (2009) THE BUCHANAN FAMILY FOUNDATION, INC. 52-2264894		Р	age 5
Pa	rt 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 \$12(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			]
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► KIRSTEN BUCHANAN QUIGLEY  Telephone no. ► 301-	<u> 1</u> 65-	925	1
	9055 COMPRINT COURT, SUITE 200			
	Located at ► GAITHERSBURG, MD ZIP+4 ► 2087	/-13	10	_
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			
<u>Pa</u>	at VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<del></del>		
	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?  Yes X No			
	(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 ) Yes X No			
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 page 20 of the instructions)?		Ī	
		1b		
_	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 2009?  N/A	1c	Ī	
2				-
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)):  At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and			
а	6e, Part XIII) for tax year(s) beginning before 2009?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			ĺ
ь	Are there any years listed in 2a for which the foundation is <b>not</b> 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 page 20 of the instructions.)	2ь	Ī	
С	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 _ , 20		I	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
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		ı	·
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of		1	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		1	
	foundation had excess husiness holdings in 2009 \	3b	Ī	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		,I	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		X
		om 99	0-PF	(2009)

	990-PF (2009) THE BUCHANAN FAMILY FOUNDATION,		264894				age 6
_Pa	at VII-B Statements Regarding Activities for Which Form 4	720 May Be R	equired (conti	nued)	······		
5a	During the year did the foundation pay or incur any amount to			=			
•	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 494	• • • • • • • • • • • • • • • • • • • •	Ц `	Yes 🔀 No			,
	(2) Influence the outcome of any specific public election (see section 4955); or to o	carry on,	<del>[ ]</del>				
	directly or indirectly, any voter registration drive?		· · · -	Yes X No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		Ш	Yes 🗓 No			*
	(4) Provide a grant to an organization other than a charitable, etc., organization de	scribed in					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instruction	tions)	U`	Yes 🔀 No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or ed	ducational					
	purposes, or for the prevention of cruelty to children or animals?		—	Yes X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the	ne exceptions desc	ribed in				
	Regulations section 53.4945 or in a current notice regarding disaster assistance (se	ee page 22 of the ir	nstructions)?	N/A	5b		
	Organizations relying on a current notice regarding disaster assistance check here			▶ ∐			
C	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	the tax	. —	_			
	because it maintained expenditure responsibility for the grant?		й/д 🔲 🤈	Yes 📗 No			
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).				.	-	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay p	remiums					
	on a personal benefit contract?		—	res 🔀 No			,
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a person	nal benefit contract	?		6b		X
	If "Yes" to 6b, file Form 8870.		_	_			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter	er transaction?	📙 '	res 🔀 No			
_ <u>b</u>	If yes, did the foundation receive any proceeds or have any net income attributable			N/A	7b		
₽a	at Ⅷ Information About Officers, Directors, Trustees, Fou	ındation Mana	gers, Highly F	Paid Employe	es,		
	and Contractors	<del></del>					
<u>1</u> L	ist all officers, directors, trustees, foundation managers and their compensati	on (see page 22 o	f the instructions	s).	1		
		(b) Title, and average	(c) Compensation	(d) Contributions to			
				employee henefit	(e) Ex	nonce an	trucer
	(a) Name and address	hours per week	(if not paid, enter	employee benefit plans and deferred		opense ac er allowan	
	(a) Name and address						
	(a) Name and address  E STATEMENT 6	hours per week	(if not paid, enter	plans and deferred			
		hours per week	(if not paid, enter	plans and deferred			
		hours per week	(if not paid, enter	plans and deferred			
 _ SE 		hours per week	(if not paid, enter	plans and deferred			
		hours per week	(if not paid, enter	plans and deferred			
		hours per week	(if not paid, enter	plans and deferred			
SE		hours per week	(if not paid, enter	plans and deferred			
		hours per week	(if not paid, enter	plans and deferred			
	E STATEMENT 6  Compensation of five highest-paid employees (other than those included on	hours per week devoted to position	(if not paid, enter	plans and deferred compensation			
	E STATEMENT 6	hours per week devoted to position	(if not paid, enter	plans and deferred compensation			
