DLN: 93491022001029

OMB No 1545-0052

2017

## **Return of Private Foundation**

Form 990-PF Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

or	caler	ndar year 2017, or tax year beginning 12-01-20	)17 , a	nd er	nding 11-30-	2018			
		indation IRON FOUNDATION			A Employer Id	entification numbe	r		
	IL JOFT	INON FOUNDATION			52-1199140				
		d street (or P O box number if mail is not delivered to street address)	Room/suite		<b>B</b> Telephone nu	mber (see instruction	ıs)		
5	550 PA)	(FORD COURT			(410) 206-1056				
City or town, state or province, country, and ZIP or foreign postal code FAIRFAX, VA 22032						application is pending	check here		
FAIR	.FAX, V/	4 22032			C II exemption	application is pending	b □		
G C	neck al	I that apply Initial return Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganızatıons, check he	re ▶ □		
		☐ Final return ☐ Amended return				ganizations meeting k here and attach cor			
		Address change Name change				undation status was t			
_		pe of organization Section 501(c)(3) exempt private				n 507(b)(1)(A), chec			
			e private foundation						
of	year <i>(f</i>	rom Part II, col (c),	☑ Cash ☐ Accru	ıal		ation is in a 60-month n 507(b)(1)(B), checl			
line	9 16)▶	\$ 996,666	be on cash basis )						
Da	rt I	Analysis of Poyonus and Evnonsos (The head	T .	T			/d\ D.=b=======		
ΡC	LLT	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b)	Net investment	(c) Adjusted net	(d) Disbursements for charitable		
		equal the amounts in column (a) (see instructions) )	books		income	ıncome	purposes (cash basıs only)		
	1	Contributions, gifts, grants, etc , received (attach							
		schedule)							
	2	Check ► ✓ if the foundation is <b>not</b> required to attach Sch B							
	3	Interest on savings and temporary cash investments	68	3	68	68			
	4	Dividends and interest from securities	25,218	3	25,218	25,218			
	5a	Gross rents							
	ь	Net rental income or (loss)							
ĸıe	6a	Net gain or (loss) from sale of assets not on line 10	23,573	3					
Revenue	ь	Gross sales price for all assets on line 6a 263,733							
Re	7	Capital gain net income (from Part IV, line 2)			23,573				
	8	Net short-term capital gain				0			
	9	Income modifications							
	10a	Gross sales less returns and allowances	<u> </u>						
	b c	Less Cost of goods sold	<u>]</u>	1					
		Other income (attach schedule)	96		96	96			
	11	Total. Add lines 1 through 11	48,955		48,955	25,382			
	12	Compensation of officers, directors, trustees, etc	<u> </u>		40,933	23,362	30,00		
	13 14	Other employee salaries and wages	30,000	<u>'</u>	0	0	30,00		
ıΛ	15	Pension plans, employee benefits		1					
Se	16a	Legal fees (attach schedule)							
<u>ē</u>	ь	Accounting fees (attach schedule)	3,440		0	0	3,44		
Operating and Administrative Expenses	c	Other professional fees (attach schedule)	8,883		8,883	8,883			
ΙΛe	17	Interest	<u> </u>	<del>                                     </del>	·	· ·			
<u>E</u>	18	Taxes (attach schedule) (see instructions)							
3	19	Depreciation (attach schedule) and depletion							
Ē	20	Occupancy		$\vdash$					
ğ	21	Travel, conferences, and meetings		<u> </u>					
ä	22	Printing and publications							
Ď.	23	Other expenses (attach schedule)	<b>9</b> 2) 2	2	2	2	ı		
a <u>E</u>	24	Total operating and administrative expenses.							
<u>8</u>		Add lines 13 through 23	42,325	5	8,885	8,885	33,44		
$\supset$	25	Contributions, gifts, grants paid	38,738	3			38,73		
	26	Total expenses and disbursements. Add lines 24 and							
	27	Subtract line 26 from line 12	81,063	3	8,885	8,885	72,17		
	27 a	Subtract line 26 from line 12  Excess of revenue over expenses and	-32,108	,					
	4	disbursements	-52,100						
	Ь	Net investment income (if negative, enter -0-)		_	40,070				
	С	Adjusted net income(if negative, enter -0-)				16,497	000 ==		

