Return of Private Foundation Form **990-PF** or Section 4947(e)(1) Trust Treated as Private Foundation 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. For calendar year 2019 or tax year beginning APR 1, 2019 and ending 2020 31. Name of foundation A Employer identification number GEORGE L. BLACKBURN FOUNDATION FOR (ENT NUTRITION MEDICINE 04-2593846 Number and street (or P.O. box number if mail is not delivered to street address) Room/sulte B Telephone number 241 PERKINS STREET D602 (617)667-2604 City or town, state or province, country, and ZIP or foreign postal code C if exemption application is pending, check here JAMAICA PLAIN MA 02130 G Check all that apply: Initial return initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation X Name change Address change H Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: X Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 10,067,153. (Part I, column (d), must be on cash basis.) **\$** Part | Analysis of Revenue and Expenses (a) Revenue and expenses per books (d) Olabursamenta for chalitable purposes (cash basis only) (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) income income Contributions, gifts, grants, etc., received N/A Check if the foundation is not required to attach Sch B Interest on savings and temporary cash investments STATEMENT Dividends and interest from securities 178,537. 178,537 5a Gross rents b Net rental income or (loss) 1,049,875 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 5.347.268. 1,049,875 7 Capital gain net income (from Par 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (toss) C Gross profit or (loss)

11 Other income

12 Total. Add lines 1 through

13 Compensation of officers, dir

14 Other employee salaries

15 Pension plans, employee

16a Legal fees

16a Legal 6,348 STATEMENT 6,348 234,760 234,760 Total. Add lines 1 through 11 288,000 27,600 229,800. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 3,080. 6,160. 3,080 STMT 13,589. STMT 28,377 14,189. 0. STMT 119,103. 119.103. 0. 25,247. 25,247. 12,426. STMT 6 15,572 1,492 RS Depreciation and depletion 21 Frayel, ganderences, and meetings 22 Printing and publications 2,356 0 0. 23 Other expenses STMT 7 237,525 1.155 239,017. 24 Total operating and administrative 722,340 191,866 497,912. expenses. Add lines 13 through 23 15,510 15,510. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 513,422. 737,850 191,866 Add lines 24 and 25 27 Subtract line 26 from line 12: 496,910 8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) ,042,894. N/A c Adjusted net income (if negative, enter -0-) Form **990-PF** (2019) 923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.

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Form 990-PF (2019) NUTRITION MEDICINE	Decision of the L		2593846 Page 2
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	
	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing	286,650.	270,115.	270,115
2 Savings and temporary cash investments			
3 Accounts receivable			
Less: allowance for doubtful accounts			
4 Pledges receivable			
Less: allowance for doubtful accounts   6 Grants receivable		<del></del>	<del></del>
6 Receivables due from officers, directors, trustees, and other	1	,	
disqualified persons 7 Other notes and toans receivable			<del></del>
Less; allowance for doubtful accounts			
	<del></del>		
9 Prepaid expenses and deferred charges	26,886.		
10a Investments - U.S. and state government obligations	20,000.		
b Investments - corporate stock			
c Investments - corporate bonds			
11 Lovestments - land, buildings, and equipment basis			
Less accumulated depreciation	j		
12 Investments - mortgage loans			
13 Investments - other STMT 8	12,224,779.	9,797,038.	9,797,038.
14 Land, buildings, and equipment: basis \( \bigsim \) 43,356.			
Less accumulated depreciation STMT 9   43,356.	1		
15 Other assets (describe )			
16 Total assets (to be completed by all filers - see the			
instructions. Also, see page 1, item t)	12,538,315.	10,067,153.	10,067,153.
17 Accounts payable and accrued expenses	17,000.	17,600.	
18 Grants payable	77,716.	70,079.	
g 19 Deferred revenue			
20 Loans from officers, directors, trustees, and other disqualified persons			
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable	641,350.		
22 Other habilities (describe STATEMENT 10)	233,498.	22,494.	
	j		
23 Total liabilities (add lines 17 through 22)	969,564.	110,173.	
Foundations that follow FASB ASC 958, check here			
and complete lines 24, 25, 29, and 30.  Net assets without donor restrictions			
24 Net assets without donor restrictions	11,543,751.	9,931,980.	
25 Net assets with donor restrictions	25,000.	25,000.	
Poundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.			
and complete lines 26 through 30.		-	i
26 Capital stock, trust principal, or current funds 27 Paid-in or capital surplus, or land, bldg., and equipment fund 28 Retained earnings, accumulated income, endowment, or other funds 29 Total net assets or fund balances			
27 Paid-in or capital surplus, or land, bldg., and equipment fund			<del></del>
28 Retained earnings, accumulated income, endowment, or other funds	11 560 551	0.056.000	
29 Total net assets or fund balances	11,568,751.	9,956,980.	
-	12 520 215	10 067 162	
30 Total liabilities and net assets/fund balances	12,538,315.	10,067,153.	<del></del>
Part III Analysis of Changes in Net Assets or Fund Ba	alances		
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 3		<del></del>	
(must agree with end-of-year figure reported on prior year's return)	<b></b>	1,1	11,568,751.
2 Enter amount from Part I, line 27a		2	496,910.
3 Other increases not included in line 2 (itemize)	•	3	490,910
Add lines 1, 2, and 3		4	12,065,661.
5 Decreases not included in line 2 (itemize) ► <u>UNREALIZED</u> INV	ESTMENT GAIN/I	· ———	2,108,681.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part il, co		6	9,956,980.
The state of the s			Form <b>990-PF</b> (2019)

