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Form	990-PF	1

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

For	alen	dar year 2009, or tax year beginning			, and e			
G	heck	all that apply Initial return		Initial return of a fo		charity	Final return	1
		Amended return		X Address chang	ge		Name change	
Use	the l	RS Name of foundation					A Employer identification	n number
	abel						20 0050041	
	erwis		<u>-</u>	INC.			20-8050841	<u> </u>
	print	Number and street (or P O box number if mail is not	delivered t	to street address)		Room/suite	B Telephone number 571-312-74	1 O A
	type Spec							
	ructio	Gity of town, state, and zir code	0				C If exemption application is p	
_							D 1. Foreign organization 2. Foreign organizations me check here and attach of	s, check here
H_(_	type of organization X Section 501(c)(3)	_				check here and attach or	omputation
<u>_</u>		ction 4947(a)(1) nonexempt charitable trust		axable private founda hod X Cash	Accr		E If private foundation sta under section 507(b)(1	
		rket value of all assets at end of year J Account	Other (sp		ACCI	uai	1	
(11 		Part II, col (c), line 16) 10, 254, 692. (Part I, co			basis.)		F If the foundation is in a under section 507(b)(1	
_	irt l	,		a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements
		The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		penses per books		ome	income	for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received					N/A	· · · · · · · · · · · · · · · · · · ·
	l '	Check X If the foundation is not required to attach Sch. B			······································			
	3	Interest on savings and temporary cash investments						
	4	Dividends and interest from securities		6,063.		6,063.		STATEMENT 1
	5a	Gross rents						
	b	Net rental income or (loss)			,			1 11110 1 11110
۵	6a	Net gain or (loss) from sale of assets not on line 10						
Revenue	b	Gross sales price for all assets on line 6a	. [· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
ě	7	Capital gain net income (from Part IV, line 2)			,	0.		
<u> </u>	8	Net short-term capital gain	ļ.,,		·			, , , , , , , , , , , , , , , , , , , ,
	9	Income modifications						
	10a	Gross gales less returns CEIVED and allowances HECEIVED		-···-n#				· · · · · · · · · · · · · · · · · · ·
	ı	Less Cost of goods sold						
	ı	Gross proutor (loss) 1 5 2010				L		
	11	Other incerne	-	6,063.		6,063.	<u> </u>	
	12	Total. Add lines 1 through 11 Compensation of officers Pure to its united states. etc.	-	0,003.		0,003.		0.
	13 14	Other employee Salaries and wages						
	15	Pension plans, employee benefits						
es		Legal fees STMT 2		5,430.		0.		0.
enses	1	Accounting fees STMT 3		3,211.		0.		0.
Š		Other professional fees						
ve	17	Interest						
rati	18	Taxes STMT 4		2,083.		0.		0.
nist	19	Depreciation and depletion						
Ē	20	Occupancy						,
Ψ¥	21	Travel, conferences, and meetings						<u> </u>
aŭ	22	Printing and publications		1 00 5				
ing.	23	Other expenses STMT 5	-	1,227.		0.		0.
rat	24	Total operating and administrative		11 051		0		•
Operating and Administrative Exp		expenses Add lines 13 through 23		11,951. 494,500.		0.		494,500.
Ī		Contributions, gifts, grants paid		494,300.				494,300.
	26	Total expenses and disbursements.		506,451.		0.		494,500.
_	07	Add lines 24 and 25	-	200,421.	· -	<u> </u>		474,300.
	1	Subtract line 26 from line 12		<500,388.	>			
	I	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)		-300,300.		6,063.		-
	1	Adjusted net income (if negative, enter -0-)				-,	N/A	
9235		Aujusteu Het Income (II negauve, enter -0-)		tico coo the instruct	tions			Form QQ0_PF (2000)

(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 O.

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

Page 3

Form 990-PF (2009) MASON HIRST FOUNDATION, INC.

Part IV Capital Gains and Losses for Tax on Investment Inc.

(a) List and desc	ribe the kind(s) of property sold (e quehouse, or common stock, 200 sh	g , real estate,	income	(b) How acquired P - Purchase D - Donation	(c) Date acqui (mo , day, yi	
1a						
b NO	NE	· 				
<u>C</u>						
<u>d</u>	 					
<u>e</u>		T				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale		(h) Gain or (e) plus (f) n	
<u>a</u>						
<u> </u>		ļ				
<u>C</u>		+				
d	,	-	_ 		··· -·-·	
Complete only for exacts above	on note to column (b) and award by	the foundation	10/01/00			
Complete only for assets snowin	ng gain in column (h) and owned by	1			Gains (Col. (h.)) gain minus ss than -0-) or
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any	COI	Losses (from	
<u>a</u>			·			
<u>b</u>		ļ				
С						
d						
е	<u></u>					
2 Capital gain net income or (net ca	apital loss) { If gain, also ente If (loss), enter -0	er in Part I, line 1 D- in Part I, line	7 7	} 2		
3 Net short-term capital gain or (los	•					
If gain, also enter in Part I, line 8,				<i>)</i>		
If (loss), enter -0- in Part I, line 8	Inder Section 4940(e) fo			<u> </u>		
If section 4940(d)(2) applies, leave the Was the foundation liable for the sec	tion 4942 tax on the distributable ar	omplete this pa	rt			Yes X No
1 Enter the appropriate amount in (a)		ructions before	making any entrie			(4)
Base penod years Calendar year (or tax year beginni				(c) charitable-use assets	(col	(d) Distribution ratio (b) divided by col (c))
2008		03,000.		10,671,948		.019022
2007		38 , 775.	· · · · · · · · · · · · · · · · · · ·	10,035,942	•	.033756
2006		10,000.		410,533	•	.024359
2005					_	
2004						·····
0 Takah at kana 4 anah ana (4)						077133
2 Total of line 1, column (d)	.				2	.077137
3 Average distribution ratio for the		on line 2 by 5,	or by the number	or years		025712
the foundation has been in existe	nce ir iess than 5 years				3	.025712
4 Enter the net value of noncharitat	ole-use assets for 2009 from Part X	, line 5			4	10,509,784.
5 Multiply line 4 by line 3					5	270,228.
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)				6	61.
7 Add lines 5 and 6					7	270,289.
8 Enter qualifying distributions from	n Part XII, line 4				8	494,500.
If line 8 is equal to or greater than See the Part VI instructions	n line 7, check the box in Part VI, lin	e 1b, and comp	lete that part using	a 1% tax rate		