	1					
		Less allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule)				
		Less allowance for doubtful accounts ▶				
1	8	Inventories for sale or use				
í	9	Prepaid expenses and deferred charges				
	10a	Investments—U S and state government obligations (attach schedule)				
	Ь	Investments—corporate stock (attach schedule)	526,997	<b>%</b> J	525,571	525,571
	l c	Investments—corporate bonds (attach schedule)	108,506	• <u>•</u>	81,909	81,909
	11	Investments—land, buildings, and equipment basis				
		Less accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)	389,762	<b>سخ</b> ا	362,694	362,694
	14	Land, buildings, and equipment basis				
		Less accumulated depreciation (attach schedule)				
	15	Other assets (describe )				
	16	Total assets (to be completed by all filers—see the				
		instructions Also, see page 1, item I)	1,036,496		996,666	996,666

996,666

996,666

996,666

2

3

4

5

6

1,036,496

1,004,388

-32,108

7,722

996,666

Form **990-PF** (2017)

1,036,496

1,036,496

	14	Land, buildings, and equipment basis ▶		
		Less accumulated depreciation (attach schedule) ▶		
	15	Other assets (describe)		
	16	Total assets (to be completed by all filers—see the		
		ınstructions Also, see page 1, item I)	1,036,496	
	17	Accounts payable and accrued expenses		
	18	Grants payable		
)	19	Deferred revenue		
	20	Loans from officers, directors, trustees, and other disqualified persons		
	21	Mortgages and other notes payable (attach schedule)		
•	22	Other liabilities (describe)		
	23	Total liabilities(add lines 17 through 22)	0	
2		Foundations that follow SFAS 117, check here ▶ ✓ and complete lines 24 through 26 and lines 30 and 31.		
=	24	Unrestricted	1,036,496	

Liabilities

Net Assets or Fund Balances

25

26

27

28

29 30

31 Part III

2

3

4

5

Temporarily restricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . .

Foundations that do not follow SFAS 117, check here

Retained earnings, accumulated income, endowment, or other funds

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

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

**Analysis of Changes in Net Assets or Fund Balances** 

Capital stock, trust principal, or current funds . . . . . . . . . Paid-in or capital surplus, or land, bldg , and equipment fund

Total net assets or fund balances (see instructions) .

Page **3** 

	<b>(a)</b> the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1 a ST CAPITAL GAIN DISTR	IBUTION				
<b>b</b> LT CAPITAL GAIN DISTR	IBUTION				
c PUBLICLY TRADED SECU	RITIES				
d PUBLICLY TRADED SECU	RITIES				
e					
	(f)		(g)	(	h)
<b>(e)</b> Gross sales price	Depreciation allowed	I	other basis		r (loss)
	(or allowable)	plus exp	ense of sale	(e) plus (f	) mınus (g)
а	923				923
<b>b</b> 1	8,380				18,380
<b>c</b> 22	3,234		217,846		5,388
<b>d</b> 2	1,196		22,314		-1,118
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(	I)
	(i)	<u> </u>	(k)		h) gain minus
(i) F M V as of 12/31/69	Adjusted basis		of col (ı)	, , , ,	less than -0-) <b>or</b>
F M V as 01 12/31/09	as of 12/31/69	over col	l (ʒ), ıf any	Losses (fr	om col (h))
а					923
b					18,380
c					5,388
d					-1,118
e					
	gain or (loss) as defined in sections		Part I, line 7	2	23,573
in Part I, line 8	rt I, line 8, column (c) (see instructi		' }	3	-195
Part V Qualification I	Indox Costion 4040(a) for Bo	duced Tay on Not	Thurstmant Inc		
_	Jnder Section 4940(e) for Re				
For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on ne	et investment incom	e )	
f section 4940(d)(2) applies, le	eave this part blank				
	e section 4942 tax on the distributa			Y-	es 🗸 No
	ot qualify under section 4940(e) Do				
	nount in each column for each year,	see instructions before	e making any entries		
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	( <b>d)</b> Distribution rati (col (b) divided by c	
2016	60,164		983,163	(SS. (S) divided by C	0 061194
2015	66,814		958,736		0 069690
2014	78,117		1,021,555		0 076469
2013	56,130		1,051,693		0 053371
2012	78,152		1,060,508		0 073693
2 Total of line 1, column (			2		0 334417
	o for the 5-year base period—divide	the total on line 2 by 5			0 33771/
	idation has been in existence if less		, or by the		0 066883
	ncharitable-use assets for 2017 fron		4		1,028,770
<b>5</b> Multiply line 4 by line 3			5		68,807
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		401
			7		69,208
	ons from Part XII, line 4 ,				72,178
	eater than line 7, check the box in Pa			g a 1% tax rate Se	