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

_	m 990-PF (2019) NUTRITION MEDICINE 04-2	2593846		Page 4	4
Pé	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	see instru	ction	15)	•
18	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)				
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%	2	0,8	<u>58.</u>	<u>,                                      </u>
	of Part I, line 27b				_
¢	e 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-)			0.	
3	Add lines 1 and 2	2	0,8	<u>58.</u>	<u>.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<del></del> -		<u>o.</u>	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	2	0,8	<u>58.</u>	<u> </u>
6	Credits/Payments:				
8	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 7,480.				
	Exempt foreign organizations - tax withheld at source				
	: Tax paid with application for extension of time to file (Form 8868)				
	Backup withholding erroneously withheld 6d 0.				
7	Total credits and payments. Add lines 6a through 6d		7,4	_	_
8				<u>   0                                 </u>	_
9	, · · · · · · · · · · · · · · · · · · ·	1	<u>3,3</u>	<u>78.</u>	<u>-</u>
10	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 2020 estimated tax				-
	art VII-A Statements Regarding Activities	<del></del>	<del></del> 1	N-	-
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	<del></del>	Yes		-
	any political campaign?	1a	<del></del> -l	X	-
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	<u>1b</u>		X	-
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		(		
	distributed by the foundation in connection with the activities.		l	77	
	Did the foundation file Form 1120-POL for this year?	1c	<del></del>	<u> </u>	-
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		ľ		
	(1) On the foundation. > \$ O. (2) On foundation managers. > \$ O.	1 1	- 1		
9	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		ļ		
	managers. ► \$0.			v	
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	1.1		v	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3 4a	X	<u> </u>	-
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4b	X.		~
	If "Yes," has it filed a tax return on Form 990-T for this year?	5	^	X	-
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	"		- 41	-
	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:	[ ]	1		
0	By language in the governing instrument, or	1 1	ľ		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	1 1			
	remain in the governing instrument?	6	ľ	X	
7	The state of the s	7	X	<u></u>	-
'	bid the touridation have at least \$5,000 in assets at any time during the year? It tos, complete rait it, con (c), and that we have	<del>-' </del>			-
Q۵	Enter the states to which the foundation reports or with which it is registered. See instructions.				
Q.a	MA	-	-		
h	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	一			
U	of each state as required by General Instruction G? If "No," attach explanation	85	x		
9	and the second s				``
•	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9		X	4
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses	10		X	
		Form <b>990</b>	-PF	2019	,

