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Form **990-PF**

Return of

- (1_
111	
ments.	A.

Department of the Treasury Internal Revenue Service

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

,	- C	alen	dar year 2009, or tax yea	r beginning MAY	13, 2010	, and ending	JUN 30, 2010	
	<u>.</u> C	neck	all that apply:	Initial return	Initial return of a fo	ormer public charity	Final return	
_				Amended return	Address chan	ge	Name change	
_	Use	the I	RS Name of foundation			-	A Employer identification	number
4		ıbel.	•					
,	Oth	erwis	' 		ITABLE FOUND	ATION	54-1924107	
=		rint	,	O box number if mail is not de	•	Room/suite	B Telephone number	
2	or See	type Sned	::: <u>- 0 </u>		CHAIN BRIDG	E RD 320	703-917-87	
	Instr	-	ne City or town, state, at			•	C If exemption application is po	
			VIENNA, VA				D 1. Foreign organizations 2. Foreign organizations mecheck here and attach co	, Check here
	<u>н</u> с	_	type of organization: ction 4947(a)(1) nonexem	X Section 501(c)(3) ex	tempt private foundation Other taxable private founda	ution	check here and attach co	mputation
	<u></u>		rket value of all assets at a			Acciual	E If private foundation state under section 507(b)(1)	us was terminated
			Part II, col (c), line 16)	·	her (specify)	Acceual	1	
	(<i>ii</i> (964	1 . 460 . (Part I, colu	mn (d) must be on cash l	basis.)	F If the foundation is in a (under section 507(b)(1)	
		rt I	Analysis of Revenue an	d Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	<u> </u>		(The total of amounts in columnecessarily equal the amoun	mns (b), (c), and (d) may not its in column (a))	expenses per books	ıncome	income	for charitable purposes (cash basis only)
•		1	Contributions, gifts, grant	ts, etc., received	1,000,000.		N/A	
	\$, 2	Check If the foundation	n is not required to attach Sch. B				
•	20	3	Interest on savings and tempo cash investments	orary	28.	28.		STATEMENT 1
	3	4	Dividends and interest fro	om securities	1,620.	1,620	AII	STATEMENT 2
	F=	5a	Gross rents				المات	
,		b	Net rental income or (loss)			70 0 0 2		
	Se .		Net gain or (loss) from sale of Gross sales price for all	assets not on line 10		9 00 19 × ± 2	019	
	en	b	assets on line 6a	m-+1/(1 · · · · · · · · · · · · · · · · · · ·		TPR BRAN	CH RECEN	
1		,	Capital gain net income (from Net short-term capital gai			OGDEN		78
ł	MWESenue)	9	Income modifications	iti			12 MAR 1 9	2014 0
	8	10a	Gross sales less returns				WAR - 5	- 10 C
			Less Cost of goods sold					
•	90		Gross profit or (loss)	<u> </u>			I OGDEN	.UI
9		11	Other income					
-		12	Total. Add lines 1 throug	<u>h 11 </u>	1,001,648.	1,648.		
∄ ≠>		13	Compensation of officers, dire	ectors, trustees, etc	0.	0.		0.
		14	Other employee salaries a	-				
<u>'</u> _	တ္က		Pension plans, employee	benefits				
	nses		Legal fees					
	Exper		Accounting fees Other professional fees					
ğ		17	Interest					
Ŏ'	atrv	18	Taxes	STMT 3	38.	38.	 	0.
Corres Ogden	Administrative	19	Depreciation and depletio					<u>~</u>
	nin	20	Occupancy					
Ŭ	Ad	21	Travel, conferences, and	meetings				
	and	22	Printing and publications					
	ng	23	Other expenses					
	Operating	24	Total operating and adm					
	Эре		expenses. Add lines 13 t		38.	38.		0.
		25	Contributions, gifts, gran				· · · · · · · · · · · · · · · · · · ·	
		26	Total expenses and disb	oursements.	38.	38.		
,		27	Add lines 24 and 25 Subtract line 26 from line		20.	30.		0.
ĺ			Excess of revenue over expen		1,001,610.			
			Net investment income (1,610.		
			Adjusted net income (if n				N/A	
	92350 02-02				Act Notice, see the instruc	tions		Form 990-PF (2009)