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

\-	,
1111	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, truste	es, f	oundation managers ar	na their compensation		I
(a) Name and address	(	Title, and average hours per week  b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
iee Addıtıonal Data Table					
2 Compensation of five highest-p	aid ei	nployees (other than tl	nose included on line :	L—see instructions). If no	ne, enter "NONE."
(a) Name and address of each employee p more than \$50,000	aıd	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
IONE				(u) compensation	
		-			
		-			
		-			
<b>otal</b> number of other employees paid o	ver \$5	50,000	<u> </u>	•	
3 Five highest-paid independent					E".
(a) Name and address of each personal	on pai	d more than \$50,000	<b>(b)</b> Typ	e of service	(c) Compensation
NONE			-		
			1		
			-		
			1		
Total number of others receiving over \$5  Part IX-A Summary of Direct		<u> </u>			
ust the foundation's four largest direct charitab organizations and other beneficiaries served, co	nferen	ces convened, research paper	s produced, etc		Expenses
1 AS INDICATED IN PART XV, THE FOU	INDAI	TON ENGAGES IN NON-5.	IGNIFICANT-INVOLVEME	INT GRAINT PROGRAMS	0
3					
4					
Part IX-B Summary of Progra	m-R	elated Investments	(see instructions)		
Describe the two largest program-related in			uring the tax year on lines 1	and 2	Amount
1 NONE MADE IN THE FISCAL YEAR EN					
2 NONE MADE IN THE FISCAL YEAR EN All other program-related investments					
3	. <i>эе</i> е	mad activits			
Fotal. Add lines 1 through 3 .					
otan Add mics I tillough 3					

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

3a 3h

4

5

72.178

71.777

Form **990-PF** (2017)

401

Amounts set aside for specific charitable projects that satisfy the

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

3

4

5

a From 2012. . . . . **b** From 2013. . . . . c From 2014. . . . d From 2015. . . . . e From 2016. . . . .

XII, line 4 ▶ \$

indicated below:

3 Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2017 from Part

same amount must be shown in column (a) )

a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . **d** Applied to 2017 distributable amount. . . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

6 Enter the net total of each column as

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. . .

Subtract lines 7 and 8 from line 6a . . . . . .

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . . (d)

Form **990-PF** (2017)

Page 9

OIII	1 330-F1 (2017)	,					
R	art XIII U	ndistrib	uted Ir	come	see inst	ructions	)
							(a) Corpus
1	Distributable a	mount for	2017 fro	m Part	XI, line 7		
2	Undistributed i	ncome, if a	ny, as o	f the e	nd of 2017		
а	Enter amount	for 2016 o	nly				
b	Total for prior	years 2	.0,	20	_ , 20		

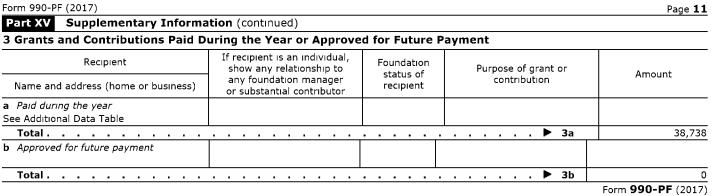
(b)

Years prior to 2016

(c)

2016

	Part XIV Private Operating Foun	<b>dations</b> (see ınstru	ictions and Part V	II-A, question 9)		
1a	If the foundation has received a ruling or d foundation, and the ruling is effective for 2			ating		
b	Check box to indicate whether the organiza	tion is a private opera	iting foundation desc	cribed in section 🗹	4942(j)(3) or	(5)(ر) 4942
<b>2</b> a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	(e) Iotai
	year listed	16,497	18,565	17,249	22,497	74,808
	85% of line 2a	14,022	15,780	14,662	19,122	63,587
С	Qualifying distributions from Part XII, line 4 for each year listed	72,178	60,164	67,051	78,117	277,510
d	Amounts included in line 2c not used directly for active conduct of exempt	0	0	0	0	0
e	Qualifying distributions made directly for active conduct of exempt activities					
3	Subtract line 2d from line 2c Complete 3a, b, or c for the	72,178	60,164	67,051	78,117	277,510
а	alternative test relied upon "Assets" alternative test—enter					
-	(1) Value of all assets					O
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	34,293	32,772	31,958	14,998	114,021
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)					0
	(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					0
	from an exempt organization					O
	(4) Gross investment income  Supplementary Information	/Complete this	nart only if the o	ranization had	t & E 000 or more	0
Pa	art XV assets at any time during t			n yanızatıdır nau	1 \$5,000 OI IIIOI	
1 a	Information Regarding Foundation Ma List any managers of the foundation who ha before the close of any tax year (but only	nagers: ave contributed more	than 2% of the total			n
b	List any managers of the foundation who over ownership of a partnership or other entity)	vn 10% or more of the	e stock of a corporat	ion (or an equally la		
2	Information Regarding Contribution, G	rant, Gift, Loan, Sch	olarship, etc Pro	grams:		
	Check here ► ☑ If the foundation only ma		• • • • • • • • • • • • • • • • • • • •	_	does not accent	
	unsolicited requests for funds If the found other conditions, complete items 2a, b, c,	ation makes gifts, gra				der
a	The name, address, and telephone number	or email address of t	he person to whom a	applications should b	e addressed	
b	The form in which applications should be si	ubmitted and informat	on and materials th	ey should include		
-c	Any submission deadlines					
d	Any restrictions or limitations on awards, s factors	uch as by geographica	al areas, charitable fi	elds, kınds of ınstıtu	tions, or other	