NUTRITION MEDICINE

04-2593846 Page 5 Part VII-A | 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 X 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A 14 The books are in care of ▶ MR. DAVID BLACKBURN Telephone no.  $\triangleright$  (617)667-2604 Located at ≥ 241 PERKINS STREET, ST D602, JAMAICA PLAIN MA ZIP+4 ▶02130 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 15 Yes No 16 At any time during calendar year 2019, 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 X See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after Yes X No 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 15 X section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected X before the first day of the tax year beginning in 2019? 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)): a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines Yes X No 6d and 6e) for tax year(s) beginning before 2019? If "Yes," list the years ▶\_ b 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 N/A 2b statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time \_\_\_ Yes 🔀 No during the year? bilf Yes," did it have excess business holdings in 2019 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 Form 4720, N/A Schedule C. to determine if the foundation had excess business holdings in 2019.) 36 X 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 48 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 2019? Form **990-PF** (2019)

# GEORGE L. BLACKBURN FOUNDATION FOR NUTRITION\_MEDICINE

Form 990-PF (2019) NUTRITION MEDICINE	DATION FOR		04-25938	46	Page 6
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)		
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (sectio	n 4945(e))?		es 🔀 No 「		
(2) Influence the outcome of any specific public election (see section 4955); (	or to carry on, directly or indir	ectly,			
any voter registration drive?		Ye	es X No		ļ
(3) Provide a grant to an individual for travel, study, or other similar purposes	s?	. 🗀 Ye	es 🗓 No		
(4) Provide a grant to an organization other than a charitable, etc., organization	in described in section				]
4945(d)(4)(A)? See instructions	•	Ye	es 🗶 No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or i				
the prevention of cruelty to children or animals?		Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	ın Regulations		1	
section 53.4945 or in a current notice regarding disaster assistance? See instr	uctions		N/A	5 <b>b</b>	
Organizations relying on a current notice regarding disaster assistance, check	here			- }	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined			
expenditure responsibility for the grant?		I/A 🔲 Ye	s No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				- 1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?	**	Ye	s X No	1	}
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			3b	X
If "Yes" to 6b, file Form 8870.				1	İ
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	<u></u>	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	utable to the transaction?		N/A	7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	61,000,000 in remuneration o	r			
excess parachute payment(s) during the year?			s X No		
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	<b>y</b>		
Paid Employees, and Contractors	hair componention				
1 List all officers, directors, trustees, and foundation managers and t	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Exp	ense
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and defened	account	, other
DAVID O DI AGUDIDI	to position PRESIDENT	enter -0-)	compensation	aliuwa	11063
	PRESIDENT		}		
241 PERKINS ST, ST D602	40 00	249,000.	0.		0.
JAMAICA PLAIN, MA 02130	TRUSTEE	249,000.	<u>-</u> -		<u> </u>
SUSAN KELLY, MD	IRUSIEE		]		
241 PERKINS ST, ST D602	20.00	95,000.	0.		0.
JAMAICA PLAIN, MA 02130	TRUSTEE	95,000.			<u> </u>
RICHARD COBURN, MD	TRUSTEE				
241 PERKINS ST, ST D602	0.10	0.	0.		0.
JAMAICA PLAIN, MA 02130		<u>-</u>			<u> </u>
TERRY HENSLE, MD	TRUSTEE		1		
241 PERKINS ST, ST D602 JAMAICA PLAIN, MA 02130	0.10	0.	0.		0.
JAMAICA PLAIN, MA 02130 2 Compensation of five highest-paid employees (other than those inc			0.		
	(b) Title, and average		(d) Contributions to	(e) Exp	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred compensation	ačcount allowa	, other nces
NONE	COTOLO IO POSICIO		VOparagas		
	1				
	]	]			
	]				
	<u> </u>	<u> </u>			
Total number of other employees paid over \$50,000	<u></u>			200 25	0
			Form	990-PF	(2019)

FORM 990-PF (2019) NUTRITION MEDICINE	04-25	93846 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "h	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
SUSAN KELLY		
241 PERKINS ST, JAMAICA PLAIN, MA 02130	CONSULTING	95,000.
Total number of others receiving over \$50,000 for professional services		<b>&gt;</b> 0
Part IX-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce	l information such as the ed, etc.	Expenses
1 NONE		
		0.
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on line	s 1 and 2.	Amount
1 NONE		
	,	0.
2		
All other program-related investments. See instructions.  3		
Total. Add lines 1 through 3	<b>&gt;</b>	0 . Form <b>990-PF</b> (2019)