	E STATEMENT 6  Compensation of five highest-paid employees (other than those included on If none, enter "NONE."	hours per week devoted to position  line 1—see page 2  (b) Title, and average	(If not paid, enter -0-)	plans and deferred compensation  ons).	othe	er allowan	nces
	E STATEMENT 6  Compensation of five highest-paid employees (other than those included on	hours per week devoted to position  line 1—see page 2  (b) Title, and average hours per week	(if not paid, enter	plans and deferred compensation  ons).  (d) Contributions to employee benefit plans and deferred	(e) Ex		coount,
	E STATEMENT 6  Compensation of five highest-paid employees (other than those included on If none, enter "NONE."	hours per week devoted to position  line 1—see page 2  (b) Title, and average	(If not paid, enter -0-)	plans and deferred compensation  ons).  (d) Contributions to employee benefit	(e) Ex	er allowan	coount,
SE.	Compensation of five highest-paid employees (other than those included on If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position  line 1—see page 2  (b) Title, and average hours per week	(If not paid, enter -0-)	plans and deferred compensation  ons).  (d) Contributions to employee benefit plans and deferred	(e) Ex	er allowan	coount,
	Compensation of five highest-paid employees (other than those included on If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position  line 1—see page 2  (b) Title, and average hours per week	(If not paid, enter -0-)	plans and deferred compensation  ons).  (d) Contributions to employee benefit plans and deferred	(e) Ex	er allowan	coount,
	Compensation of five highest-paid employees (other than those included on If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position  line 1—see page 2  (b) Title, and average hours per week	(If not paid, enter -0-)	plans and deferred compensation  ons).  (d) Contributions to employee benefit plans and deferred	(e) Ex	er allowan	coount,
	Compensation of five highest-paid employees (other than those included on If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position  line 1—see page 2  (b) Title, and average hours per week	(If not paid, enter -0-)	plans and deferred compensation  ons).  (d) Contributions to employee benefit plans and deferred	(e) Ex	er allowan	coount,
	Compensation of five highest-paid employees (other than those included on If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position  line 1—see page 2  (b) Title, and average hours per week	(If not paid, enter -0-)	plans and deferred compensation  ons).  (d) Contributions to employee benefit plans and deferred	(e) Ex	er allowan	coount,
	Compensation of five highest-paid employees (other than those included on If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position  line 1—see page 2  (b) Title, and average hours per week	(If not paid, enter -0-)	plans and deferred compensation  ons).  (d) Contributions to employee benefit plans and deferred	(e) Ex	er allowan	coount,
	Compensation of five highest-paid employees (other than those included on If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position  line 1—see page 2  (b) Title, and average hours per week	(If not paid, enter -0-)	plans and deferred compensation  ons).  (d) Contributions to employee benefit plans and deferred	(e) Ex	er allowan	coount,
	Compensation of five highest-paid employees (other than those included on If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position  line 1—see page 2  (b) Title, and average hours per week	(If not paid, enter -0-)	plans and deferred compensation  ons).  (d) Contributions to employee benefit plans and deferred	(e) Ex	er allowan	coount,
	Compensation of five highest-paid employees (other than those included on If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position  line 1—see page 2  (b) Title, and average hours per week	(If not paid, enter -0-)	plans and deferred compensation  ons).  (d) Contributions to employee benefit plans and deferred	(e) Ex	er allowan	coount,
2 No	Compensation of five highest-paid employees (other than those included on If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position  line 1—see page 2  (b) Title, and average hours per week	(If not paid, enter -0-)	plans and deferred compensation  ons).  (d) Contributions to employee benefit plans and deferred	(e) Ex	er allowan	coount,

Form 990-PF (2009)

Form 990-PF (2009) THE BUCHANAN FAMILY FOUNDATION, INC. 52-2264894  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En	Page '
and Contractors (continued)	ipioyees,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NO	NE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	•
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)	
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 page 24 of the instructions	
3	

Total. Add lines 1 through 3

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174,436

3a

3b

4

b

5

Suitability test (prior IRS approval required)

Cash distribution test (attach the required schedule)

Enter 1% of Part I, line 27b (see page 26 of the instructions)

qualifies for the section 4940(e) reduction of tax in those years.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.