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Pa	art Vf Excise Tax, Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 -	see ins	stru	ctio	าร)
1 a	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 here X and enter 1%	1 1				61.
	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)					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
	Add lines 1 and 2	3				61.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0-	5		-		61.
	Credits/Payments					
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 367.					
	Exempt foreign organizations - tax withheld at source					
	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	7			ર	67.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached					<u> </u>
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	8				
	·	9			2	06.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2010 estimated tax 306. Refunded	10				0.
	Enter the amount of line 10 to be Credited to 2010 estimated tax 306 - Refunded Int VII-A Statements Regarding Activities	11				<u> </u>
	· · · · · · · · · · · · · · · · · · ·				Yes	No
14	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	111	<u> </u>		163	X
	any political campaign?			1a		X
U	Did it spend more than \$100 during the year (either directly) for political purposes (see instructions for definition)?		-	1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	a or				
	distributed by the foundation in connection with the activities					v
	Did the foundation file Form 1120-POL for this year?			<u>1c</u>		<u>X</u>
q	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation \triangleright \$ 0. (2) On foundation managers \triangleright \$ 0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers ►\$O.			- 1		.,
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	r	1			17
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		<u> </u>	3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3.7		4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		\vdash	5		Х
_	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 conflict with the state	law				
	remain in the governing instrument?		<u> </u>	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year?		 	7	Х	
	If "Yes," complete Part II, col. (c), and Part XV					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	····				
	VA, DE					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				_	
	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 cale	ndar				_
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		L	9		X
ŧ٨	Did any persons become substantial contributors during the tay year?		ŀ	10		Y

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Form **990-PF** (2009)

