Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

2018
Open to Public Inspection

For	calen	dar year 2018 or tax year beginning	,	2018, and	ending		, 20
	ne of four				A Employe	r identification numb	er
Th	e Bla	ackthorn Foundation			82-33	393745	•
		street (or P O box number if mail is not delivered to street address)		Room/suite	B Telephor	e number (see instruc	tions)
99	09 De	eerfield Pond Drive			(703)	759-0333	
City	or town,	state or province, country, and ZIP or foreign postal code			1	ion application is pend	ding, check here ▶
Gr	eat 1	Falls VA 22066					_
_			n of a former p	ublic charity	D 1. Foreigi	n organizations, check	here ►
		Final return Amended	return	•		n organizations meetin	_
,		Address change Name cha	nge	A1		here and attach comp	
Н	Check	type of organization Section 501(c)(3) exempt p	rivate founda	tion M		foundation status was	
		n 4947(a)(1) nonexempt charitable trust Other tax			section 5	07(b)(1)(A), check here	P
1	Fair m	narket value of all assets at J Accounting method	I⊠ Cash [Accrual	F If the four	ndation is in a 60-mon	th termination
	end of	f year (from Part II, col. (c), Other (specify)				ction 507(b)(1)(B), chec	
	line 16	(Part I, column (d) must be	e on cash basis)			
Pa	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue a	nd			(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses pe	, (D) NE	t investment ncome	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions))	DOOKS				(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	174,3	74.			
	2	Check ► ☐ if the foundation is not required to attach Sch B				· · · · · · · · · · · · · · · · · · ·	
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities		34	34.		
	5a	Gross rents					
	b	Net rental income or (loss)					
ne	6a	Net gain or (loss) from sale of assets not on line 10					
ē	b	Gross sales price for all assets on line 6a					
Revenue	7	Capital gain net income (from Part W-line 2) Net short-term capital gain					
Œ	8	Net short-term capital gain					
	9	Income modifications Gross sales less returns and allowances 2 2 2019 Less Cost of goods spid					
	10a	Gross sales less returns and allowandes 2 2 2019 Less Cost of goods sold					
	b	Less Cost of goods sold					
	С	Gross profit or (loss) (attach sepecture) Other prome (attach sepecture)					
	11	Cities income (attach sonodale)	174		2.4		
	12	Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc.	174,4	08.	34.		
S	13	Other employee salaries and wages					
us	14 15	Pension plans, employee benefits					
Éĝpenses	16a	Legal fees (attach schedule) . L-16a Stmt	3,9	30			3,930.
	b	Accounting fees (attach schedule)	3,9	30.			3,330.
30	c	Other professional fees (attach schedule) .					· · · · · · · · · · · · · · · · · · ·
₹	17	Interest			-		<u> </u>
念	18	Taxes (attach schedule) (see instructions)					- "
Œ	19	Depreciation (attach schedule) and depletion		-			
髻	20	Occupancy .					
₹	21	Travel, conferences, and meetings					
	22	Printing and publications .					
œ2	23	Other expenses (attach schedule) See Stmt	6	72.			672.
≥ €	24	Total operating and administrative expenses.					
Ze		Add lines 13 through 23	4,6	02.			4,602.
Operating all AXIM Mistrativ	25	Contributions, gifts, grants paid	2,5				2,500.
J	26	Total expenses and disbursements. Add lines 24 and 25	7,1				7,102.
	27	Subtract line 26 from line 12.					
	a	Excess of revenue over expenses and disbursements	167,3	06.			
	b	Net investment income (if negative, enter -0-)			34.		<u> </u>
	l c	Adjusted net income (if negative, enter -0-)	1	1			

For Paperwork Reduction Act Notice, see instructions.

