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CLIENT'S COPY

BISHOP, FARMER & CO., LLP 1207 CHARLES STREET FREDERICKSBURG, VA 22401 (540) 373-8973

KOINONIA FOUNDATION, INC. 6037 FRANCONIA ROAD ALEXANDRIA, VA 22310

ENCLOSED IS THE ORGANIZATION'S 2018 EXEMPT ORGANIZATION RETURN. THE RETURN SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE MAY 15, 2020.

MAIL TO - DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

ELAINE FARMER

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	2018 calendar year, or tax year beginning $$ JUL $1,$ 2018	and end	ling J	UN 30, 2019				
Вс	heck if pplicable:	C Name of organization			D Employer identific	eation number			
	Address change	KOINONIA FOUNDATION, INC.							
	Name change	Doing business as	-		54-08	806221			
]initial return	Number and street (or P.O. box if mail is not delivered to street address	s) Roo	m/suite	E Telephone number				
L	Final return/	6037 FRANCONIA ROAD			703-971-1991				
_	termin- ated TAmende	City or town, state or province, country, and ZIP or foreign posta	i code		G Gross receipts \$ 435,133.				
⊨		ALEXANDRIA, VA 22310	0 T 1 T		H(a) Is this a group re				
L	Applica- tion pending		OEUF		for subordinates	····· — —			
		SAME AS C ABOVE	40.47(-)/4)	- 502	H(b) Are all subordinates in				
		npt status: X 501(c)(3) 501(c) ()	4947(a)(1) or L	527		list. (see instructions)			
		rganization: X Corporation Trust Association Othe	r N	l Voor e	H(c) Group exemption	State of legal domicile: VA			
		Summary		IL TEAL C	n formation. 1900 N	State of legal doffliche. VA			
		riefly describe the organization's mission or most significant activities	THE KO	INON	IA FOUNDATIO	ON. INC.			
Activities & Governance	Ė	PROVIDES BOTH SHORT TERM EMERGENCY	ASSISTA	NCE	AND SELF-SU	FFICIENCY			
Ē	_	heck this box if the organization discontinued its operation				· · · · · · · · · · · · · · · · · · ·			
SV GI	i .	•	-		3	7			
Ğ		lumber of independent voting members of the governing body (Part V				7			
98	5 T	otal number of individuals employed in calendar year 2018 (Part V, lin	ne 2a)		5	3			
Ž	6 T	otal number of volunteers (estimate if necessary)		• • • • • • • • • • • • • • • • • • • •	6	0			
₹ ct		otal unrelated business revenue from Part VIII, column (C), line 12				714.			
_	bN	let unrelated business taxable income from Form 990-T, line 38		·····	7 <u>b</u>	0.			
					Prior Year	Current Year			
9	1	Contributions and grants (Part VIII, line 1h)	••••	<u> </u>	173,180.	433,892.			
Revenue	1	rogram service revenue (Part VIII, line 2g)			0. 206.	0.			
Ą	ı	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			206.	1,241.			
	•	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			173,386.	435,133.			
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A			142,272.	285,307.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.			
ch.	l		lines 5-10)		19,791.	65,301.			
Expenses	16a F	calaries, other compensation, employee benefits (Part IX, column (A), Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		···	0.	0.			
ē	ь т	otal fundraising expenses (Part IX, column (D), line 25)	2,200	· -					
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			59,644.	70,011.			
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 2			221,707.	420,619.			
	19 F	Revenue less expenses. Subtract line 18 from line 12			-48,321.	14,514.			
Net Assets or I				Ве	ginning of Current Year	End of Year			
Sets	20 T	otal assets (Part X, line 16)			223,331.	240,317.			
¥ E	21 T	otal liabilities (Part X, line 26)			1,403.	3,875.			
		Net assets or fund balances. Subtract line 21 from line 20			221,928.	236,442.			
		Signature Block	in a national state of		ante and to the best of m	translades and ballof it is			
		ties of perjury, I declare that I have examined this return, including accompany , and complete. Declaration of preparer (other than officer) is based on all info				y knowledge and belief, it is			
u ue	i, correct	and complete. Decial addition of preparer (other than officer) is based on an another	IIIIauon oi Willen	грісраісі	ilas any knowledge.				
Sig	ın İ	Signature of officer			Date				
He		LARA WALT, BOARD CHAIRMAN							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature			Date Check	PTIN			
Pai	-	ELAINE FARMER ELAINE FAF	RMER	[0	1/16/20 seri-emplo	P00936439			
		Firm's name BISHOP, FARMER & CO., LLP			Firm's EIN	54-1435778			
Use	e Only	Firm's address 1207 CHARLES STREET			, n	MAN 272 0072			
_		FREDERICKSBURG, VA 22401			Phone no. (5	X Ves No			
B 4 ~	VIDO ID								