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Part VII-B Statements Regarding Activities for Which Form 472 May Be Required (continued)	Form 990-PF (2009) MASON HIRST FOUNDATION,	INC.		20-80508	41	Page 6
(1) Carry on propagants, or otherwee attempts to influence largestation (4945e)? (2) Influence the autonione of any sponce public electron (see section 4955), or to carry on, directly or indirectly, any voter (4955 latin of may) (3) Provide a grant is an individual for travel, study, or other similar purposes? (3) Provide a grant is an individual for travel, study, or other similar purposes? (3) Provide a grant is an individual for travel, study, or other similar purposes? (3) Provide a grant is an individual for travel, study, or other similar purposes? (3) Provide a grant is an individual for travel, study, or other similar purposes? (3) Provide a grant is an individual for travel, study, or other similar purposes? (3) Provide a grant is an individual for travel, study, or other similar purposes? (3) Provide a grant is an individual for travel, study, or other similar purposes? (3) Provide a grant is an individual for the grant? (4) Provide a carried any purpose distribution between the exceptions described in Regulations section 34 945 or in a curried notice regarding disabler assistance (see instructions)? (5) Provide the situation study of the grant? (6) But the foundation, during the year, increase any funds, directly or indirectly, to pay premiums on a passonal benefit contact? (7) Yes: X No (8) But the foundation, during the year, was the foundation a party to a prohibited tax shelter transaction? (9) Yes: X No (9) Wars and address foundation managers and their compensation. (9) Name and address for each employee paid more than \$50,000 (9) A 7 but an individual party or provided the provided transaction? (9) Name and address of each employee paid more than \$50,000 (9) Alexandria, VA 2 2320 (1) O.	Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	rued)		
Tell Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration driver? 3) Provide a grant in an indirectual for travel, study, or other similar purposes? (4) Provide a grant in an indirectual for travel, study, or other similar purposes? (5) Provide for any purpose other than a chinatibale, etc., organization of the form of 49(0)((2))? (6) Provide for any purpose other than eclipious, charitable, scenffic, literary, or educational purposes, or for the prevention of 49(0)((2))? (7) Provide for any purpose other than eclipious, charitable, scenffic, literary, or educational purposes, or for the prevention of 49(0)((2))? (8) Provide for any purpose other than eclipious, charitable, scenffic, literary, or educational purposes, or for the prevention of 49(0)((2))? (9) Provide for any purpose other than eclipious, charitable, scenffic, literary, or educational purposes, or for the prevention of 49(0)((2))? (9) Provide for any purpose other than eclipious, charitable, scenffic, literary, or educational purposes, or for the prevention of 49(0)((2))? (1) Provide for any purpose other than eclipious, scent or 49(0)((2))? (1) Provide for any purpose other than eclipious, scent or 49(0)((2))? (2) Expense of 49(0)((2)) Provide for any purpose of 49(0)((2)) Provide for any purpose of 49(0)((2)) Provide for any purposes, or for the purpose of 49(0)((2)) Provide for any purposes, or for the purpose of 49(0)((2)) Provide for any purposes, or for the purpose of 49(0)((2)) Provide for any purposes of 49(0)((2)) Provide	5a During the year did the foundation pay or incur any amount to					
any voter registation drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (5) Provide to any purpose other than a charable, etc., organization described in section \$59(3)(1), (2), or (3), or section 494(4)(2)(2) (5) Provide the any purpose other than eclipious, charable, scentific, Merany, or educational purposes; or for the prevention of creatly to children or animals? b than y answers is "Set \$50(15)(4) dut any of the transactions tail to qualify under the exceptions described in Regulations section \$2,494.5 or in a current notice regarding disaster assistance check here c the answer is "Set to question \$4(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If Yes, "Set to question \$4(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If Yes, "Set to Question the set as a set of the	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y6	es X No		
(8) Preveds a grant to an individual for travel, steely, or other similar purposes? (9) Preveds a grant Loan organization and characteristic, etc., organization described in section \$99(a)(1), (2), or (3), or section 494(d)(2)(2) (9) Provide for any purpose other than religious, characteristic, iterary, or educational purposes, or for the prevention of cruelly to Aridian or animals? b If any answers is "Yes to \$54(1)(5), did any of the transactions fall to qualify under the exceptions described in Regulations section \$3495 section \$3.495 section \$4.495	(2) Influence the outcome of any specific public election (see section 4955), of	or to carry on, directly or indir	ectly,			
4 Provide a grant In an erganization of the than a charitable, etc., organization described in section S09(a)(1), (2), or (3), or section 4940(b)(2)?	any voter registration drive?		Y6	es X No		
S98(a)(1), (2), or (3), or section 4940(d)(2)? (B) Provide for any purpose short than elegious, charitable, scentific, Metary, or educational purposes, or for the prevention of cruelly to children or animals? b If any answer is "Yes" to Sa(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations sections 53 495 or in a current inotice regarding disaster assistance (see instructions)? Organizations relying on a current inotice regarding disaster assistance (see instructions)? Organizations relying on a current inotice regarding disaster assistance check here c If the assister is "Yes" to quisition shalf), does the foundation claim exception from the tax because it maintained expenditure responsibility for the grant? If "Yes," affacts the statement required by Regulations section 53 4945-5(g) B Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? In the prevention of the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No B Did the foundation during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No B Did the foundation during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No B Did the foundation during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No B D W N	(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y _E	es X No		
Compensation of cruelly to children or animals? Yes No	(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				
b If any answer is 'Yes' to Sa(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations selving on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? N/A Yes \ No N/A Yes \ No N/A Yes \ No N/A The current relation of the prairies of the prair	509(a)(1), (2), or (3), or section 4940(d)(2)?		Y _E	es X No		