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Pa	iri II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End	of year
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	9,979.	3,077.	3,077
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶		<u>-</u>	
	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 ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
AS	10a	Investments – U S and state government obligations (attach schedule)			
`	b	Investments—corporate stock (attach schedule) .		179,085.	179,085.
	C	Investments—corporate bonds (attach schedule)	·	17570051	21370001
	11	Investments—land, buildings, and equipment basis ▶	·		
	• •	Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	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 l)	9,979.	182,162.	182,162.
_	17	Accounts payable and accrued expenses	3,3,5,	102/102.	102,102.
	18	Grants payable			
Liabilities	19	Deferred revenue			
ilit	20	Loans from officers, directors, trustees, and other disqualified persons			
ab	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here		· · · · ·	
Balances		and complete lines 24 through 26, and lines 30 and 31.			
ı	24	Unrestricted			
ala	25	Temporarily restricted .			
<u>B</u>	26	Permanently restricted			
pu		Foundations that do not follow SFAS 117, check here ▶ 区			
Fun		and complete lines 27 through 31.			
or	27	Capital stock, trust principal, or current funds			
Net Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
sse	29	Retained earnings, accumulated income, endowment, or other funds	9,979.	182,162.	1
As	30	Total net assets or fund balances (see instructions)	9,979.	182,162.	i
let	31	Total liabilities and net assets/fund balances (see			
Z		instructions)	9,979.	182,162.]
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
		Il net assets or fund balances at beginning of year-Part II, colui	mn (a), line 30 (must	agree with	
		of-year figure reported on prior year's return)		1	9,979.
2	Énte	er amount from Part I, line 27a		. 2	167,306.
3	Othe	er increases not included in line 2 (itemize) Increase in Va	alue of Securi	ties 3	4,911.
4	Add	lines 1, 2, and 3		. 4	182,196.
5		reases not included in line 2 (itemize) ► Book-Tax Differer	ces: Dividends	5 5	34.
6	Tota	Il net assets or fund balances at end of year (line 4 minus line 5)—I	Part II, column (b), lin	e 30 . 6	182,162.
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Part	Capital Gains an	a rosses for tax off filest	Hent income			
		und(s) of property sold (for example, real euse, or common stock, 200 shs MLC Co		(b) How acquired P—Purchase D—Donation	(c) Date acquire (mo , day, yr)	
1a					·	
b						
<u>c</u>						
d						
е			T.			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		Gain or (loss) olus (f) minus (g))
<u>a</u>						
<u> </u>						
<u>c</u>						
<u>d</u>						
<u>е</u>	Complete anti-fer accets ob	and a second and a second assessed	hu tha faundation	2 2 10/21/60		
	Complete only for assets sni	owing gain in column (h) and owned	T			(Col (h) gain minus it not less than -0-) or
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) I (j), if any		es (from col (h))
a						
<u> </u>						
<u>c</u>						
<u>d</u>	•	·				
<u>е</u>		<u> </u>	<u> </u>			
2	Capital gain net income of	or mercaonaliossi / • ·	also enter in Pa i, enter -0- in Pa		2	
3	Net short-term capital ga	in or (loss) as defined in sections	s 1222(5) and (6))		
		t I, line 8, column (c) See instru				
	Part I, line 8			. ,	3	
Part		der Section 4940(e) for Red				
(For o	otional use by domestic pr	rivate foundations subject to the	section 4940(a)	tax on net invest	tment income.)	
If sect	ion 4940(d)(2) applies, leav	ve this part blank				
		section 4942 tax on the distribu			base period?	🗌 Yes 🗵 No
		qualify under section 4940(e) Do				•
1	·····	ount in each column for each ye	ar, see the instri	uctions before m	aking any entri	
	(a) Base penod years	(b) Adjusted qualifying distribution	s Netvalue o	(c) of noncharitable-use a	seats	(d) Distribution ratio
Cale	ndar year (or tax year beginning in	n) Adjusted qualifying distribution			(00)	(b) divided by col (c))
	2017		21.	4	10	0.051220
	2016					=
	2015					
	2014					
	2013					
2	Total of line 1, column (d)			. 2	0.051220
3		for the 5-year base period—di				
	the number of years the f	oundation has been in existence	e if less than 5 ye	ears	3	0.051220
				_		
4	Enter the net value of nor	ncharitable-use assets for 2018 f	from Part X, line	5	4	9,097.
5	Multiply line 4 by line 3	•			5	466.
_						
6	Enter 1% of net investme	ent income (1% of Part I, line 27b	o)		6	0.
7	Add lines 5 and 6 .				. 7	466.
8	Enter qualifying distribution				8	7,102.
	If line 8 is equal to or gre Part VI instructions	ater than line 7, check the box i	n Part VI, line 1t	o, and complete	tnat part using	a 1% tax rate. See the