Adjusted qualifying distributions. Subtract line 5 from line 4 \_\_\_\_\_\_\_ L

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Pa	at XIII Undistributed Income (see page	e 26 of t	he instructions)			
ī <sub>1</sub>	Distributable amount for 2009 from Part XI,		(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
•	line 7				•	29,552
2	Undistributed income, if any, as of the end of 2009:				_	
а	Enter amount for 2008 only				•	
b			_			
3	Excess distributions carryover, if any, to 2009:	_				
	From 2004	4,935			,	
b	From 2005	7,247		٠,		
c	From 2006					
d	From 2007					
8	From 2008	2,362				
f	Takal of Casa On the such a		14,544			
4	Qualifying distributions for 2009 from Part XII,		,			
•	line 4: ▶ \$174,436					
а	Applied to 2008, but not more than line 2a			·		
	Applied to undistributed income of prior years					
	(Election required—see page 26 of the instructions)				,	
C	Treated as distributions out of corpus (Election				-	
_	required—see page 26 of the instructions)				-	
d	A - 11- 4 t- 0000 distable table					29,552
			144,884			
5	E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
_	(If an amount appears in column (d), the same	• •				
	amount must be shown in column (a).)					
6	Enter the net total of each column as					
	indicated below:					
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5		159,428			
b	Prior years' undistributed income. Subtract		7 72K 1 1	•	,	,,, , , , , , , , , , , , , , , , , ,
	line 4b from line 2b					
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					
d	Subtract line 6c from line 6b. Taxable					
	amount—see page 27 of the instructions					
8	Undistributed income for 2008. Subtract line					
	4a from line 2a Taxable amount—see page		,			
	27 of the instructions			•	_	
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) (see page 27 of the					
	instructions)					
8	Excess distributions carryover from 2004 not				,	
	applied on line 5 or line 7 (see page 27 of the			5	,	
	instructions)		4,935			
9	Excess distributions carryover to 2010.				•	
	Subtract lines 7 and 8 from line 6a		154,493			
10	Analysis of line 9:				_	
а	Excess from 2005	7,247			•	
b	Excess from 2006	<del></del>				
C	Excess from 2007		,			
d	Excess from 2008	2,362	,	,		
e	Excess from 2009	44,884				

	990-PF (2009) THE BUCHANAN					Page 10
	rt XIV Private Operating Fou				Ti-A, question 9)	
1a	If the foundation has received a ruling or d					
	foundation, and the ruling is effective for 2			.a alam □ <sup>™</sup> .	10//0	000
þ	Check box to indicate whether the founda		ng foundation described		942(j)(3) or 494	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year_	#1.000	Prior 3 years	T (4) 2000	(e) Total
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
	investment return from Part X for					
	each year listed	<u> </u>				
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					
9	Qualifying distributions made directly					
	for active conduct of exempt activities.				1	
	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					<del></del>
_	section 4942(j)(3)(B)(i)					
ь	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test—enter:					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on secunties 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)					<u> </u>
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
P	art XV Supplementary Inform	nation (Complete	this part only if t	he foundation ha	d \$5,000 or more	in assets at
	any time during the ye	ear—see page 28	of the instruction	ns.)		
1	Information Regarding Foundation Mar					_
а	List any managers of the foundation who I	_	than 2% of the total cor	ntributions received by	the foundation	
	before the close of any tax year (but only i					
	N/A			(,,,,		
	List any managers of the foundation who	own 10% or more of the	stock of a comoration	(or an equally large po	ortion of the	
•	ownership of a partnership or other entity)					
	N/A	or miles are realizable	That a 1070 of ground			
2	Information Regarding Contribution, G	rant Gift Loan Scho	larehin etc. Program	·	·	
2	Check here ► X if the foundation only				e not accent	
	unsolicated requests for funds. If the found					
	·		· · ·	the instructions) to inc	IIVIOUAIS UI	
	organizations under other conditions, com				<del></del> -	
а	The name, address, and telephone number	er of the person to who	m applications should t	oe addressed:		
	N/A					
b	The form in which applications should be	submitted and informati	ion and materials they	should include:		
	N/A					
c	Any submission deadlines:	•				
	N/A					
d	Any restrictions or limitations on awards, s	such as by geographica	l areas, charitable field	s, kinds of institutions,	or other factors:	-
	N/A	·- <u>-</u>				<u> </u>
						Form 990-PF (2009)