b If any answer is Yes' to Saft)+(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53 494 50 m in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here a If the answer is Yes' to question 53(4), does the foundation claim exemption from the tax because it maintained excepediture responsibility for the grant? If "Yes," affacts the statement required by Regulations section 53 4945-5(c) 6a Dut the foundation, during the year, review any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes' 106, the form 8870 To All any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? I set all officers, directors, trustees, for boundation receive any proceeds or have any net income attributable to the transaction? I set all officers, directors, trustees, for boundation managers and their compensation. (a) Name and address (b) Title, and average hours great week devoided by Distillation and the position of the party of	(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or	for			
Section 53 4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here If the answer is "Yes" to question 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes" that the statement required by Repulsations section 53 4945-5(q) 5a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form B870 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per viewed devoked for position (If not paid, enter 1-9). THOMSON M. HIRST DIRECTOR C/O MASON HIRST COS., P.O. BOX 320307 ALEXANDRIA, VA 22320 JEREMY M. HIRST DIRECTOR O.O. O. DIRECTOR SAN JOAQUIN DRIVE SAN DIEGO, CA 92109 O.O. O. DIRECTOR C/O MASON HIRST COS., P.O. BOX 320307 ALEXANDRIA, VA 22320 D.O.O. O. DIRECTOR O.O. COMPENSATION (If not paid, especially a prohibition of the compensation of the position of the posi	the prevention of cruelty to children or animals?		Ye	es X No		
Organizations relying on a current notice regarding disaster assistance check here c if the answer is Yes' to question 54(4), does the foundation claim exemption from the tax because it maintained exempediture responsibility for the grant? If Yes, * attach the statement required by Regulations section 53 4945-5(d) 8 a bild the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If Yes To Bo, the Form 8870 1a At any time during the tax year, was the foundation appropriate transaction? 1a At any time during the tax year, was the foundation assess on have any net income attributable to the transaction? 1b It set all officers, directors, trustees, foundation managers and their compensation. 1b) Tiffs, and average house private devoted in the part of the par	b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	ın Regulations			
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? Yes	section 53 4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Rependiture responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d) 8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 8b, the Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes" to 8b, the Form 8870 7a At any time during the tax year, was the foundation and party to a prohibited tax shelter transaction? It is all officers, directors, trustees, foundation the foundation receives any proceeds or have any net income attributable to the transaction? It is all officers, directors, trustees, foundation managers and their compensation. (a) Name and address	Organizations relying on a current notice regarding disaster assistance check h	ere				
If "Yes," attach the statement required by Regulations section 53 4945-5(d) Sa Did the foundation, during the year, review any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, the Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? At any time during the tax year, was the foundation aparty to a prohibited tax sheller transaction? B It was, did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per possible of each of the property of th	c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for	rom the tax because it mainta	ined			
8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? # 'Yes' 16 6b, the Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? ## 'Yes' 16 6b, the Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? ## If yes' 16 6b, the Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? ## Part VIII	expenditure responsibility for the grant?	N	I/A 🔲 Ye	s No		
a personal benefit contract? b Did the foundation, duming the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 66, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? In It yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1. List all officers, Girectors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per viset devoted enter enter "Bolton Bours per viset devoted enter "Bolton Bours per viset devoted enter enter "Bolton Bolton Bolto	If "Yes," attach the statement required by Regulations section 53 494	5-5(d)				
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, the Form 8870 7 At Alany time during the lax year, was the foundation a party to a prohibited tax shelter transaction? If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? It is all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Titls, and average hours per week devoted to position (If not paid, enter -0-) THOMSON M. HIRST C/O MASON HIRST DIRECTOR C/O MASON HIRST DIRECTOR SO29 SAN JOAQUIN DRIVE SAN DIEGO, CA 92109 DIRECTOR C/O MASON HIRST DIRECTOR C/O MASON HIRST DIRECTOR SO29 SAN JOAQUIN DRIVE SAN DIEGO, CA 92109 DIRECTOR C/O MASON HIRST DIRECTOR C/O MASON HIRST O DIRECTOR (a) Name and address of each employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoted for boston of two highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation O D D D D D D D D D D D D D D D D D D	6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
If "Yes" to 6b, file Form 8870 Ta At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No bit yes, did the foundation receive any proceeds on have any net income attributable to the transaction? N/A 7b	a personal benefit contract?		Y6	s X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax shetter transaction? b if yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIIII Information About Officers, Directors, Trustees, Foundation Managers, Highly 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position the interest. (c) Compensation (In not paid, enter -0.) THOMSON M. HIRST DIRECTOR C/O MASON HIRST DIRECTOR 5029 SAN JOAQUIN DRIVE SAN DIEGO, CA 92109 0.00 0.0. JESSICA F. HIRST DIRECTOR C/O MASON HIRST COS., P.O. BOX 320307 ALEXANDRIA, VA 22320 0.00 0.0. JESSICA F. HIRST DIRECTOR C/O MASON HIRST COS., P.O. BOX 320307 ALEXANDRIA, VA 22320 0.00 0.0. JESSICA F. HIRST DIRECTOR C/O MASON HIRST COS., P.O. BOX 320307 ALEXANDRIA, VA 22320 0.00 0.0. 0.0. C/O MASON HIRST COS., P.O. BOX 320307 ALEXANDRIA, VA 22320 0.00	b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
Different Visit Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted (enter-1). (f) Compensation (f) Into paid, and defendent of the paid. (e) Expense devoted (f) Into paid, and defendent of the paid. (e) Expense devoted (f) Into paid, and defendent of the paid. (e) Expense devoted (f) Into paid, and defendent of the paid. (e) Expense devoted (f) Into paid, and defendent of the paid, and average hours per week devoted to position (e) Compensation (f) Compensation (e) Comp	If "Yes" to 6b, file Form 8870					