Form 990-PF (2018) Page 4 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) Part VI 1a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 Date of ruling or determination letter (attach copy of letter if necessary—see instructions) 1 **b** Domestic foundations that meet the section 4940(e) requirements in Part V, check Ο. All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 2 3 3 0. Add lines 1 and 2 . Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 4 4 0 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 5 0. 6 Credits/Payments a 2018 estimated tax payments and 2017 overpayment credited to 2018 **b** 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 7 7 Total credits and payments Add lines 6a through 6d 8 Я Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 0. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 0. Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ Part VII-A Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . 1a × . . b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the 1b × instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 1c × c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ► \$ (2) On foundation managers ► \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? × 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 3 of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? . X 4a b If "Yes," has it filed a tax return on Form 990-T for this year? 4b Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 × If "Yes," attach the statement required by General Instruction T

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 6 conflict with the state law remain in the governing instrument? × 7 Did the foundation have at least \$5,000 in assets at any time during the year? 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 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 × Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes," 9 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses Form **990-PF** (2018) REV 02/01/19 PRO

Part	Statements Regarding Activities (Continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11	_	×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions.	12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	<u> </u>
	Website address ► N/A			
14	The books are in care of ▶ Henry Drennan Brown Telephone no ▶ (703)	759-	0333	
	Located at ▶ 9909 Deerfield Pond Drive Great Falls VA ZIP+4 ▶ 22066			<u></u> -
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here.	•		▶ ∐
	and enter the amount of tax-exempt interest received or accrued during the year .		V	.
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	10		1
	the foreign country ▶			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
_	termination of government service, if terminating within 90 days).			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		لـــــــــــــــــــــــــــــــــــــ
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2018?	1c		×
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and	1		
	6e, Part XIII) for tax year(s) beginning before 2018?	ŀ		
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	ļ		
D	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			1
	▶ 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2018)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		×
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		×