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of **Amount** contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FRIENDS OF THE CHILDREN NONE CHARITABLE 10,000 44 NE MORRIS PORTLAND OR 97212 NONE BLUEGRASS MIRACLE LEAGUE CHARITABLE 5,000 333 WEST VINE STREET LEXINGTON KY 40507 CAL RIPKEN SR FOUNDATION NONE CHARITABLE 2,000 1427 CLARKVIEW ROAD BALTIMORE MD 21209 YALE UNIVERSITY NONE CHARITABLE 149 ELM STREET 47,436 NEW HAVEN CT 06520 NONE NATURE CONSERVANCY - MD CONSERVATION 4,000 5410 GROSVENOR LN STE 100 BETHESDA MD 20814 NONE C&O CANAL TRUST CHARITABLE 5,000 1850 DUAL HWY, SUITE 100 HAGERSTOWN MD 21740 KEEN GREATER DC NONE CHARITABLE PO BOX 341590 1,000 BETHESDA MD 20827 BANFIELD ETHICS CHAIR NONE CHARITABLE 50,000 6101 WILSON LANE BETHESDA MD 20817 NONE GEORGE MASON UNIV CHARITABLE 50,000 440 UNIVERSITY DRIVE FAIRFAX VA 22030 174,436 ▶ 3a Total Approved for future payment N/A **▶** 3b Total

F	art XVI-A	Analysis of Income-Producing Activ	vities				
		unts unless otherwise indicated.		d business income	Excluded	by section 512, 513, or 514	(e)
			(a) Business code	(b) Amount	(c) Exclusion	(d) Amount	Related or exempt function income (See page 28 of
1	Program sen	vice revenue:			code		the instructions )
	a				<b> </b>		· <del></del>
	b						
	с						<del></del>
					<b> </b>		· <del>······</del>
		-					<del></del>
	f						<del> </del>
	g Fees and	d contracts from government agencies					
		dues and assessments					
3	Interest on sa	avings and temporary cash investments			14	1,490	
4	Dividends an	d interest from securities			14	15,594	<del></del>
5	Net rental inc	come or (loss) from real estate:			11		
		nnced property			1		
	b Not debt	-financed property		<u> </u>	$\bot$		
6	Net rental inc	come or (loss) from personal property			1		
	Other investr						
8	Gain or (loss	) from sales of assets other than inventory			18	1,188	
9		or (loss) from special events					
10		or (loss) from sales of inventory					
	-	ue: a					
	ө						
12		d columns (b), (d), and (e)		C		18,272	0
		40				13	18,272
(Se	ee worksheet i	n line 13 instructions on page 28 to verify calculations.					
-	Part XVI-B	Relationship of Activities to the Acc	complishm	ent of Exempt Pu	ırposes	<u> </u>	
	Line No.	Explain below how each activity for which income is	reported in col	umn (e) of Part XVI-A	contribute	d importantly to the	
	▼	accomplishment of the foundation's exempt purpose	es (other than b	y providing funds for s	uch purpo	ses). (See page 29 of t	he
		instructions.)					<u> </u>
	·	NOT APPLICABLE					
							<del></del>
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DA	A						Form 990-PF (2009)