Fo	rm 99	90-PF(2009) THE NEALL FAMILY CHARIT			1924107 Page 2
F	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year (a) Book Value	(b) Book Value	
_	1	Cash - non-interest-bearing	(a) book value	(b) Book value	(c) Fair Market Value
	1	Savings and temporary cash investments		21,438.	21,438.
	ł .			21,430.	21,430.
	3	Less; allowance for doubtful accounts			
	4				
	"	Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	"	disqualified persons			
	7	Other notes and loans receivable			
	′ ′	Less; allowance for doubtful accounts			
"	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	-	Investments - U.S. and state government obligations			
	i	Investments - corporate stock STMT 4	0.	980,172.	943,022.
	ì	Investments - corporate bonds	0.	900,172.	943,022.
	ŀ	Investments - land, buildings, and equipment basis			
	' '	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14				
	'	Less accumulated depreciation			
	15	Other assets (describe)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	''	Cities assets (assets of assets)			
	16	Total assets (to be completed by all filers)	0.	1,001,610.	964,460.
_	17			1,001,010.	
	18	Grants payable			
	19	Deferred revenue			
· =	20	Loans from officers, directors, trustees, and other disqualified persons	_		
Liabiliti	21	Mortgages and other notes payable			
ڐ	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
	1	and complete lines 24 through 26 and lines 30 and 31			
Fund Balances	24	Unrestricted			
auc	25	Temporarily restricted			
Ba	26	Permanently restricted			
P		Foundations that do not follow SFAS 117, check here			
ŕ		and complete lines 27 through 31.			
Net Assets or	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	0.	1,001,610.	
Net	30	Total net assets or fund balances	0.	1,001,610.	
_					
	31	Total liabilities and net assets/fund balances	0.	1,001,610.	
Г	art	Analysis of Changes in Net Assets or Fund B	alances	_	
느	art				
1	Tota	l net assets or fund balances at beginning of year - Part II, column (a), line	30		
	•	st agree with end-of-year figure reported on prior year's return)		1	0.
		r amount from Part I, line 27a		2	1,001,610.
3	Othe	r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	1,001,610.
		eases not included in line 2 (itemize)			0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		1,001,610.
					Form 990-PF (2009)

	NEALL FAMILY CH	<u>IARITABI</u>	E FOUND	ATION	54-192	4107 Page 3
	and Losses for Tax on Ir		Income	(b) How acquired		
(a) List and descr 2-story brick wa	be the kind(s) of property sold (e.g rehouse; or common stock, 200 sh	s. MLC Co.)		P - Purchase D - Donation	(c) Date acquired (mo, day, yr.)	(d) Date sold (mo., day, yr.)
o NOI	NE					
C						
d				<u> </u>		
<u>e</u>	(f) Depreciation allowed	(a) Coo	or other been	1	(h) Com or (loop	<u></u>
(e) Gross sales price	(i) Depreciation allowed (or allowable)		t or other basis opense of sale	İ	(h) Gain or (loss (e) plus (f) minus	
a						
b						
d		-				
e		 				
	g gain in column (h) and owned by	the foundation	on 12/31/69		(1) Gains (Col. (h) gain	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any		col. (k), but not less tha Losses (from col. (n -0-) or (h))
<u>a</u>						
b c						
d						
е						
2 Capital gain net income or (net ca	pital loss) { If gain, also ente If (loss), enter -0	r in Part I, line 7)- in Part I, line 1	, 7	} 2		
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,		nd (6):				
If (loss), enter -0- in Part I, line 8		<u> </u>		<u>}</u> 3		
Part V Qualification U					ncome	27/2
,r optional use by domestic private	foundations subject to the section	4940(a) tax on	net investment ii	icome.)		N/A
If section 4940(d)(2) applies, leave th	nis part blank.					
Was the foundation liable for the sect			•	riod?		Yes No
If "Yes," the foundation does not quality 1 Enter the appropriate amount in e	ify under section 4940(e). Do not co each column for each year; see instr			PS		
(a)	(b)		any chi	(c)	Dustru	(d) bution ratio
Base periód years Calendar year (or tax year beginnir	Adulated auglifung die	stributions	Net value of no	oncharitable-use asse	ets (col. (b) dr	vided by col. (c))
2008						
2007 2006						
2005						
2004						
• • · · · · · · · · · · · · · · · · · ·						
Total of line 1, column (d)Average distribution ratio for the 5	5-vear hase period - divide the total	on line 2 hv 5	or hy the number	r of years	2	
the foundation has been in exister		oo 2 0, 0,	or by the mannes	or yours	3	
4 Enter the net value of noncharitab	le-use assets for 2009 from Part X,	line 5			4	
5 Multiply line 4 by line 3					5	
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)		_		6	_
7 Add lines 5 and 6					7	
	5		-			
 Enter qualifying distributions from If line 8 is equal to or greater than 		a 1h and comp	- lata that navt wave	40/ tou voto	8	
See the Part VI instructions.	i fille i , check the box iii i di t vi. iiik	c iv, and comb	iete tiiat part usii	ng a 1% tax rate.		