Part IV | Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
	Is the organization required to complete Schedule B, Schedule of Contributor\$	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			X
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		<u>~</u>
5	sine organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	l	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	ļ	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	امما	X	
	Part VI	11a		
Ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b	X	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
	Schedule D, Parts XI and XII	12a	X	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?		1	v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	├─	x
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148	\vdash	
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	I	l	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u>L</u>	_ X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	₩	<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines]	1	\ .
	1c and 8a? If "Yes," complete Schedule G, Part II	18	├	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19	J	x
^	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	\vdash	X
20a h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	\top	1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		_	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ı
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an *on behalf of* issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	Į.		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes, " complete	l		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	ļ		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1	1	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	1
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ŀ	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		ł	1
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ــــــ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		l
	If "Yes," complete Schedule R, Part V, line 2	36	ــــــــ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		l	
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pa	TV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			ᆜ
	1 1	^	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	띩	1	1
	Enter the number of Forms W-2G included in line 1a. Enter -0- ii not applicable	의	ł	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			· [
	(gambling) winnings to prize winners?	1c	000	40000
83200)4 12-31-18	For	ロマダリ	(2018)

KOINONIA FOUNDATION, INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

2a Enter the number of employees reported on form WA, Transmittal of Wage and Tax Statements. Taked for the calendary year entiding with on within the year covered by the return If at iteast one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 and 15 da greater than 250, you may be required to e-file (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have a come or the year? If Vire for the year? If Vire for the year? If Vire for the promiser are part of foreign Bank and Financial account; 4c Did any taxable party notify the organization that it was or is a party to a prohibited tax enter transaction at any time during the tax year? 5c Did was the organization party to a prohibited tax sheet transaction at any time during the tax year? 5c Did any taxable party notify the organization that it was or is a party to a prohibited tax enter transaction of the year organization for Born 886-7? 5d Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of Annabale contributions? 5d If Yees, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as Annabale contributions? 6d Did the organization selective apyment in excess of \$5 make party as as contitution and party for posted and year or the post of				Yes	No
bit at teast one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 and 2a as greater than 260, you may be required to -#file get instructions 3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3a I 'Yes,' has if filed a Form 990T for this year? If 'No' to fine 3b, provide an explanation in Schedule O 3b I 'Yes,' return the during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account; securities account, or other financial account? 4c X If 'Yes,' return the name of the foreign country. 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization or have a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax tax deductible a charaltable contributions? 6c If 'Yes' to lide the organization include with every solicitation an express attainent that such contributions or gifts were not tax deductibles a charaltable contributions? 7 Organizations that may receive deductible contributions under section 170c). 8 If 'Yes,' did the organization include with every solicitation and express attainent that such contributions or gifts were not tax deductibles a charaltable contributions? 7 Organizations that may receive deductible contributions under section 170c). 8 If 'Yes,' indicates the number of Forms 2828 Zied during the year 9 Did the organization receives a contribution of organization from the value of the goods or services provided? 10 Did the organization receives a contribution of cars, boats, ariplanes, or other vehicles, did the or	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1	;	
Note, if the sum of lines 1 a and 2a is greater than 250, you may be required to e-fife (see instructions) 30. Did the organization have unrelated business gross income of \$1,000 or more during the year? 42. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly such as a bank account, secure as account, or other financial accountly? 44. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, secure as account, or other financial accountly? 45. If Yes, enter the name of the foreign country is the same of the foreign country. 46. If Yes, enter the name of the foreign country is the same of the foreign seems of the financial accounts (FBAR). 58. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 59. If Yes, enter the name of the foreign seems that was or a a party to a prohibited tax shelter transaction? 59. If Yes, the seems of tax deductible of the organization file form 888617? 59. Did any taxable party nority the organization file form 888617? 59. If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 59. If Yes, did the organization include with every solicitation and party for goods and services provided to the payor? 59. If Yes, did the organization nority the donor of the value of the goods or services provided? 59. If Yes, indicate the number of Forms 8282 filed during the year 50. If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 59. If Yes, indicate the number of Forms 8282 filed during the year 59. If the organization received a contribution of cars, boats, airpanes, or other vehicles, did the organization file approached to the payor? 59. If the organization received a contribution of organiza		· · · · · · · · · · · · · · · · · · ·	1		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securit seasocant, or other financial accounts of the region country. 5b If 'Yes,' relate the name of the foreign country. 5c Businstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization to a prohibited tax better transaction at any time during the tax year? 5a X b did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X if 'Yes' to line 5 are 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Variety of the 5 are 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Variety of the 5 are 5b, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c Variety of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Variety of Variety of the organization include with every solicitation and approper for goods and services provided to the payor? 5d Variety of Variety of Variety or Variety of Variety or Va	b		2b	X	
b If 'Yes,' has it field a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schadule O 4A At any time during the caendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, eccuries account, or other financial accountity) b If 'Yes,' enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for the requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for the requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for the requirements for the recommendation of a party for some during the search of the organization solicit any contributions that were not tax deductibles and scharable contributions? Organizations that may receive deductible contributions under section 170(b). If 'Yes,' did the organization notify the donor of the value of the goods or services provided? Organizations that may receive deductible contributions under section 170(b). If 'Yes,' indicate the number of Forms 8282 filed during the year Old the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To bit the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? September of year and the proper service of the proper s		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securit es account, or other financial accounts (FBAR). 5a Was the organization for fing requirements for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax sheriter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'Yes' to line 5a or 5b, did the organization that organization that was or is a party to a prohibited tax shelter transaction? 5c If 'Yes' to line 5a or 5b, did the organization that was or is a party to a prohibited tax shelter transaction? 5c If 'Yes' and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of tax deductibles and scharable contributions? 6a X 6b Viral 'Yes', 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charable contributions? 6b Viral 'Yes', 'did the organization receive a phymentin excess of \$75 made party as a contribution of any and party for goods and services provided to the payor? 7a If 'Yes', 'indicate the number of Forms 8282 filed during the year 7b Uf the organization receive any thinds, directly or indirectly, or a personal benefit contract? 7c X 7d If the organization received a contribution of qualified intelectual property, did the organization file a form 1098-C7 8 Sponsoring organizations make any taxibol distributions under section 4980? 9 Sponsoring organizations make any taxibol distributions under section 4980? 10 Section 501(c)(2) qualified nonprofit health i			3a		<u>X</u>
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If "Yes." complete Form 4720, Schedule O.	16		16	<u> </u>	X
					1