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	MODELLION WEIGHT	<u> </u>	2333040 Tayeu
P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	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	9,438,468.
b	Average of monthly cash balances	1b	1,841,103.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	11,279,571.
8	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	11,279,571.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	169,194.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	11,110,377.
6	Minimum investment return. Enter 5% of line 5	6	555,519.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
_	foreign organizations, check here  and do not complete this part.)		_
1	Minimum investment return from Part X, line 6	1	555,519.
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	20,858.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	534,661.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	534,661.
6	Deduction from distributable amount (see instructions)	В	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	534,661.
<u>—</u>	art XII Qualifying Distributions (see instructions)		•
Ľ,	art XIII Qualitying 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	513,422.
b	Program-related investments - total from Part IX-B	1 <u>b</u>	<u> </u>
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	
ь	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	513,422.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	513,422.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies f	or the section
	4940(e) reduction of tax in those years.		

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
Distributable amount for 2019 from Part XI, line 7				534,661.
2 Undistributed income, if any, as of the end of 2019				334,001.
a Enter amount for 2018 only	}	1	0.	
b Total for prior years:			•	
y votal to prior years.		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014	Ì			
b From 2015 25,199.	İ			
c From 2016 69, 356.				
d From 2017				
e From 2018	1			
f Total of lines 3a through e	94,555.	-		
4 Qualifying distributions for 2019 from			-	
Part XII, line 4: ▶\$513,422.	Į.			
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.1			
d Applied to 2019 distributable amount				513,422.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount	21,239.			21,239.
must be shown in column (a).)  6 Enter the net total of each column as indicated below:	/			
	73,316.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract	73,3100			
line 4b from line 2b		0.		
c Enter the amount of prior years'		<del></del>		
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	į	. 0.		
e Undistributed income for 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.	,		0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0.
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)	0.			
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7	0.			<u> </u>
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a	73,316.			ļ <u></u> .
10 Analysis of line 9:				1
a Excess from 2015 3,960. b Excess from 2016 69,356.	ļ			}
b Excess from 2016 69,356.				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				
223581 12-17-10				Form <b>990-PF</b> (2019)

GEORGE L. BLACKBURN FOUNDATION FOR Form 990-PF (2019) NUTRITION MEDICINE 04-2593846 Page 10 Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(1)(3) or 4942(1)(5) Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (a) 2019 (b) 2018 (c) 2017 (e) Total (d) 2016 income from Part I or the minimum 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 Complete 3a, b, or c for the alternative test relied upon: "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(I)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year 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 Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 🗶 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. 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: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

923601 12-17-19

NUTRITION MEDICINE Form 990-PF (2019) 04-2593846 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, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of Purpose of grant or contribution **Amount** Name and address (home or business) recipient a Paid dunng the year A.S.P.E.N RHOADES RESEARCH FOUNDATION NONE PC CLINICAL NUTRITION 8630 FENTON STREET, SUITE 412 RESEARCH EFFORTS SILVER SPRING MD 20910 10,000. MASSACHUSETTS GENERAL HOSPITAL CLINICAL NUTRITION NONE RESEARCH EFFORTS 55 FRUIT STREET 15 000. BOSTON MA 02114 **▶** 3a 25 000 Total b Approved for future payment NONE **▶** 3b Total