	1990-PF (2009) THE NEALL FAMILY CHARITABLE FOUNDATION 54-192 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec	4107		Page 4
_	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	: 1115111	ictio	ns)
ıa				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% 1			2.0
U	of Part I, line 27b			32.
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
	The second secon			^
3				<u> 0.</u>
4	Add lines 1 and 2			32.
-	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-			$\frac{0.}{32.}$
	Credits/Payments:			<u>34.</u>
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a			
	Exempt foreign organizations - tax withheld at source 6b			
	Tax paid with application for extension of time to file (Form 8868) 6c			
	Backup withholding erroneously withheld 6d			
	Total credits and payments. Add lines 6a through 6d			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			_
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	 -		32.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			<u>JZ .</u>
	Enter the amount of line 10 to be: Credited to 2010 estimated tax			
Pa	rt 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 participate or intervene in		Yes	No
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		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			
C	Did the foundation file Form 1120-POL for this year?	1c		х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ► \$0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	_ 2		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 governing instrument, articles of incorporation, or	ŀ		}
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	<u> </u>	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	ļ	X
	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	_4b	↓	<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	<u> </u>	<u>X</u> _
c	If "Yes," attach the statement required by General Instruction T.	ŀ	1	
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 conflict with the state law 			
	remain in the governing instrument?		,,	-
7	Did the foundation have at least \$5,000 in assets at any time during the year?	6	X	├
,	If "Yes," complete Part II, col (c), and Part XV	7	X	
g _a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
ou	VA	-		
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	•		
J	of each state as required by General Instruction G? If "No," attach explanation	8b	x	
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	- 00	 ^	
•	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		х
10	Did any persons become substantial contributors during the tax year? If "yes," attach a schedule listing their names and addresses STMT 5	10	X	1
	, , , , , , , , , , , , , , , , , , , 	orm 990		(2009)