ter gross	amounts unless otherwise indicated	Unrelated bu	ısıness ıncome	Excluded by section	512, 513, or 514	(e) Related or exempt
_	service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
е	<u> </u>					
_	and contracts from government agencies					
Intere	rship dues and assessments st on savings and temporary cash ments			14	68	
	ds and interest from securities			14	25,218	
Net ren	tal income or (loss) from real estate					
	financed property					
	ebt-financed property notes in the state of the					
				14	0.0	
	r (loss) from sales of assets other than			14	96	
	ory			18	23,573	
	ome or (loss) from special events					
	profit or (loss) from sales of inventory					
<b>b</b>	evenue <b>a</b>					
e						
e			0		48,955	
e Subtota Total.	al Add columns (b), (d), and (e)		0	13	48,955	
e Subtota Total. (See wo		ations )		13		
e Subtota Total. (See wo	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul	ations ) e Accomplish income is report		pt Purposes  Part XVI-A contribut	ted importantly to	
eSubtota Total. (See wo	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplish income is report		pt Purposes  Part XVI-A contribut	ted importantly to	
eSubtota Total. (See wo	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplish income is report		pt Purposes  Part XVI-A contribut	ted importantly to	
eSubtota Total. (See wo	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplish income is report		pt Purposes  Part XVI-A contribut	ted importantly to	
e Subtota Total. (See wo art XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplish income is report		pt Purposes  Part XVI-A contribut	ted importantly to	
e Subtota Total. (See wo art XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplish income is report		pt Purposes  Part XVI-A contribut	ted importantly to	
eSubtota Total. (See wo	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplish income is report		pt Purposes  Part XVI-A contribut	ted importantly to	
eSubtota Total. (See wo	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplish income is report		pt Purposes  Part XVI-A contribut	ted importantly to	
e Subtota Total. (See wo art XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplish income is report		pt Purposes  Part XVI-A contribut	ted importantly to	
e Subtota Total. (See wo art XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplish income is report		pt Purposes  Part XVI-A contribut	ted importantly to	
eSubtota Total. (See wo	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplish income is report		pt Purposes  Part XVI-A contribut	ted importantly to	
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eSubtota Total. (See wo	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplish income is report		pt Purposes  Part XVI-A contribut	ted importantly to	
e Subtota Total. (See wo art XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplish income is report		pt Purposes  Part XVI-A contribut	ted importantly to	
e Subtota Total. (See wo art XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplish income is report		pt Purposes  Part XVI-A contribut	ted importantly to	
e Subtota Total. (See wo art XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplish income is report		pt Purposes  Part XVI-A contribut	Bted importantly to	
e Subtota Total. (See wo art XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplish income is report		pt Purposes  Part XVI-A contribut	Bted importantly to	
eSubtota Total. (See wo	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplish income is report		pt Purposes  Part XVI-A contribut	Bted importantly to	
eSubtota Total. (See wo	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplish income is report		pt Purposes  Part XVI-A contribut	Bted importantly to	
eSubtota Total. (See wo	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplish income is report		pt Purposes  Part XVI-A contribut	Bted importantly to	
eSubtota Total. (See wo	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplish income is report		pt Purposes  Part XVI-A contribut	Bted importantly to	48,955