Part XVI-A Analysis of Income-Pro	oducing Activities	3			
nter gross amounts unless otherwise indicated.	Unrelated bu	siness income		d by section 512, 513, or 514	(e)
	(a) Business	(b)	(C)	(d)	Related or exempt
Program service revenue:	code	Amount	code	Amount	function income
<b>a</b>					
b	<del></del>				
C			┼┼-	<del></del>	
d			<del>   -</del>		<del></del>
f	— <del>    -</del>		├		
g Fees and contracts from government agencies	<del></del>		<del>                                     </del>		
Membership dues and assessments			<del>     </del>		····
Interest on savings and temporary cash			1		· · · · · · · · · · · · · · · · · · ·
investments -			] [		
Dividends and interest from securities	523000	4,740.	14	173,797.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property			<u> </u>		
Net rental income or (loss) from personal	, ]		] {		
property	50000				
Other investment income	523000	6,348.	-	<del></del>	
Gain or (loss) from sales of assets other	E22000	59,649.	10	990,226.	,
than inventory Net income or (loss) from special events	523000	39,049.	10	990,220.	
Gross profit or (loss) from sales of inventory	<del> </del>		<del>                                     </del>		
Other revenue:			<del></del>		
a			1 1		
b					
C					
d					
6				- 151 000	
Subtotal. Add columns (b), (d), and (e)		70,737.	<u> </u>	1,164,023.	1,234,76
Total. Add line 12, columns (b), (d), and (e)			-	13	1,234,76
e worksheet in line 13 instructions to verify calculation					
art XVI-B Relationship of Activiti	es to the Accom	olishment of Ex	empt i	Purposes	
ne No. Explain below how each activity for which	n income is reported in co	lumn (e) of Part XVI-A	contribut	ed importantly to the accomp	dishment of
▼ the foundation's exempt purposes (other	than by providing funds t	or such purposes).			
					<del></del>
	<del></del>				<del></del>
				<del></del>	

## GEORGE L. BLACKBURN FOUNDATION FOR NUTRITION MEDICINE

orm 990-PF		TION MEI	DICINE			04-	2593846	Pa	ige 1 <u>3</u>
Part XVI	Information R Exempt Organ	egarding Tra	ansfers to a	and Transactions	and Relations	ships With No	ncharitable		
				ng with any other organizat		tion 501(c)		Yes	No
				g to political organizations	?				
	s from the reporting found	lation to a nonchar	itable exempt or	ganization of:			<b>(</b> )		
(1) Cas	•						1a(1)		X
	er assets .						1a(2)		X
<b>b</b> Other tra									I I
	es of assets to a noncharita	-					15(1)		<u> </u>
	chases of assets from a no	•	t organization				1b(2)		X
	ital of facilities, equipment,						1b(3)		X
	mbursement arrangements	<b>;</b>			-		15(4)		X
	ns or loan guarantees						<u>1b(5)</u>		X
	formance of services or me						1b(6)		X
	of facilities, equipment, ma		•				10		X
				edule. Column (b) should a				ets,	
	· · · · ·			ed less than fair market val	ue in any transactio	n or sharing arrange	ment, show in		
column	(d) the value of the goods,	other assets, or se	rvices received.						
Line no	(b) Amount involved	(c) Name	of noncharitable	exempt organization	(d) Description	n of transfers, transaction	ons, and sharing air	engeme	nts
			N/A						
		]							
		†	<del></del>		<del></del>				
	<del></del>						<del></del>		
	····	<del>                                     </del>			<del> </del>				
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		ļ				<del></del>			
		<u> </u>			i				
	undation directly or indirec n 501(c) (other than sectio	•	-	or more tax-exempt organ	izations described	•	Yes	X	] No
b If Yes, c	complete the following sch				· · · · · · · · · · · · · · · · · · ·				
	(a) Name of org	janization		(b) Type of organization	<u> </u>	(c) Description of re	lationship		
	N/A								
							<u> </u>		
			· · · · · · · · · · · · · · · · · · ·						
		<del></del>		-					
		<del></del>			1				
				g accompanying schedules and			May the IDS a	grijaa H	- la
ngn   L	pelief, it is true, correct, and con	nplete Declaration of	prepare (other than	n taxpayer) is based on all inform	nation of which prepare	r has any knowledge	May the IRS di return with the shown below?	prepare	f fr
lere	1/m /2				PRESI	DENT	X Yes		No
Sig	nature of officer or trustee			Date	Title				
	Print/Type preparer's na		Preparer's si		Date	Check If	PTIN		
	1	<del>-</del>		ga.e. e		self- employed			
Paid	JOSEPH GIS	0	JOSEPH	GTSO	04/13/21	25 2	P00030	126	
Preparer	Firm's name ► JOH				CI LLP	Firm's EIN ▶ 2			
Jse Only						Fam Stir > 4		<del>-</del>	
				VE, SUITE 21	. 0				
		KEFIELD,				Phone no. 78			
							Form <b>990</b>		2019