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Form 990-PF (2009) THE NEALL FAMILY CHARITY Part VII-B Statements Regarding Activities for Which	ABLE FOUNDATIO	ON_	54-19241	07 Page
5a During the year did the foundation pay or incur any amount to:	FOITH 4720 Way be I	nequired (contin	ued)	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 404E(a\\?		. .	
(2) Influence the outcome of any specific public election (see section 4955);	` ''		es X No	
any voter registration drive?	or to carry on, unecting or mair	• • • • • • • • • • • • • • • • • • • •	es X No	
, , , , , , , , , , , , , , , , , , , ,			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purpose	••	Y6	es LALINO	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section		(TE)	
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	y, or educational purposes, or		च्चि	
the prevention of cruelty to children or animals?	- d No		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify up	•	in Regulations	27./2	
section 53.4945 or in a current notice regarding disaster assistance (see insti	•	•	N/A	5 b
Organizations relying on a current notice regarding disaster assistance check	•			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption				
expenditure responsibility for the grant?		1/A	es L No	
If "Yes," attach the statement required by Regulations section 53 49			1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			1
a personal benefit contract?		Ye	es X No	1 1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		<u> </u>	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		Ye	es X No	
b If yes, did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	tees, Foundation Ma	anagers, Highly	/	
List all officers, directors, trustees, foundation managers and their	r compensation			
Elot all officers, all octors, a access, foundation managers and thom		(c) Compensation	(d) Contributions to	(a) Evpence
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
RHONDA J. MACDONALD	to position CO-TRUSTEE	enter -0-)	compensation	allowances
2071 CHAIN BRIDGE ROAD STE 320	_CO-IKUSIEE			Í
VIENNA, VA 22182	3.00	0.	0	
EORGE NEALL III	CO-TRUSTEE	0.	0.	0
2071 CHAIN BRIDGE ROAD STE 320	_CO-IKOSIEE			
VIENNA, VA 22182	2.00	0.		
IRVING GREENSPON	CO-TRUSTEE	0.	0.	0
2071 CHAIN BRIDGE ROAD STE 320	CO-IROSIEE			
VIENNA, VA 22182	2.00	0.		_
VIENNA, VA ZZIOZ	2.00	0.	0.	0
	-			
	1			
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none,	enter "NONE."	<u> </u>	·
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, othe allowances
NONE				
	1			
	<u></u>			
	<u></u>	<u> </u>		
Total number of other employees paid over \$50,000				<u> </u>
			Form	990-PF (2009

Total. Add lines 1 through 3

F	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
,	Average monthly fair market value of securities	1a	811,382.
	Average of monthly cash balances	1b	171,432.
0	Fair market value of all other assets	1c	
c	Total (add lines 1a, b, and c)	1d	982,814.
ε	D. I. J. J. Standard for blockers or other feeture varieties on lines to 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	982,814.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	14,742.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	968,072.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	6,498.
F	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	6,498.
2 a	Tax on investment income for 2009 from Part VI, line 5]	· · · · · · · · · · · · · · · · · · ·
t	Income tax for 2009. (This does not include the tax from Part VI.)		
0	Add lines 2a and 2b	2c	32.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,466.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	6,466.
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	6,466.
F	Part XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
, ;	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
	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:		
1	Suitability test (prior IRS approval required)	3a	
1	,	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	<u> </u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	<u> </u>
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies fo	r the section

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4940(e) reduction of tax in those years.

Form 990-PF (2009) THE NEALL FAMILY CHARITABLE FOUNDATION 54-1924107 Page 9 Undistributed Income (see instructions) Part XIII (b) (a) (c) (d) Corpus Years prior to 2008 2008 2009 Distributable amount for 2009 from Part XI, 6,466. line 7 2 Undistributed income, if any, as of the end of 2009 a Enter amount for 2008 only 0 **b** Total for prior years 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 0. Part XII, line 4: ► \$ 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 0. 0. e Remaining amount distributed out of corpus 0 Excess distributions carryover applied to 2009 0. (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 0 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 assessed 0 d Subtract line 6c from line 6b. Taxable amount - see instructions 0 e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see instr. 0 f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010 6,466.

	corpus to satisfy requirements imposed by
	section 170(b)(1)(F) or 4942(g)(3)
8	Excess distributions carryover from 2004

Amounts treated as distributions out of

- not applied on line 5 or line 7
- 9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a
- 10 Analysis of line 9:
 - a Excess from 2005
 - b Excess from 2006 : Excess from 2007

 - d Excess from 2008 m 2009

е	<u>Exc</u>	<u>ess</u>	<u>troi</u>

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Form 990-PF (2009)