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors	7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es X No		
1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position THOMSON M. HIRST C/O MASON HIRST DIRECTOR Z/O MASON HIRST DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR O.00 O.00 O.00 JEREMY M. HIRST DIRECTOR SAN DIEGO, CA 92109 O.00 O.00 O.00 DIESTICA F. HIRST DIRECTOR C/O MASON HIRST COS., P.O. BOX 320307 ALEXANDRIA, VA 22320 O.00 O.00 O.00 O.00 DIRECTOR DIRECTOR C/O MASON HIRST COS., P.O. BOX 320307 ALEXANDRIA, VA 22320 O.00 O.00 O.00 O.00 DIRECTOR C/O MASON HIRST COS., P.O. BOX 320307 ALEXANDRIA, VA 22320 O.00 O.00 O.00 DIRECTOR C/O MASON HIRST COS., P.O. BOX 320307 ALEXANDRIA, VA 22320 O.00 O.00 O.00 O.00 D.00 O.00 D.00 O.00 D.00 D	b If yes, did the foundation receive any proceeds or have any net income attribut	able to the transaction?		N/A	7b	
Titist all officers, directors, trustees, foundation managers and their compensation. Compensation		ees, Foundation Ma	nagers, Highly	/		
(a) Name and address (b) Title, and average hours per week devoked to position THOMSON M. HIRST CO., P.O. BOX 320307 ALEXANDRIA, VA 22320 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Paid Employees, and Contractors					
THOMSON M. HIRST C/O MASON HIRST COS., P.O. BOX 320307 ALEXANDRIA, VA 22320 JEREMY M. HIRST 5029 SAN JOAQUIN DRIVE SAN DIEGO, CA 92109 JESSICA F. HIRST C/O MASON HIRST COS., P.O. BOX 320307 ALEXANDRIA, VA 22320 DIRECTOR SAN DIEGO, CA 92109 JESSICA F. HIRST O DIRECTOR C/O MASON HIRST COS., P.O. BOX 320307 ALEXANDRIA, VA 22320 O.00 O.00 O.00 O.00 O.00 O.00 O.00 O.00 O.00 Total number of other employees paid over \$50,000	List all officers, directors, trustees, foundation managers and their	,	(c) Companyation	(d) Contributions to	(-) (
THOMSON M. HIRST C/O MASON HIRST COS., P.O. BOX 320307 ALEXANDRIA, VA 22320 JEREMY M. HIRST 5029 SAN JOAQUIN DRIVE SAN DIEGO, CA 92109 JESSICA F. HIRST C/O MASON HIRST COS., P.O. BOX 320307 ALEXANDRIA, VA 22320 DIRECTOR SAN DIEGO, CA 92109 JESSICA F. HIRST O DIRECTOR C/O MASON HIRST COS., P.O. BOX 320307 ALEXANDRIA, VA 22320 O.00 O.0	(a) Name and address	hours per week devoted	(If not paid,	employee benefit plans and deferred	accou	int, other
C/O MASON HIRST COS., P.O. BOX 320307 ALEXANDRIA, VA 22320 JEREMY M. HIRST 5029 SAN JOAQUIN DRIVE SAN DIEGO, CA 92109 0.00 JESSICA F. HIRST C/O MASON HIRST COS., P.O. BOX 320307 ALEXANDRIA, VA 22320 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Combusions to employee beef plans account, other allowances (e) Expense account, other allowances Total number of other employees paid over \$50,000	MUOMCON M UTDOM	<u> </u>	enter -U-)	compensation	allo	wances
ALEXANDRIA, VA 22320 JEREMY M. HIRST 5029 SAN JOAQUIN DRIVE SAN DIEGO, CA 92109 0.00 JESSICA F. HIRST C/O MASON HIRST COS., P.O. BOX 320307 ALEXANDRIA, VA 22320 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation of five highest-paid employee add more than \$50,000 NONE Total number of other employees paid over \$50,000		DIRECTOR				
JEREMY M. HIRST 5029 SAN JOAQUIN DRIVE SAN DIEGO, CA 92109 0.00 0.0. 0.0. JESSICA F. HIRST C/O MASON HIRST COS., P.O. BOX 320307 ALEXANDRIA, VA 22320 0.00 0.00 0.0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (c) Compensation addeded compensation (c) Compens		0 00	0	0		٥
SAN DIEGO, CA 92109 0.00 0. 0. 0.			0.	<u>0.</u>		<u> </u>
SAN DIEGO, CA 92109 JESSICA F. HIRST C/O MASON HIRST COS., P.O. BOX 320307 ALEXANDRIA, VA 22320 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Commututors to employee based in plans account, other allowances (e) Compensation Total number of other employees paid over \$50,000		DIRECTOR				
JESSICA F. HIRST C/O MASON HIRST COS., P.O. BOX 320307 ALEXANDRIA, VA 22320 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position NONE (c) Compensation (d) Combune to compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (e) Expense account, other allowances Total number of other employees paid over \$50,000		0.00	0	n		Ω
C/O MASON HIRST COS., P.O. BOX 320307 ALEXANDRIA, VA 22320 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position NONE (c) Compensation (d) Contributions to employee each plans account, other allowances (e) Expense account, other allowances Total number of other employees paid over \$50,000						
ALEXANDRIA, VA 22320 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position NONE (c) Compensation (d) Contributions to employee breeft plans and obtained compensation (e) Expense account, other allowances Total number of other employees paid over \$50,000		DIRECTOR				
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position NONE (c) Compensation employee benefit plans and determed compensation (e) Expense account, other employees paid over \$50,000		0.00	0	0		0
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Combutuons to employee benefit plans account, other allowances (e) Expense account, other allowances	TEDINALDICITY VII EEOEO	0.00		•		.
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Combutuons to employee benefit plans account, other allowances (e) Expense account, other allowances						
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Combutuons to employee benefit plans account, other allowances (e) Expense employee employee paid more than \$50,000 NONE Total number of other employees paid over \$50,000						
(a) Name and address of each employee paid more than \$50,000 NONE Ce) Compensation employee made desired and deterred allowances Account, other allowances Account, other allowances Total number of other employees paid over \$50,000	2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
NONE Compensation Adelered	(a) Name and address of each amployee hald more than \$50,000		(a) Companyation	employee benefit plans	(e) E	xpense
Total number of other employees paid over \$50,000 ▶ 0	(a) Name and address of each employee paid more than \$50,000		(c) Compensation	and deterred	accou	wances
Total number of other employees paid over \$50,000 ▶ 0	NONE					
Total number of other employees paid over \$50,000 ▶ 0						
Total number of other employees paid over \$50,000 ▶ 0						
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	Total number of other employees paid ever \$50,000	L	L		<u> </u>	<u></u>
	Total number of other employees hair over \$50,000			Form	990-P	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)			
Pive highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation	n)n
NONE			
otal number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	>		0
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 beneficiaries served, conferences convened, research papers produced, etc.		Expenses	
N/A	-	0	
	ļ <u>.</u>	0	•
	-		
	-		
Part IX-B Summary of Program-Related Investments			_
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 N/A		Amount	
	 		