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

1				e in any of the following with any oth n 501(c)(3) organizations) or in sect		•		Yes	No
	organiza	-							
а	Transfer	s from the reporting found	ation to a nor	ncharitable exempt organization of:					
	(1) Casl	h					1a(1)		X
	(2) Othe	er assets					1a(2)		X
b	Other tra	ansactions:							
	(1) Sale	s of assets to a noncharita	ble exempt o	organization			1b(1)	Ì	x
	(2) Puro	chases of assets from a no	ncharitable e	exempt organization			1b(2)		X
	(3) Ren	tal of facilities equipment	or other asse	ets		• • • • • • • •	1b(3)		X
	(4) Rem	nbursement arrangements					1b(4)		X
		ns or loan guarantees					1b(5)		X
		<del>-</del>					1b(6)		X
_	Sharina	of facilities, equipment ma	ilina lieta ett	per accete, or paid employees			1c		X
C بہ				ner assets, or paid employees			10		
a				-	n (b) should always show the fair ma				
					e foundation received less than fair i				
			1-		ne goods, other assets, or services re			<del></del>	
	(a) Line no	(b) Amount involved	(c) Name	of noncharitable exempt organization	(d) Description of transfers, trans	sactions, and sharing	arrange	ments	
N/	A								
			ļ						
					<u> </u>				
					<u> </u>				
						· <del>-</del>			
-									
		<u> </u>							
					<u> </u>				
		<del></del>							
		<del></del>		<del></del>	<del> </del>	·			
					<del></del>				
	<del></del>				L	<del></del>			
<b>2</b> a		-	•	ith, or related to, one or more tax-e	• •		$\Box$	==	1
	describe	d in section 501(c) of the C	ode (other t	han section 501(c)(3)) or in section	527?		Ye	s X	No
b		complete the following sch	edule.	<u> </u>					
		(a) Name of organization	·	(b) Type of organization	(c) Descriptio	n of relationship			
	N/A								
	Under per	natues of periury. I declare that	l have examin	ed this return, including accompanying so	chedules and statements, and to the best of	of my knowledge and			
	belief, it is	true, copiect, and complete. D	eclaration of pr	reparer (other than taxpayer or fiduciary)	is based on all information of which prepare	rer has any knowledge	•		
	N X	VINO DE	<u>ئے'</u> ،	∕ ×5/:	5/10 XTrea	surer			
	\$ign:	ature of officer or trustee	11	Date	Title				
6	<u></u>		<del>- ( -</del>	<del></del>		Prepare	r's identify	/INQ	
핔		D	$\sim$		Date Check if	number	(see Sigi	nature o	
Sign Here	ئ ج	Preparer's signature		$Q_{\mathcal{E}}$	4/2 3/10 setf-employ		of the ins		
ัง	Paid Preparer's Use Only		1/'	The p		1 500	096	000	
	9 P 8	Filling hame (or yours if	CLAYTO		SSOCIATES, INC.		~~~		7
ľ	ا _ ہ	self-employed), address, and ZIP code		RTHLAND BLVD.			079		
		and zir code	CINCI	NNATI, OH 45246		Phone no 513			
						_	~~	n_DE	

	Charitable Purpose	\$		Charitable Purpose		Charitable Purpose	v v
	ting Fees Adjusted	\$	xes	Adjusted Net	xpenses	Adjusted Net	v v
Federal Statements	Part I, Line 16b - Accoun	\$	nt 2 - Form 990-PF, Part I, Line 18 - Taxes	Net Investment	Form 990-PF, Part I, Line 23 - Other Expenses	Net Investment	v v
Federal	Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees  Net	\$ 838	Statement 2 - Form 99	\$ 81	Statement 3 - Form 990-PF,	Total	\$
52-2264894	State	ACCOUNTING FEES TOTAL		Description FOREIGN TAXES TOTAL	Sta	Description	EXPENSES SUPPLIES TOTAL