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Form 990-PF (2009) THE NEX	LL FAMILY C	HARITABLE	FOUNDATION	54-19	24107 Page 1
Part XIV Private Operating F				N/A	
1 a If the foundation has received a ruling)		
foundation, and the ruling is effective fo	or 2009, enter the date of	the ruling	▶		
b Check box to indicate whether the found		ng foundation describe		4942(j)(3) or4	942(j)(5)
a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a			<u> </u>	<u> </u>	
c Qualifying distributions from Part XII,		•			
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
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)					1
(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	ormation (Comple	ete this part only	y if the foundation	had \$5,000 or m	ore in assets
at any time during	the year-see the	instructions.)			
1 Information Regarding Foundati	on Managers:				
a List any managers of the foundation w			ntributions received by the	foundation before the cl	ose of any tax
year (but only if they have contributed	more than \$5,000). (See s	section 507(d)(2).)			•
NONE					
b List any managers of the foundation w			n (or an equally large port	on of the ownership of a	partnership or
other entity) of which the foundation h	as a 10% or greater intere	est.			•
NONE					
2 Information Regarding Contribu	tion, Grant, Gift, Loan	, Scholarship, etc.,	Programs:		
Check here 🕨 🗶 if the foundation					
the foundation makes gifts, grants, etc	. (see instructions) to indi	viduals or organizations	under other conditions, c	omplete items 2a, b, c, ar	nd d.
a The name, address, and telephone num	nber of the person to who	m applications should l	oe addressed:		
b The form in which applications should	be submitted and informa	ation and materials they	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	is, such as by geographic	ai areas, charitable field	is, kinds of institutions, or	other factors:	

Grants and Contributions Paid During Recipient	If recipient is an individual,		Durnoce of grapt 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				
		!		
				
Total Approved for future payment			▶ 3a	
Approved for future payment				
NONE				
Total		<u> </u>	<u> </u>	

er gross amounts unless otherwise indicated.	Officiated b	usiness income		y section 512, 513, or 514	(۵)
_	(a) Business	(b) Amount	Exclu- sion	(d) Amount	(e) Related or exemp function income
Program service revenue:	code	,	code	Allouit	ranction income
			+		
	-		1	-	
	1		1-1-		
	1 (
Fees and contracts from government agencies					
lembership dues and assessments					
nterest on savings and temporary cash					
nvestments			14	28.	
ividends and interest from securities			14	1,620.	
et rental income or (loss) from real estate:			 		
Debt-financed property					
Not debt-financed property					
et rental income or (loss) from personal					
roperty			+		
ther investment income					
Gain or (loss) from sales of assets other				ļ	
han inventory					
let income or (loss) from special events Gross profit or (loss) from sales of inventory	<u> </u>	··	+		
Other revenue:					
a	1 1	,	1		
c	1 1				
d	1 1				
e					
0.1		. 0		1,648.	
Subtotal. Add columns (b), (d), and (e)					
Total. Add line 12, columns (b), (d), and (e))			13	1,6
Foundary (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities		nplishment of E	Exempt P		1,6
Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations	to the Accon	column (e) of Part XVI		urposes	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities te No. Explain below how each activity for which in	to the Accon	column (e) of Part XVI		urposes	
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities the No. Explain below how each activity for which in	to the Accon	column (e) of Part XVI		urposes	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities te No. Explain below how each activity for which in	to the Accon	column (e) of Part XVI		urposes	
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities the No. Explain below how each activity for which in	to the Accon	column (e) of Part XVI		urposes d importantly to the accom	
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities e No. Explain below how each activity for which in	to the Accon	column (e) of Part XVI		urposes d importantly to the accom	
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otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations int XVI-B Relationship of Activities e No. Explain below how each activity for which in	to the Accon	column (e) of Part XVI		urposes d importantly to the accom	
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities e No. Explain below how each activity for which in	to the Accon	column (e) of Part XVI		urposes d importantly to the accom	
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities e No. Explain below how each activity for which in	to the Accon	column (e) of Part XVI		urposes d importantly to the accom	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities te No. Explain below how each activity for which in	to the Accon	column (e) of Part XVI		urposes d importantly to the accom	
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities the No. Explain below how each activity for which in	to the Accon	column (e) of Part XVI		urposes d importantly to the accom	
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities the No. Explain below how each activity for which in	to the Accon	column (e) of Part XVI		urposes d importantly to the accom	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities te No. Explain below how each activity for which in	to the Accon	column (e) of Part XVI		urposes d importantly to the accom	