All other program-related investments. See instructions			
otal. Add lines 1 through 3		0	_

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndation	s, 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	10,652,570.
b		1b	10,652,570.
c	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	10,669,831.
е	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	10,669,831.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	160,047.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	10,509,784.
6	Minimum investment return Enter 5% of line 5	6	525,489.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part (d certai	n
1	Minimum investment return from Part X, line 6	1	525,489.
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) 2b		
C	Add lines 2a and 2b	2c	61.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	525,428.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	525,428.
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	525,428.
P	art XII Qualifying Distributions (see instructions)	······································	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	494,500.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
þ	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	494,500.
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	61. 494,439.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	jualifies	for the section

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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,				525,428.
2	Undistributed income, if any, as of the end of 2009				· · · · · · · · · · · · · · · · · · ·
	a Enter amount for 2008 only			491,330.	
١	b Total for prior years		0.		
3	Excess distributions carryover, if any, to 2009				
	a From 2004				
	b From 2005				
	€ From 2006				
	d From 2007				
	e From 2008				
	f Total of lines 3a through e	0.			
	Qualifying distributions for 2009 from				
·	Part XII, line 4 ▶\$ 494,500.				
	a Applied to 2008, but not more than line 2a			491,330.	
	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				3,170.
	e Remaining amount distributed out of corpus	0.	······································		
_	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		,		
:	2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
	b Prior years' undistributed income. Subtract				······································
	line 4b from line 2b		0.		
1	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.		
ı	e Undistributed income for 2008. Subtract line				
	4a from line 2a Taxable amount - see instr			0.	
1	f Undistributed income for 2009 Subtract				
	lines 4d and 5 from line 1. This amount must				
	be distributed in 2010				522,258.
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3)	0.			
8	Excess distributions carryover from 2004				
	not applied on line 5 or line 7	0.	······		
g	Excess distributions carryover to 2010				
	Subtract lines 7 and 8 from line 6a	0.	·····		
	Analysis of line 9				
	a Excess from 2005				
	b Excess from 2006				
	c Excess from 2007				
	d Excess from 2008				
	e Excess from 2009				5 000 DE (0000)

	HIRST FOUNDA			20-80	50841 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VI	l:A, question 9)	- N/A- — -	
1 a If the foundation has received a ruling of	or determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	or 2009, enter the date of t	the ruling	▶		
b Check box to indicate whether the found	dation is a private operatir	ng foundation described	in section	4942(j)(3) or 49	942(j)(5)
2 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					
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)					
(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	rmation (Comple	te this part only	if the foundation	had \$5,000 or me	ore in assets
at any time during t	the year-see the i	nstructions.)			
Information Regarding Foundation List any managers of the foundation whyear (but only if they have contributed reconstructions).	o have contributed more t	than 2% of the total cont ection 507(d)(2))	ributions received by the	foundation before the clo	se of any tax
THOMSON M. HIRST					
b List any managers of the foundation who ther entity) of which the foundation ha	o own 10% or more of the s a 10% or greater interes	e stock of a corporation (st	(or an equally large porti	on of the ownership of a p	artnership or
NONE -					
2 Information Regarding Contribut Check here ► X if the foundation of the foundation makes gifts, grants, etc	only makes contributions t	to preselected charitable	organizations and does i	not accept unsolicited requ omplete items 2a, b, c, and	iests for funds f d
a The name, address, and telephone num	ber of the person to whor	n applications should be	addressed	-	
b The form in which applications should t	e submitted and informat	tion and materials they sl	nould include		
c Any submission deadlines				i-	
d Any restrictions or limitations on award	s, such as by geographica	al areas, charitable fields,	kinds of institutions, or	other factors	

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Form 990-PF (2009) MASON HIRST FOUNDATION, INC. 20-8050841 Page 11 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager or substantial contributor Name and address (home or business) a Paid during the year SEE STATEMENT 7 ► 3a 494,500. b Approved for future payment NONE

0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income			ided by section 512, 513, or 514	(e)	
	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income	
1 Program service revenue	code		code	7.11100111	1011011011110	
a			ļ			
b						
C						
d						
e			ļ <u>.</u>			
						
g Fees and contracts from government agencies						
2 Membership dues and assessments		_				
3 Interest on savings and temporary cash						
investments						
4 Dividends and interest from securities			14	6,063.		
5 Net rental income or (loss) from real estate						
a Debt-financed property					-	
b Not debt-financed property						
6 Net rental income or (loss) from personal						
property						
7 Other investment income						
8 Gain or (loss) from sales of assets other						
than inventory						
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue		- -				
a						
b						
C						
d						
e						
12 Subtotal Add columns (b), (d), and (e)		0.		6,063.	0.	
13 Total. Add line 12, columns (b), (d), and (e)					6,063.	
(See worksheet in line 13 instructions to verify calculations)						
	Al A	tish		1 D		
Part XVI-B Relationship of Activities to	tne Acco	omplishment of Ex	emp	t Purposes		
Line No. Explain below how each activity for which incom	e is reported i	in column (e) of Part XVI-A	contril	outed importantly to the accom	plishment of	
the foundation's exempt purposes (other than b				, , , , , , , , , , , , , , , , , , , ,		
						
			-			
	··· ······				······································	
						
						
						