Par	VII-B	Statements Regarding Activities	for W	Vhich Form	4720	May Be F	Require	d (conti	nued)			
5a		the year, did the foundation pay or incur									Yes	No
		rry on propaganda, or otherwise attempt t						☐ Yes	⊠ No	•		
		luence the outcome of any specific public		on (see sect	on 495	55), or to c	arry on,			1	٠. ا	
		ectly or indirectly, any voter registration dr			•	•	•	Yes	⊠ No			:
		ovide a grant to an individual for travel, stu						☐ Yes	⊠ No)	/ 5 ~	1
		ovide a grant to an organization other than				ation desc	ribed in	_	(,	
		ction 4945(d)(4)(A)? See instructions					 	∐ Yes	⊠ No	'		
	pu	ovide for any purpose other than religious rposes, or for the prevention of cruelty to c	childrer	n or animals?	•		•	☐Yes	⊠ No		,	-1
b		answer is "Yes" to 5a(1)-(5), did any of thulations section 53 4945 or in a current no							scribed	5b		-, =
	Organ	izations relying on a current notice regardi	ng disa	ister assistan	ce, che	eck here			▶ []		' 1
С	· · · · · · · · · · · · · · · · · · ·						٠, ٠,	•				
		se it maintained expenditure responsibility						☐ Yes	☐ No)	1	
		s," attach the statement required by Regula								•	•	
6a		e foundation, during the year, receive any		=	directly	, to pay pro	emiums			2		
	•							☐ Yes	ຼ⊠ No		<u> </u>	
b		e foundation, during the year, pay premiun " to 6b, file Form 8870	ns, aire	ectly or indire	ctiy, on	a persona	Denem	contract		6b		×
7a		time during the tax year, was the foundation						☐ Yes		·		
b		s," did the foundation receive any proceeds							U,S	7b		
8		foundation subject to the section 4960 ta			more t	han \$1,000	0,000 in	_	_			
		eration or excess parachute payment(s) du						Yes				
Par	t VIII	Information About Officers, Direc	tors, 1	rustees, F	ounda	tion Man	agers,	Highly I	aid E	mploy	ees,	
	l ist s	and Contractors I officers, directors, trustees, and found	otion r	managare an	d thai	· compone	ation S	eo inetri	otions			
	LISU	Torncers, directors, trustees, and round		e, and average		mpensation		Contribution		Ι		
		(a) Name and address	hou	rs per week ed to position	(If r	not paid, emp!		employee benefit plans		(e) Expense account other allowances		
Mon	ica D	rennan Brown	Chai	i								
		ield Pond Drive Great Falls VA 22066		1.00		0.			0.			0.
			Officer	and Director								
9909	Deerf	eld Pond Drive Great Falls VA 22066		1.00		0.			0.			0.
Jam	es An	thony Brown	Officer	and Director								
361	Darragh	Street, Apt. 316 Pittsburgh PA 15213		1.00		0.			0.			0
See	Stat	ement										
				2.00	L.,,	0.	<u> </u>		0	\		
2	"NON	ensation of five highest-paid employed E."	es (oth	er than tho	se incl	uded on II	ne 1—:	see instr	uction	s). It n	one,	enter
	(a) Name	and address of each employee paid more than \$50,00	0	(b) Title, and a hours per v devoted to p	veek	(c) Compe	nsation	(d) Contribution (d) Co	benefit deferred	(e) Expe	nse ac allowar	
None	<u> </u>											
								_				
						ļ						
			-									
												
ı otal	riumbei	of other employees paid over \$50,000		•		·		• •	<u>. ▶</u>	0 Form 99	O-PE	(2010)
			per	V 02/01/10 PPO						rorm 99	U-PF	(2018)

Par	and Contractors (continued)	npioyees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
Nor	9	
		<u> </u>
		1
	number of others receiving over \$50,000 for professional services	0
	IX-A Summary of Direct Charitable Activities	T
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
		ļ
1	Cash contributions to pre-selected charitable organizations	
		2,500.
2		2,500.
2		
3	· · · · · · · · · · · · · · · · · · ·	
٥		
4		·
•		
Pai	IX-B Summary of Program-Related Investments (see instructions)	<u> </u>
	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	None	
		0.
2		
Al	other program-related investments. See instructions	
3	None	
		0.
ota	Add lines 1 through 3	0.
		Form 990-PF (2018

Part	X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn fo	undations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
а	Average monthly fair market value of securities .	1a	7,462.
b	Average of monthly cash balances	1b	4,635.
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	12,097.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	12,097.
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	3,000.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	9,097.
6	Minimum investment return. Enter 5% of line 5	6	455.
Part :		ounda	ations
	and certain foreign organizations, check here ▶ □ and do not complete this part.)	г	
1	Minimum investment return from Part X, line 6	1	455.
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	455.
4	Recoveries of amounts treated as qualifying distributions	4	·
5	Add lines 3 and 4	5	455.
6	Deduction from distributable amount (see instructions) .	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	455.
	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	7,102.
b	Program-related investments—total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	7,102.
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 See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	7,102.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years	whe	ther the foundation