52-2264894

### **Federal Statements**

## Statement 4 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description						
	_	Beginning of Year	End of Year	Basis of Valuation	_	Fair Market Value
CORPORATE STOCK - SEE ATTACHED						
	\$_	632,610	\$ 671,962	MARKET	\$_	437,188
TOTAL	\$	632,610	\$ 671,962		\$_	437,188

### Statement 5 - Form 990-PF, Part II, Line 15 - Other Assets

Description	Beginning of Year			End of Year	Fair Market Value		
PREPAID FEDERAL INCOME TAX	\$		\$	563	\$	563	
TOTAL	\$	0	\$	563	\$	563	



# 2009 Investment Report

January 1, 2009 - December 31, 2009

Fidelity Accountsm 246-295116		BUCHANAN FAMILY	FAMILY FOUNDATION INC	Q			
Holdings (symbol) as of 12/31	% of Holdings	Performance December 31, 2009	Income Earned	Quantity	Price per Unit	Total Cost Basis	Total Value
Stocks							
ADVANTAGE OIL & GAS LTD COM NPV ISIN #CA00765F1018 SEDOL #B66PKS8	%		\$0.00	1,000.000	\$6.520	\$4,298.75	\$6,520.00
(AAV)							•
AEGON N V ISIN #US0079241032	<b>%</b>		0.00	1,028.000	6.410	unknown	6,589.48
SEDOL #2008411 (AEG)							
AMERICAN INTL GROUP INC COM NEW							
(AIG)	%		0.00	15.000	29.980	unknown	449.70
BANK OF AMERICA CORP (BAC)	4%		90.09	1,500.000	15.060	unknown	22,590.00
BERKSHIRE HATHAWAY INC DEL CL B							
(BRKB.)	%9		0.00	10.000	3,286.000	unknown	32,860.00
BLACKROCK DIVID ACHIEVERS TM TR	2%		650.00	1,000.000	9.420	unknown	9,420.00
COM (BDV)							
CALAMOS CONV & HIGH INCOME FD COM							
SHS (CHY)	2%		1,020.00	1,000.000	11.543	unknown	11,543.00
CALAMOS CONV OPPORTU NITIES &							
INCOME FD (CHI)	2%		1,140.00	1,000.000	12.323	unknown	12,323.00
CATERPILLAR INC (CAT)	3%		420.00	250.000	26.990	unknown	14,247.50
CHEVRON CORP NEW (CVX)	%		266.00	100.000	76.990	unknown	7,699.00
CISCO SYS INC (CSCO)	%		0.00	200.000	23.940	unknown	4,788.00
CITIGROUP INC (C)	7%		10.00	1,000.000	3.310	unknown	3,310.00
CONOCOPHILLIPS (COP)	%		573.00	300.000	51.070	unknown	15,321.00
CONSOLIDATED EDISON HLDG CO INC (ED	۵						
	3%		708.00	300.000	45.430	unknown	13,629.00
DOW CHEMICAL CO (DOW)	3%		309.00	500.000	27.630	unknown	13,815.00
FIDELITY NATL FINL INC (FNF.)	%		300.00	200.000	13.460	unknown	6,730.00
FIFTH THIRD BANCORP (FITB)	1%		20.00	500.000	9.750	unknown	4,875.00
FLYI INC NO STOCKHOLDER	%0		0.00	500.000		unknown	unavailable
GENERAL ELECTRIC CO (GE)	%		537.50	750.000	15.130	unknown	11,347.50
HALLIBURTON CO HOLDING CO FRMLY	%		180.00	500.000	30.090	unknown	15,045.00
HALLIBURTON CO (HAL)							