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For	n 990-l	PF (2009) MASON	HIRST FOUNDATI	ON, INC.	20-80	50841	Pa	age 13
P	art X	/II Information Re Exempt Organ		and Transactions a	and Relationships With Nonc	haritable)	_
1	` Did th	e organization directly or indi	rectly engage in any of the following	ng with any other organization	on described in section 501(c) of		Yes	No
)(3) organizations) or in section 53		izations?			
а			ation to a noncharitable exempt or	ganization of				
	(1) (1a(1)	 	X
		Other assets				1a(2)		X
D		transactions					•	v
		Sales of assets to a noncharita	· · · · · · · · · · · · · · · · · · ·			1b(1)	 	X
			ncharitable exempt organization			1b(2)		X
		Rental of facilities, equipment, Reimbursement arrangements				1b(3) 1b(4)		X
		oans or loan guarantees				1b(5)		X
			embership or fundraising solicitation	ons		1b(6)		X
C			uling lists, other assets, or paid em			1c		Х
d		- · · · · · · · · · · · · · · · · · · ·	= :	· -	vays show the fair market value of the good	ds, other ass	ets,	
		•	•	- · ·	e in any transaction or sharing arrangemer			
	colun	nn (d) the value of the goods,	other assets, or services received					
(a)	Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions,	and sharing arr	rangeme	ents
			N/A					
				 				
		·						
								——
				·				
								
				·				
2a	Is the	foundation directly or indirect	tly affiliated with, or related to, one	or more tax-exempt organiz	zations described			
	ın sec	tion 501(c) of the Code (othe	r than section 501(c)(3)) or in sec	tion 527?		Yes	X	□No
<u>_b</u>	If "Ye	s," complete the following sch		1				
		(a) Name of org	janization	(b) Type of organization	(c) Description of relate	onship		
		N/A						
					, , , , , , , , , , , , , , , , , , , ,			
	Under p	enalties of perjury, I declare that I h	nave examined this return, including acco	ompanying schedules and statem	ents, and to the best of my knowledge and belief,	it is true, corre		
	and cor	nplete Declaration of preparer (other	er than taxpayer or fiduciary) is based on	all information of which preparer	has any knowledge			
İ		1/mm		11/6/20/0	Director / Cda	~		
ere	₹	plature of officer or trustee		Date	Julie (
Sign Here		Preparer's		<i>1</i> D		eparer's identify	/ing nur	nber
Sig	ڇَاڍَ ج		rus 1. tases	1	U/4/10 self- employed ►			
	Preparer' Use O∰	Firm's name (or yours YOUN		UR, P.C.	EIN ►			
	Pre Us	if self-employed), 608	SOUTH KING STRE					_
\Box		address, and ZIP code LEES	BURG, VIRGINIA	20175	Phone no (70	13) 77	<u>7–7</u>	<u>739</u>

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

990-PF

Current Year Deduction	• • •
Current Sec 179	•
Accumulated Depreciation	261.
Basis For Depreciation	261.
* Reduction In Basis	Ċ
Bus % Excl	
Unadjusted Cost Or Basis	261.
No	43
Life	6 0 М
Method	
Date Acquired	120106248
Description	ORGANIZATIONAL 1COSTS * TOTAL 990-PF PG 1 DEPR & AMORT
Asset	

(D) - Asset disposed

928102 06-24-09

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECU	RITIES	STATEMENT	1		
SOURCE		CAPITAL GAINS GROSS AMOUNT DIVIDENDS		COLUMN (A) AMOUNT					
WACHOVIA SECURITIES			6,063.		0.	6,0	6,063.		
TOTAL TO FM 990-PF, PART I, I	6,063.			0.	6,0	6,063.			
FORM 990-PF		LEGAL	FEES			STATEMENT	2		
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM				
OTHER PROFESSIONAL FEES		5,430.		0.			0.		
TO FM 990-PF, PG 1, LN 16A	 	5,430.		0.			0.		
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	3		
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		(D) CHARITABLE PURPOSES		
ACCOUNTING		3,211.		0.			0.		
TO FORM 990-PF, PG 1, LN 16B		3,211.		0.			0.		
FORM 990-PF		TAX	ES			STATEMENT	4		
DESCRIPTION -	EXPE	A) NSES BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM	(D) CHARITA E PURPOS			
FRANCHISE TAX INCOME TAX		50. 2,033.		0.			0.		
TO FORM 990-PF, PG 1, LN 18		2,083.		0.			0.		

FORM 990-PF	OTHER EXPENSES			STATEMENT 5			
	(A) PENSES R BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM			
MISCELLANEOUS EXPENSES	1,227.		0.			0.	
TO FORM 990-PF, PG 1, LN 23	1,227.	. 0				0.	
FORM 990-PF DEPRECIATION OF AS	SETS NOT	HELD FOR	INVE	STMENT	STATEMENT		
DESCRIPTION	COST OR OTHER BASIS		ACCUMULATED DEPRECIATION		BOOK VALU	E	
ORGANIZATIONAL COSTS		261.		261.		0 .	