Part	Vill Undistributed Income	e (see instructio	oris)			
			(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2018 line 7	from Part XI,				455.
2	Undistributed income, if any, as of t	the end of 2018				
а	Enter amount for 2017 only					
b	Total for prior years 20, 2	0, 20 [
3	Excess distributions carryover, i	f any, to 2018	•			
а	From 2013	0.				
b	From 2014 .	0.				
С	From 2015	0.				
d	From 2016	0.				
е	From 2017	0.				
f	Total of lines 3a through e		0.			
4	Qualifying distributions for 2018 line 4 > \$7,102.					
	Applied to 2017, but not more the	ř				
b	Applied to undistributed income (Election required—see instruction)					
С	Treated as distributions out of c required—see instructions)	orpus (Election				
d	Applied to 2018 distributable an					455.
е	Remaining amount distributed of	out of corpus	6,647.			
5	Excess distributions carryover a (If an amount appears in column amount must be shown in column	n (d), the same				
6	Enter the net total of each indicated below:	h column as				
а	Corpus Add lines 3f, 4c, and 4e	Subtract line 5	6,647.			
b	Prior years' undistributed incolline 4b from line 2b .	ome Subtract		0.		
С	Enter the amount of prior years income for which a notice of been issued, or on which the s tax has been previously assessed	deficiency has section 4942(a)				
d	Subtract line 6c from line amount—see instructions	6b Taxable		0.		
е	Undistributed income for 2017 4a from line 2a Taxable instructions	amount-see			0.	
f	Undistributed income for 2018. 4d and 5 from line 1. This amdistributed in 2019.					0.
7	Amounts treated as distributions to satisfy requirements impos 170(b)(1)(F) or 4942(g)(3) (Elerequired—see instructions)					
8	Excess distributions carryover applied on line 5 or line 7 (see in		0			
9	Excess distributions carryo Subtract lines 7 and 8 from line		6,647.			
10	Analysis of line 9					
а	Excess from 2014	0.				,
b	Excess from 2015	0.				
С	Excess from 2016	0.				
d	Excess from 2017	0 .				
е	Excess from 2018	6,647.				

	Page 10
	N/A
tion [] 4040(1)	(3) or \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
tion	
(d) 2015	(e) Total
-	
	
d &E 000	
a \$5,000 or m	ore in assets at
	
outions received	by the foundation
ction 507(d)(2).)	
(or an equally la	rge portion of the
est	

ownership of a partnership or other entity) of which the foundation has a 10% or greater inter

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors.

Part XV Supplementary Information (cont. 3 Grants and Contributions Paid During t	inued)	ed for Eur	tura Payment	
Recipient	If recipient is an individual	Foundation	· · · · · · ·	
	show any relationship to any foundation manager or substantial contributor	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year	NT / N	DC.	For scholarshins	
The Heights School 10400 Seven Locks Road	N/A	PC	For scholarships	
Potomac MD 20854				2,500
1000				
			,	
				[
•				1
1				
	<u></u>			
Total	<u> </u>		<u> ▶ 3a</u>	2,500.
b Approved for future payment				
				1
]			
Total		,	> 3 b	<u> </u>