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ion A. Governing Body and Management			
		12.0	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			j
	If there are material differences in voting rights among members of the governing body, or if the governing			j
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			İ
Ь	Enter the number of voting members included in line 1a, above, who are independent			İ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			.,
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	\ _ \		v
	more members of the governing body?	7a		<u> </u>
р	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x
	persons other than the governing body?	7b	pro	┢
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
	The governing body?	8a	X	
_	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		X
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		A
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
40-	Did the acceptant on how to all the atom how the acceptance of the	10a	162	No X
	Did the organization have local chapters, branches, or affiliates?	IUa	 	
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	_
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		\vdash
_	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
C	in Schedule O how this was done	12c		x
13	Did the organization have a written whistleblower policy?	13	 	X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			t
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		<u>'</u>	j
•	The organization's CEO, Executive Director, or top management official	15a	X	1
a	Other officers or key employees of the organization	15b	T	x
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	ł		
100	taxable entity during the year?	16a	[X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			1
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		١.	1
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure		•	
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only	/) avai	able
	for public inspection. Indicate how you made these available. Check all that apply.	•		
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records	_		
	JANET VACCA-LEBOEUF, TREASURER - 703-971-1991			
	6037 FRANCONIA ROAD, ALEXANDRIA, VA 22310			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(()			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)				is boti	חם ר	compensation	compensation	amount of
	week				10010	1,103		from	from related	other
	(list any	rects				1 1		the	organizations	compensation
	nours for	ō	뫒		l	age		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	atsn.	rus	'	9	ubeu		(44-2/1099-141130)		organization and related
	below	t Eu	zuod		ğ	ye co				organizations
	(list any hours for related organizations below line)	ndivić	Institutional trustee	Officer	eş E	Highest compensated employee	orme			o. gazaoo
(1) SHERRILL CARPENTER	5.00									
DIRECTOR		X						0.	0.	0
(2) DON GREGORY	10.00									
CHAIRMAN		X		Х				0.	0.	0
(3) JAN VACCA-LEBOEUF	5.00							_		
TREASURER		X		X	<u>_</u>	L		0.	0.	0
(4) PHILIP FICK	3.00	.								
DIRECTOR		X	<u> </u>			<u> </u>	_	0.	0.	0
(5) JUDY DAVIS	20.00	١	1						ٔ م	,
VICE CHAIR		X	<u> </u>	X	<u> </u>	<u> </u>	\vdash	0.	0.	0
(6) JEAN TERRILL	3.00	x			1			0.	0.	۸ ا
DIRECTOR	3.00	₽	⊢	⊢	⊢	┢	┝			0
(7) LARA WALT DIRECTOR	3.00	x		l		1	1	0.	0.	0
(8) ADAM OWENSBY	3.00	L.	╁	╁	┢	╁	⊢	- 0.		
DIRECTOR	3.00	x		1				0.	0.	0
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Form **990** (2018)