in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?				Yes	X No	
b	If "Yes," complete the following schedule.					
	(a) Name of organization	(b) Type of organizati	on	(c) Descriptio	n of relationship	
	N/A		7			
_			-			
	Under penalties of perjury, I declare that I have examined this return, including accomplete. Declaration of preparer (other than taxpayer or fiduciary) is based of				and belief, it is true, correct,	
Ì						
dere	Signature of officer or trustee	Date	Title			
Ť		· · · · · · · · · · · · · · · · · · ·	Dete	Chaplest		

Preparer's signature Firm's name (or yours if self-employed),

T.E. COX, CPA

DEC 0 3 20 Self-

THOMPSON, GREENSPON & CO. P. C. CPA'S 4035 RIDGE TOP RD, SUITE 700 FAIRFAX, VIRGINIA 22030

Phone no. (703)385-8888

EIN >

Form 990-PF (2009)

address, and ZIP code

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

me of the organization

Employer identification number

	THE NEALL FAMILY CHARITABLE FOUNDATION	54-1924107
Organization type(ched	ck 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	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
•	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule See instructions
General Rule		
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in emplete Parts I and II	money or property) from any one
Special Rules		
509(a)(1) and 1	i01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the r 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II	-
aggregate cont	601(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literar of cruelty to children or animals. Complete Parts I, II, and III	.
contributions for If this box is ch purpose. Do no	601(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one corfor use exclusively for religious, charitable, etc., purposes, but these contributions did not necked, enter here the total contributions that were received during the year for an exclusion to complete any of the parts unless the General Rule applies to this organization becaus table, etc., contributions of \$5,000 or more during the year	aggregate to more than \$1,000 vely religious, charitable, etc.,
out it must answer "No	on that is not covered by the General Rule and/or the Special Rules does not file Schedul on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	
LHA For Privacy Act a		e B (Form 990, 990-EZ, or 990-PF) (200

Employer identification number

THE NEALL FAMILY CHARITABLE FOUNDATION

54-1924107

art I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GEORGE NEALL III ESTATE 2071 CHAIN BRIDGE ROAD, STE 320 VIENNA, VA 22182	\$1,000,000.	Person X 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 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) N o.	(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.)

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CAS	H INVESTMENTS	STATEMENT	1
SCACE				AMOUNT	
AMERITRADE BROKERAGE ACCT	28.				
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A		2	28.
FORM 990-PF DIVIDENT	OS AND INTER	EST FROM S	ECURITIES	STATEMENT	2
SOURCE	GROSS	AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT	,
AMERITRADE BROKERAGE ACCT		1,620.	0.	1,62	20.
TOTAL TO FM 990-PF, PART I, I	JN 4	1,620.	0.	1,62	20.
FORM 990-PF	KAT	ŒS		STATEMENT	3
D(RIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO	(C) T- ADJUSTE ME NET INCO		
FOREIGN TAX ON DIVIDENDS	38.		38.		0.
TO FORM 990-PF, PG 1, LN 18 =	38.		38.		0.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	4
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE	C
AMERITRADE BROKERAGE			980,172.	943,02	22.
			300,1,2.	2 - 3 , 3 2	

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT

5

NAME OF CONTRIBUTOR

ADDRESS

GEORGE NEALL II ESTATE

2071 CHAIN BRIDGE RD STE 320

VIENNA, VA 22182