Рα	TAV	Analysis of income-Producing Ac					
Ente	r gros	ss amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by secti	on 512, 513, or 514	(e)
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
1	Proc	ram service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
•	a						
	ъ -						
	c -		· · · · · · ·				
	d -						
	e _			•			
	-						
	· -	Table and appropriate from government agongson					
_	•	Fees and contracts from government agencies					
_		nbership dues and assessments					
3		est on savings and temporary cash investments			7.4		
4		dends and interest from securities	<u> </u>	· -	14	34.	
5		rental income or (loss) from real estate					
		Debt-financed property .					
		Not debt-financed property			<u> </u>		
6		rental income or (loss) from personal property					
7		er investment income					
8	Gaın	or (loss) from sales of assets other than inventory					
9	Net	income or (loss) from special events					
10	Gros	ss profit or (loss) from sales of inventory				<u> </u>	
11	Othe	er revenue. a					
	b						
	С			-			
	d -						
	u						
	e _						
12	e _				*	34.	
	e Subi	total Add columns (b), (d), and (e)				34. 13	34.
13	eSubi	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) .	is.)				34.
13 See	e _ Subt Tota work	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) . sheet in line 13 instructions to verify calculation	ıs.)				34.
13 See Pa	e _ Subt Tota work t XV e No.	total Add columns (b), (d), and (e) Al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the A	is.) Accomplishme	ent of Exemp	ot Purposes	13	
13 See Pa	e _ Subt Tota work	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation T-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishme	ent of Exemp	ot Purposes	13	
13 See Pa	e _ Subt Tota work t XV e No.	total Add columns (b), (d), and (e) Al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the A	is.) Accomplishme	ent of Exemp	ot Purposes	13	mportantly to the
13 See Pa	e _ Subt Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation T-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishme	ent of Exemp	ot Purposes	13	
13 See Pa	e _ Subt Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation T-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishme	ent of Exemp	ot Purposes	13	
13 See Pa	e _ Subt Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation T-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishme	ent of Exemp	ot Purposes	13	
13 See Pa	e _ Subt Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation T-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishme	ent of Exemp	ot Purposes	13	
13 See Pa	e _ Subt Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation T-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishme	ent of Exemp	ot Purposes	13	
13 See Pa	e _ Subt Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation T-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishme	ent of Exemp	ot Purposes	13	
13 See Pa	e _ Subt Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation T-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishme	ent of Exemp	ot Purposes	13	
13 See Pa	e _ Subt Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation T-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishme	ent of Exemp	ot Purposes	13	
13 See Pa	e _ Subt Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation T-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishme	ent of Exemp	ot Purposes	13	
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13 See Pa	e _ Subt Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation T-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishme	ent of Exemp	ot Purposes	13	
13 See Pa	e _ Subt Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation T-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishme	ent of Exemp	ot Purposes	13	
13 See Pa	e _ Subt Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation T-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishme	ent of Exemp	ot Purposes	13	
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13 See Pa	e _ Subt Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation T-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishme	ent of Exemp	ot Purposes	13	
13 See Pa	e _ Subt Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation T-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishme	ent of Exemp	ot Purposes	13	
13 See Pa	e _ Subt Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation T-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishme	ent of Exemp	ot Purposes	13	
13 See Pa	e _ Subt Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation T-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishme	ent of Exemp	ot Purposes	13	
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13 See Pa	e _ Subt Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation T-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishme	ent of Exemp	ot Purposes	13	
13 See Pa	e _ Subt Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation T-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishme	ent of Exemp	ot Purposes	13	

Preparer

Use Only

BAA

Firm's name

Firm's address ▶

Part	XVII	Informatio Organizati	n Regarding Tra ons	nsfers to and	d Transaction	ons and F	Relationships V	Vith Noncha	ritabl	e Exe	mp
1	ın se	e organization of	directly or indirectly other than section							Yes	No
а	Transi	fers from the rep	porting foundation	to a noncharita	ble exempt o	rganızatıon	of.				
	(1) Ca				•				1a(1)	$\overline{}$	×
		her assets		•				•	1a(2)		×
b		transactions.							45 (4)		
			a noncharitable ex				•	•	1b(1) 1b(2)	-	×
			ets from a nonchari , equipment, or oth	•	organization .		• •	•	1b(2)		×
		embursement a	· ·	e assets .		• •			1b(4)		×
		ans or loan gua	-						1b(5)		×
		_	ervices or members	ship or fundrais					1b(6)		×
С			quipment, mailing l		_				1c		×
d 	value value	of the goods, o in any transacti	of the above is "Ye ther assets, or services on or sharing arrang	vices given by gement, show	the reporting in column (d)	foundation the value o	. If the foundation of the goods, other	n received less er assets, or se	than rvices	faır m recei	arke ved
(a) Line	no (t) Amount involved	(c) Name of none	charitable exempt of	organization	(d) Desci	ription of transfers, tra	insactions, and sha	iring arr	angeme	ents
2a			ectly or indirectly a				ore tax-exempt	organizations		es X	
b			e following schedule				· 			;s [A]	NO
		(a) Name of organ	ization	(b) Ty	pe of organizatio	n	(c) De	escription of relation	nship		
Sign Here	correc		declare that I have examination of preparer (other t		ed on all informatio	n of which prep hair			RS discu	ss this hown b	retum elow?
Paid	1 2.3.8	Print/Type preparer		Preparer's sign			Date	Check if self-employed	PTIN		