orm 9	90-P	F (20	17)											Pa	ge <b>13</b>
Par	: XV	П	Information Re Exempt Organia		ransf	ers To a	ind Trans	actio	ns and I	Relatio	nships With Nor	ncharital	ole		
			nization directly or inc de (other than section									on 501		Yes	No
a Tra	nsfer	rs fro	m the reporting found	dation to a n	ionchai	ritable exe	empt organiz	ation	of						
(1	) Ca	sh.										. 1	a(1)		No
(2	) Otl	her a	ssets									. 1	a(2)		No
<b>b</b> Ot	ner tr	ansa	ctions												ĺ
(1	) Sal	les of	assets to a noncharı	table exemp	t orgar	nızatıon.						. 11	b(1)		No
•			es of assets from a n					•				_	b(2)		No
•			of facilities, equipmen	-				•				_	b(3)		No
-			rsement arrangemen					•				_	b(4)		No
•			r loan guarantees.									_	b(5)		No
•			ance of services or me	•		_							b(6) 1c		No No
	_		cilities, equipment, m r to any of the above			-									NO
ın	any ti	ransa	other assets, or serviction or sharing arrai	ngement, sh	ow in o	column (d	l) the value	of the	goods, ot	her asset	s, or services receiv	ved			
(a) Lin	e No	(	<b>b)</b> Amount involved	(c) Name of	noncha	rıtable exer	mpt organizati	on	(d) Desc	cription of	ransfers, transactions,	and sharing	arra	ngemen	ts
de	cribe	ed in " com	section directly or indirectly or indirectly of the splete the following so	Code (other		section 50	1(c)(3)) or ı	n sect	ion 527?				Yes	<b>✓</b>	No
			(a) Name of organizatio	<u>n</u>		(6	) Type of orga	mizatio	ın		(c) Description	or relations	шр		
	Ur	nder	penalties of perjury, :	I declare tha	t I hav	e examin	ed this retur	n, ıncl	uding acc	l ompanyıı	ng schedules and sta	atements,	and	to the	best
Ci~	of wl	my l	knowledge and belief preparer has any kno	, it is true, c								sed on all	ınfor	matio	n of
Sign Here		**:	***				2019-01-0	3	*	****		May the I return			
i i e i t	1	_					<u> </u>		— <b>)</b> -			with the below	prepa	rer shov	vn
	'	Sıg	nature of officer or tr	rustee			Date		, ,	itle		(see insti	- )2 [	<b>✓</b> Yes	□ <sub>No</sub>
	1		Print/Type preparer's	name	Prena	rer's Sian	ature		Data			DTINI			

Paid

Check if self-P01221859 employed ightharpoonupCHRISTOPHER SELID 2019-01-08 **Preparer** Firm's name ▶ SENTRY ACCOUNTING GROUP Firm's EIN ▶46-0529732 **Use Only** Firm's address ▶ 6600 SW 92ND AVE STE 140

PORTLAND, OR 97223

Phone no (503) 292-7190

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation HOPE E GROVE SECRETARY/TREASURER 12,000 0 5 00 14490 NW OAK HILLS DRIVE BEAVERTON, OR 97006 DANIEL R GROVE 9,000 PRESIDENT O 5 00 5550 PAXFORD COURT FAIRFAX, VA 22032 9,000 KATHRYN A HIBSCHMAN VICE PRESIDENT 5 00 6716 NE 23RD AVENUE PORTLAND, OR 97211 CATHERINE GROVE DIRECTOR 0 0 0 00 5550 PAXFORD COURT FAIRFAX, VA 22032 ALEXIS H MANCHIO DIRECTOR n 0 00 15100 NW OAKHILLS DRIVE BEAVERTON, OR 97006 JEFFREY V MANCHIO DIRECTOR 0 0 0.00 15100 NW OAKHILLS DRIVE BEAVERTON, OR 97006 JUDITH E MANCHIO DIRECTOR 0 0 0 00 4541 NE 22ND AVENUE PORTLAND, OR 97211 JESSE BATTY DIRECTOR 0 0.00 6716 NE 23RD AVENUE PORTLAND, OR 97211 CRAIG MANCHIO DIRECTOR 0 0

0 00

4541 NE 22ND AVENUE PORTLAND, OR 97211

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

PORTLAND, OR 97202	TO SUPPORT ORGANIZATIONAL NEEDS	1,217
MAKE-A-WISH FOUNDATION 2000 SW 1ST AVENUE SUITE 410 PORTLAND, OR 97201	TO SUPPORT ORGANIZATIONAL NEEDS	15,000
MCAULIFFE-SHEPARD DISCOVERY CENTER	TO SUPPORT TWELVE STUDENTS' TUITION AND MEALS	8,900