c Total from continuation sheets to Part VII, Section A	- WI	Section A. Omcers, Directors, Trus		DIOY	662			gne	St C						
hours per week of the compensation of the comp		(A)	1				•	_		(D)	(E)	j		(F)	
Total number of linds ganization Section		Name and title		(đo					one	,	Reportable	l	Es	timate	d
tist any hours for related organizations with the compensation from the compensation fro				box	, unle:	ss pe	rson	is bot	h an	1 '.	•	וי			of
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization and related organization in the organization. Report compensation from the organization from the organization and related organization. Report compensation from the organization from the organization and related organization. Report compensation from the organization from the organization from the organization and related organization from the			1	 				,	1		l			A.T	
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Page 9

			Check if Schedule O conta	ans a response C	n note to any lift	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a		Federated campaigns	1a		<u> </u>		1.0	
	b)	Membership dues	1b					
Ϋ́Ε	c	: !	Fundraising events	1c					
	d	1	Related organizations	1d			l		
ğΈ	е	•	Government grants (contributi	ons) 1e		4,			
<u> </u>	f		All other contributions, gifts, grant	ts, and			ė,	- 4:	
12E			similar amounts not included abov		433,892.				
ξŎ			Noncash contributions included in lines		293,865.				
3 5	_	•	Total. Add lines 1a-1f		<u> </u>	433,892.			
		_			Business Code			:	
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8 2	-	•						·	•
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Program Service Revenue	4	7	All other program service reve						
	'		Total. Add lines 2a-2f		•				
\dashv	3	_	Investment income (including	dividends intere	···				
1	3		other similar amounts)			1,241.		714.	527.
	4		Income from investment of tax						
	4			•					
	5		Royalties				-		
	_			(i) Real	(ii) Personal				•
	6 a		Gross rents			∤ ,			
			Less: rental expenses					. 3	
			Rental income or (loss)			-			
1			Net rental income or (loss)						
İ	7 :	а	Gross amount from sales of	(i) Securities	(ii) Other	1			
			assets other than inventory						
	ı	b	Less: cost or other basis						
			and sales expenses						1
- 1	•	С	Gain or (loss)						
1	(d	Net gain or (loss)		<u></u>			<u> </u>	
۰	8 8	а	Gross income from fundraisin	ig events (not					
로			including \$	of		į.			
8			contributions reported on line	1c). See					1
Other Revenu			Part IV, line 18	а					
풀		b	Less: direct expenses			<u></u>			
١		c	Net income or (loss) from fund	draising events					
- [9	а	Gross income from gaming ac	ctivities. See	<u></u>				
			Part IV, line 19	a					1
		b	Less: direct expenses				<u> </u>		
			Net income or (loss) from gan						
l			Gross sales of inventory, less	=			.5.		
	-		and allowances		1				
ļ		b	Less: cost of goods sold]			
			Net income or (loss) from sale		>				
ı			Miscellaneous Revent		Business Code	9		sii	
ı	11	a							
ļ		b							
		C							
		d	All other revenue						
							T		and the second s
		e	Total. Add lines 11a-11d					714	. 527