	AND CONTRIBUTIONS DURING THE YEAR	STATEMENT			
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT		
PHOENIX PROJECT PO BOX 2304 SPRINGFIELD, VA 22152	NONE FURTHERANCE OF CHARITABLE PURPOSES	501 (C) 3	60,000.		
REGENTS UNIVERSITY OF CALIFORNIA 9500 GILMAN DRIVE LAJOLLA, CA 92093	NONE FURTHERANCE OF CHARITABLE PURPOSES	501 (C) 3	20,000.		
FRACTURED ATLAS 248 WEST 35TH STREET NEW YORK, NY 10001	NONE FURTHERANCE OF CHARITABLE PURPOSES	501 (C) 3	11,000.		
BREAKTHROUGH TECHNOLOGIES, INC 1100 H STREET, N.W., SUITE 800 WASHINGTON, DC 20005	NONE FURTHERANCE OF CHARITABLE PURPOSES	501 (C) 3	10,000.		
FABRETTO CHILDRENS FOUNDATION 3124 NORTH 10TH ST., 2ND FLOOR ARLINGTON, VA 22201	NONE FURTHERANCE OF CHARITABLE PURPOSES	501 (C) 3	23,500.		
RESTON INTERFAITH, INC. 11150 SUNSET HILLS ROAD, SUITE 210 RESTON, VA 20190	NONE FURTHERANCE OF CHARITABLE PURPOSES	501 (C) 3	55,000.		
SIMON'S ROCK COLLEGE FUND 84 ALFORD RD. GREAT BARRINGTON, MA 01230	NONE FURTHERANCE OF CHARITABLE PURPOSES	501 (C) 3	25,000.		
WETA SUITE 100 ARLINGTON, VA 22206		501 (C) 3	10,000.		

MASON HIRST FOUNDATION, INC.					20-8050841
ST. VINCENT DE PAUL VILLAGE 3350 E ST SAN DIEGO, CA 92102	NONE FURTHERANCE OF CHARITABLE PURPOSES	501	(C)	3	50,000.
KPBS 5200 CAMPANILE DRIVE SAN DIEGO, CA 92182	NONE FURTHERANCE OF CHARITABLE PURPOSES	501	(C)	3	5,000.
FRIENDS OF ALEXANDRIA MENTAL HEALTH 720 N. ST. ASAPH STREET ALEXANDRIA, VA 22314	NONE FURTHERANCE OF CHARITABLE PURPOSES	501	(C)	3	7,500.
AMISTAD MISSION 55 SCOTT STREET BUFORD, GA 30518	NONE FURTHERANCE OF CHARITABLE PURPOSES	501	(C)	3	10,000.
ALIVE 27223 KING STREET ALEXANDRIA, VA 22302	NONE FURTHERANCE OF CHARITABLE PURPOSES	501	(C)	3	15,000.
DEMOCRACY NOW 207 WEST 25TH STREET, 11TH FLOOR NEW YORK, NY 10001	NONE FURTHERANCE OF CHARITABLE PURPOSES	501	(C)	3	5,000.
WAMU 4000 BRANDYWINE STREET NW WASHINGTON, DC 20016	NONE FURTHERANCE OF CHARITABLE PURPOSES	501	(C)	3	7,500.
CARPENTER'S SHELTER 930 NORTH HENRY STREET ALEXANDRIA, VA 22314	NONE FURTHERANCE OF CHARITABLE PURPOSES	501	(C)	3	5,000.
THE COMMUNITY FOUNDATION FOR THE NATIONAL CAPITAL REGION 1201 15TH STREET NW, SUITE 420 WASHINGTON, DC 20005	FURTHERANCE OF	501	(C)	3	160,000.
OXFAM 2226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114	NONE FURTHERANCE OF CHARITABLE PURPOSES	501	(C)	3	10,000.

MASON HIRST FOUNDATION, INC.

20-8050841

ST. JUDE CATHOLIC CHURCH FBO CEAMCOS 3930·17TH STREET SARASOTA, FL 34235

NONE FURTHERANCE OF CHARITABLE PURPOSES 501 (C) 3 5,000.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

494,500.

_	0000 (B 4.0000)							
	8868 (Rev 4-2009)		_		Page 2			
	you are filling for an Additional (Not Automatic) 3-Month Extension, complete only Part II and che			•	(X)			
	Only complete Part II if you have already been granted an automatic 3-month extension on a previous	ously filed F	orm 8868					
	vou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Additional (Not Automatic) 3-Month Extension of Time. Only file the orig			n				
Pa			Employer identification number					
Туре	or Name of Exempt Organization		Employer i	dentification	number			
print	MASON HIRST FOUNDATION, INC.	20-8050841						
File by extend due da	ed Number, street, and room or suite no. If a PO box, see instructions.		For IRS use only					
filing the return See Instructions ALEXANDRIA, VA 22320								
Chec	k type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 10 Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 47	=	Form 52:		orm 8870			
STO	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a	previous	ly filed Forr	n 8868.				
	CORPORATE OFFICER				-			
• Th	ne books are in the care of P.O. BOX 320307 - ALEXANDRIA, VA 2	2320						
	elephone No ► 571-312-7484 FAX No ►				 .			
	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	is for the w	hole group, ct	neck this			
box	If it is for part of the group, check this box and attach a list with the names and E	INs of all m	nembers the	extension is f	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							
6	If this tax year is for less than 12 months, check reason: Initial return Final return	ım i	L Chang	e in accountin	g period			
7	State in detail why you need the extension	·····						
	WE CURRENTLY DO NOT HAVE THE INFORMATION NECESSAR	Y FOR	A COM	PLETE				
	AND ACCURATE RETURN							
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 \$		121.			
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estima	ted						
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid							

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

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.

Signature ► Title ►

previously with Form 8868

Form 8868 (Rev 4-2009)

8b

8c

Date 🕨

367.

0.