STUDENTS' TUITION AND	MEALS
AT SUMMER CAMP IN THE	
TOUCH THE FUTURE, INC	
PROGRAM	
	· · · · · · · · · · · · · · · · · · ·

	CENTER	STUDENTS' TUITION AND MEAL	S
	2 INSTITUTE DR	AT SUMMER CAMP IN THE	
	CONCORD, NH 03301	TOUCH THE FUTURE, INC	
ı	,	PROGRAM	

·		PROGRAM	

За

		11(0010111	
Total	 		38,738

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

or substantial contributor

Name and address (home or business)

3a

	or substantial contributor		
a Paid during the year			
OZONE HOUSE 1705 WASHTENAW AVENUE ANN ARBOR, MI 48104		TO SUPPORT ORGANIZATIONAL NEEDS	2,121
TANZANIAN CHILDREN'S FUND		TO SUPPORT MOBILE CLINICS	7,500

recipient

9 WATERHOUSE STREET CAMBRIDGE, MA 02138			·
NW KIDNEY KIDSPO BOX 230075		TO SUPPORT ORGANIZATIONAL	1,000

CAMBRIDGE, MA U2138			
NW KIDNEY KIDSPO BOX 230075 PORTLAND, OR 97219		TO SUPPORT ORGANIZATIONAL NEEDS	

NW KIDNEY KIDSPO BOX 230075 TO SUPPORT ORGANIZATIONAL PORTLAND, OR 97219 NEEDS
--

PORTLAND, OR 97219		NEEDS	_
Total	 		38,738

Recipient Foundation If recipient is an individual, Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

a Paid during the year			
OAK HILLS PTO2625 NW 153RD AVE		TO SUPPORT ORGANIZATIONAL	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

or substantial contributor

Name and address (home or business)

3a

BEAVERTON, OR 97006	NEEDS	
Total	 · · · · · · · · · · · · · · · · · · ·	38,738

3,000

EAVERTON, OR 37000	NEEDS	
Total	 	

efile GRAPHIC print - DO NOT PRO	OCESS As Filed	Data -	D	LN: 93491022001029				
TY 2017 Accounting Fees Schedule								
1	Name: THE SOPHRON FOUNDATION							
	<b>EIN:</b> 52-119	9140						
Accounting Fees Schedule								
Category	Amount	Net Investmen Income	t Adjusted Net Income	Disbursements for Charitable Purposes				

3,440

3,440

ACCOUNTING FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491022001029		
TY 2017 Investments Corporate Bonds Schedule				
		ALIND ATTON		

81,909

81,909

Name: THE SOPHRON FOUNDATION

**EIN:** 52-1199140

CORPORATE BONDS

Investments Corporate Bonds Schedule			
Name of Bond	End of Year Book	End of Year Fair	
	Value	Market Value	

DLN: 93491022001029

Name: THE SOPHRON FOUNDATION

**EIN:** 52-1199140

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCK	525,571	525,571

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491022001029				
TY 2017 Investments - Other Schedule						
Name:	THE SOPHRON FO	UNDATION				
EIN:	52-1199140					
Investments Other Schedule 2		4				

Investments Other Schedule 2					
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value		
MUTUAL FUNDS	AT COST	362,694	362,694		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491022001029
TY 2017 Other Decreases Scho	edule	
Name:	THE SOPHRON FOUNDATION	
EIN:	52-1199140	
De	escription	Amount
NET UNREALIZED INVESTMENT LOSSES		7,722

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	: 93491022001029		
TY 2017 Other Expenses Schedule						
Name:	THE SOPHRON	FOUNDATION				
	52-1199140	TOUNDATION				
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

ADR FEE

Name: THE SOPHRON FOUNDATION

As Filed Data -

**EIN:** 52-1199140

AMORTIZATION OF BOND PREMIUMS AND DISCOUNTS

efile GRAPHIC print - DO NOT PROCESS

Other	Income	Schedul

Other Income Schedule			
Description	Revenue And	Net	

nd	Net Investment

**Adjusted Net Income** 

96

96

96

Income

DLN: 93491022001029

Expenses Per Books

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLI	N: 93491022001029		
TY 2017 Other Professional Fees Schedule						
	THE CODING					
name:	THE SOPHRO	N FOUNDATION				
EIN:	52-1199140					
<u> </u>	-			1		

22 1199140				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

8,883

8,883

8,883

INVESTMENT MANAGEMENT FEES