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons of include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	285,307.	285,307.		1
	Grants and other assistance to foreign		200,007.0		, 1111 111 1111 1111 111
	organizations, foreign governments, and foreign				:
	individuals. See Part IV, lines 15 and 16			1	
	Benefits paid to or for members	-			· · · · · · · · · · · · · · · · · · ·
	Compensation of current officers, directors,				
	trustees, and key employees	ļ			
	Compensation not included above, to disqualified				
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	`_ · · · · · · · · · · · · · · · · · · ·	60,599.	54,753.	5,846.	
8	Other salaries and wages Pension plan accruals and contributions (include				· · · · · · · · · · · · · · · · · · ·
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,702.	4,240.	462.	-
11	Fees for services (non-employees):		-,		
	Management				
b	Legal				
		7,900.		7,900.	
d	Accounting Lobbying	.,,,			
e	Professional fundraising services. See Part IV, line 17			220000	
f	Investment management fees				
g	Other, (If line 11g amount exceeds 10% of line 25,				-
9	column (A) amount, list line 11g expenses on Sch O.)	629.		629.	
12	Advertising and promotion				
13	Office expenses	14,729.	10,474.	2,055.	2,200.
14	Information technology				
15	Royalties				
16	Occupancy	37,206.	33,485.	3,721.	
17	Travel	-			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,301.	4,771.	530.	
23	Insurance	1,682.		1,682.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	%			
а	DUEC	1,205.		1,205.	
b	TTORNER PPRC	588.	· <u> </u>	588.	
C	DANK BEEC	440.	·	440.	
d	CONTRACTOR AND OR	331.	331.		
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	420,619.	393,361.	25,058.	2,200
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if tollowing SOP 98-2 (ASC 958-720)				

Pa	LA	Balance Sneet	_				1 1
		Check if Schedule O contains a response or not	e to any lin	e in this Part X	(A)	·····	
					(A) Beginning of year	Ì	(B) End of year
	1	Cash - non-interest-bearing			55,319.	1	66,670.
	2	Savings and temporary cash investments			95,341.	2	95,484.
	3	Pledges and grants receivable, net			721.	3	807.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
Assets		trustees, key employees, and highest compensa					
	ì	Part II of Schedule L				5	
	6	Loans and other receivables from other disquali				ļ.	
		section 4958(f)(1)), persons described in section			:		
	1	employers and sponsoring organizations of sect		1			
	1	employees' beneficiary organizations (see instr).				6	
	7	Notes and loans receivable, net		7			
Ą	8	Inventories for sale or use		T I	39,089.	8	47,256.
	9				1,007.	9	1,570.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	1	26,507.	,		
	Ь	Less: accumulated depreciation	10b	15,904.	15,904.	10c	10,603.
	11	Investments - publicly traded securities				11	
_	12	Investments - other securities. See Part IV, line		13,449.	12	14,546.	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets	•		14		
	15	Other assets. See Part IV, line 11		2,501.	15	3,381.	
	16	Total assets. Add lines 1 through 15 (must equ	al line 3 <u>4)</u>		223,331.	16	240,317.
	17	Accounts payable and accrued expenses			1,403.	17	3,875.
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		.,.,,		20	
	21	Escrow or custodial account liability. Complete				21	
8	22	Loans and other payables to current and forme			i	. J	
	1	key employees, highest compensated employe	es, and dis	squalified persons.			· · · · · · · · · · · · · · · · · · ·
Liabilities	1	Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unre	lated third	parties		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p.				l l	
		parties, and other liabilities not included on line	s 17-24). (Complete Part X of			
	1	Schedule D			1 402	25	3,875.
_	26	Total liabilities. Add lines 17 through 25		. [92]	1,403.	26	3,013.
		Organizations that follow SFAS 117 (ASC 95	8), check	here ▶ 🔼 and			•
8	1	complete lines 27 through 29, and lines 33 a	nd 34.		173,602.		185,213.
a	27				48,326		51,229.
Ba	28	Temporarily restricted net assets			40,320	29	31,227
P	29	Permanently restricted net assets				29	
3		Organizations that do not follow SFAS 117 (ASC 958),	cneck nere		i l	
ŏ		and complete lines 30 through 34.				20	
30 ts	30	Capital stock or trust principal, or current fund		6 and		30	
Asi	31	Paid in or capital surplus, or land, building, or e				32	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated			221,928		236,442.
_	33	Total lightidise and act acces friend belonger			223,331	34	240,317.
_	34	Total liabilities and net assets/fund balances				<u> </u>	Form 990 (2018)

X

X

Form 990 (2018)

2c

За

X Separate basis

Act and OMB Circular A-133?