Firm's EIN ▶

Form **990-PF** (2018)

Phone no

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

For to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Employer identification number

82-3393745 The Blackthorn Foundation Organization type (check one) Filers of: Section: ☐ 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ★ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Name of organization

The Blackthorn Foundation

Employer identification number

The Bl	ackthorn Foundation	82	-3393745
Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Monica Drennan and Paul Anthony Brown 9909 Deerfield Pond Drive Great Falls VA 22066	\$ <u>174,374.</u>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$ 	Person Payroll Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization

The Blackthorn Foundation

Employer identification number

82-3393745

Part II	Noncash Property	(see instructions)	Use duplicate copi	ies of Part II if a	additional space is neede	d.
	Noncash Property	(366 111211 00110113).	. Use duplicate copi	ies of Fait if it c	additional space is neede	u .

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	1,368 shares of iShares Russell 1,000 Growth (IWF)	\$ 174,174.	12/27/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from' Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
	REV 11/12/18 PRO	Cahadula B /F	orm 990, 990-F7, or 990-PF) (2018)

Name of organization

The Blackthorn Foundation

Employer identification number 82-3393745

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and

	contributions of \$1,000 or less for the	ne year. (Enter this inform		I of exclusively religious, charitable, etc., ee instructions.) \$	
(a) No. from Part I	Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift		t	(d) Description of how gift is held	
1 4.11					
-		(e) Transfer of	gift		
-	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee	
(a) No.	(h) Dumana at site	(a) 11aa af aif		/d\ Danasistian of how off in hold	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif		(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transfer of nd ZIP + 4	gift Relationship of transferor to transferee		
Ī					
•					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held	
		(e) Transfer of	gift		
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee	
(a) Na					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held	
		(e) Transfer of	•		
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee	

Name The Blackthorn Foundation	 	cation Number 93745
Part VII-A, Line 8b		
The Attorney General for the state of Virginia does not require the filing of Form 990-PF		
Total		

cpcv0801 SCR 12/10/18

2018

Miscellaneous Statement

Name The Blackthorn Foundation		fication Number 3 9 3 7 4 5
Part II, Line 10b	Book Value	FMV
Marketable Securities: iShares Russell 1000 Growth (1,368 shares)	179085.	179085.
Notes:		
1 Donated securities are recorded in the income statement using the value on the date of the donation.		
2. Securities are recorded in the balance sheet using the value on the last day of the year.		
Total	179085.	179085.

cpcv0801 SCR 12/10/18

The Blackthorn Foundation
Form 990-PF: Return of Private Foundation

Part VIII: Information about Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors Continuation Statement

Name and address	Title, and average hours per week devoted to position	Compensation	Contributions to employee benefit plans and deferred compensation	Expense account, other allowances
Mark Ellıs Brown	Director	0	0	0
9909 Deerfield Pond Drive	1 00			
Great Falls, VA 22066				
Henry Drennan Brown	Officer and Director	0	0	0
9909 Deerfield Pond Drive	1 00			
Great Falls, VA 22066				
		0.	0.	0.

82-3393745

The Blackthorn Foundation 82-3393745

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Other Expenses

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
Office Supplies	37.			37
Form 1023 Filing Fee	600.			600.
Virginia License and Fees	35.			35.
Total	672.			672.

Form 990-PF: Return of Private Foundation

Part X, Line 4, Cash Deemed Held For Charitable Activities

Explanation Statement

Cash Deemed Charitable

The cash deemed held for charitable activities was determined based on (a) the minimum cash balance required by the Foundation's bank to avoid fees and (b) the amount of anticipated annual expenditures by the Foundation.

Legal and Professional Fees

2018

	·
Name	Employer Identification No
The Blackthorn Foundation	82-3393745
	

Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Law Firm Law Firm	Formation of Foundation Review Form 1023	2,944.			2,944.
Total to Form 990	-PF, Part I, Line 16a	3,930.			3,930.

Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
otal to Form 990	-PF, Part I, Line 16b				

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Total to Form 990-	PF, Part I, Line 16c				