Page 2 of 7



# **2009-Investment Report**

January 1, 2009 - December 31, 2009

Fidelity Account*" 246-295116	BUCHANA	IN FAMILY FOUNDATION INC	O			
Holdings (Symbol) es of 12/31	% of Performance Performance Holdings December 31, 2009	Income Earned	Quantity	Price per Unit	Total Cost Basis	Total Value
ING GROEP NV SPONS ADR-EACH REPR 1						
ORD	1%	0.00	750.000	9.810	unknown	7,357.50
EUR0.24(MGT) (ING)						
INTEL CORP (INTC)	4%	260.00	1,000.000	20.400	unknown	20,400.00
JOHNSON & JOHNSON (JNJ)	2%	386.00	200.000	64.410	unknown	12,882.00
LLOYDS BANKING GROUP ADR REP 4 ORD	%0	1,185.96	512.000	3.270	unknown	1,674.24
GBP0.10(BNY) (LYG.)						
MANULIFE FINL CORP ISIN #CA56501R1064	2%	341.49	200.000	18.340	7,949.95	9,170.00
SEDOL #2492519 (MFC)						
MARATHON OIL CORP ISIN #US5658491064	2%	288.00	300.000	31.220	unknown	9,366.00
SEDOL #2910970 (MRO)						
MICROSOFT CORP (MSFT)	7%	650.00	1,250.000	30.480	unknown	38,100.00
OCCIDENTAL PETROLEUM CORP (OXY)	2%	195.00	150.000	81.350	unknown	12,202.50
PFIZER INC (PFE)	3%	800.00	1,000.000	18.190	unknown	18,190.00
PIMCO CORPORATE INCOME FD (PCN)	3%	1,275.00	1,000.000	13.850	unknown	13,850.00
PIMCO HIGH INCOME FD COM SHS (PHK)	3%	2,193.72	1,500.000	10.850	unknown	16,275.00
PITNEY BOWES INC (PBI)	1%	288.00	200.000	22.760	4,506.07	4,552.00
PROGRESS ENERGY INC (PGN)	3%	992.00	400.000	41.010	unknown	16,404.00
TEMPLETON GLOBAL INCOME FD INC	2%	519.99	1,000.000	9.500	unknown	9,500.00
DELAWARE (GIM)						
3M COMPANY (MMM)	4%	510.00	250.000	82.670	unknown	20,667.50
WELLS FARGO & CO NEW (WFC)	3%	245.00	200.000	26.990	unknown	13,495.00
Short-term Funds FIDELITY CASH RESERVES (FDRXX )	17% 7-day yield: 0.09%	1,485.58	92,561.770	1.000	not applicable	92,561.77
Core Account						
(FMOXX)	1% 7-day yield: 0.01%	4.80	5,041.450	1.000	not applicable	5,041.45
Total Market Value as of December 31, 2009 Total income earned on positions no longer held 2009 income Earned	009 r held	94.58 <b>\$ 18,208.62</b>				\$534,791.14

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All positions held in cash account unless indicated otherwise.

01 18 000

52-2264894

Statement 6 - Form 990-PF,		1 - List of Offi	Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.	tees, Etc.	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
ROBERT E. BUCHANAN 9055 COMPRINT COURT, SUITE 200 GAITHERSBURG MD 20877	PRESIDENT	00.0	0	` O	0
SHARON B. BUCHANAN 9055 COMPRINT COURT, SUITE 200 GAITHERSBURG MD 20877	VICE-PRES	0.00	0	0 -	0
RYAN B. BUCHANAN 9055 COMPRINT COURT, SUITE 200 GAITHERSBURG MD 20877	DIRECTOR	0.00	0	0	0
SHANNON B. STEPHENS 9055 COMPRINT COURT, SUITE 200 GAITHERSBURG MD 20877	SECRETARY	0.00	0	0	0
KIRSTEN B. QUIGLEY 9055 COMPRINT COURT, SUITE 200 GAITHERSBURG MD 20877	TREASURER	0.00	0	0	0
G. CHRIS STEPHENS M.D. 9055 COMPRINT COURT, SUITE 200 GAITHERSBURG MD 20877	DIRECTOR	00.0		0	
BRETT R. QUIGLEY 9055 COMPRINT COURT,SUITE 200 GAITHERSBURG MD 20877	DIRECTOR	0.00	0	0	0
SHANNON O'NEILL 9055 COMPRINT COURT, SUITE 200 GAITHERSBURG MD 20877	DIRECTOR	0.00	0	0	0