Consolidated basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the required audit

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

■ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public

Inspection

Name of the organization

Employer identification number

TNONTA FOUNDATION INC. 54-0806221

				ATION, INC.					4-0806221
Pa	rt I	Reason for Public C	harity Status (A	Il organizations must co	mplete this	s part.) Se	e instructions		
he	organ	ization is not a private founda	ation because it is: (F	or lines 1 through 12, c	neck only	one box.)			
1		A church, convention of chu		-			KAYI).		
2		A school described in section							
3	\Box	A hospital or a cooperative h		•		• •).		
4	一	A medical research organiza					•	iii) Enter t	he hospital's name
•		city, and state:	mon operator in con	ganotion with a hospital	acsonibed	30000		inije Esteor i	ine nespital s name,
_		An organization operated fo	r the benefit of a cell	logo or university owned	or operat	ad by a go	wormmental	oit deserib	od in
5		= '		ege or university owner	or operac	ed by a go	iven intental u	ilit describ	eu III
_	$\overline{}$	section 170(b)(1)(A)(iv). (Co	•						
6	믕	A federal, state, or local gov	_				•		
7	X	An organization that normal	•	itial part of its support fi	om a gove	ernmental	unit or from th	ne general	public described in
	$\overline{}$	section 170(b)(1)(A)(vi). (Co							
8	닉	A community trust describe							
9	Ш	An agricultural research org	anization described i	in section 170(b)(1)(A)(i	x) operate	d in conju	nction with a	and-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or
	_	university:		<u> </u>					
10	Ш	An organization that normal	ly receives: (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from
		activities related to its exem	pt functions - subjec	t to certain exceptions,	and (2) no	more than	n 33 1/3% of	ts support	from gross investment
		income and unrelated busin	ess taxable income	(less section 511 tax) fro	om busine:	sses acqui	ired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Con	nplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See s	ection 50	9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	section 5	509(a)(2). S	See section 5	i <mark>09(a)(3).</mark> C	heck the box in
		lines 12a through 12d that of	escribes the type of	supporting organization	n and com	plete lines	12e, 12f, and	i 12g.	
а		Type I. A supporting orga							giving
		the supported organization	on(s) the power to rec	ularly appoint or elect a	majority of	of the direc	ctors or truste	es of the s	upporting
		organization. You must c							
b		Type II. A supporting orga	•		tion with it	s supporte	ed organizatio	n(s), by ha	vina
		control or management of	•				-		•
		organization(s). You must						9	F - · · · -
c	. [Type III functionally inte	•		in connect	tion with a	and functional	lv integrate	ed with.
Ť	_	its supported organization	•					.,	- ,
		Type III non-functionally		•				ted organi	zation(s)
C		that is not functionally int	• •	• •				-	
		•	•					וום מונטווג	IVELIESS
	_	requirement (see instructi	•	•				0. Tono 00	
e) L	☐ Check this box if the orga					ı ıype ı, ıype	II, Type III	
		functionally integrated, or							
1		er the number of supported of							
		ovide the following information (i) Name of supported	about the supporte	(iii) Type of organization	(iv) is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization	(11) 2.71	(described on lines 1-10	Yes	ng dacument? No	support (see in	-	support (see instructions)
	-			above (see instructions))	163	140			
_									
					 				-
		· · · · · · · · · · · · · · · · · · ·			 				
]		1				
		· · · · · · · · · · · · · · · · · · ·				 	 		
						1			Į.
							-		

| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						·
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	-	-				
	membership fees received. (Do not					ļ	
	include any "unusual grants.")	398,386.	527,918.	552,918.	173,180.	433,892.	2,086,294.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	398,386.	527,918.	552,918.	173,180.	433,892.	2,086,294.
5	The portion of total contributions						_
	by each person (other than a		:				
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the		. **				
	amount shown on line 11,		. 2		: '		
	column (f)		:				
6	Public support. Subtract line 5 from line 4.						2,086,294.
	ction B. Total Support						
Cale	indar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	398,386.	527,918.	552,918.	173,180.	433,892.	2,086,294.
8							
-	dividends, payments received on			ļ			
	securities loans, rents, royalties,		!				
	and income from similar sources	89.	91.	138.	158.	714.	1,190.
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on			•			
10	Other income. Do not include gain						
•••	or loss from the sale of capital						
	assets (Explain in Part VI.)		25,000.				25,000.
11							2,112,484.
12		etc. (see instruct	ions)	<u> </u>		12	
13				rd, fourth, or fifth t	ax year as a section	n 501(c)(3)	
	organization, check this box and sto						
Se	ction C. Computation of Pub	lic Support Pe	rcentage				
14	Public support percentage for 2018	(line 6, column (f) o	livided by line 11,	column (f))		14	98.76 %
15	Public support percentage from 201	7 Schedule A, Par	t II, line 14			15	98.78 %
	a 33 1/3% support test - 2018. If the					more, check this bo	ox and
	stop here. The organization qualifies						
ļ	b 33 1/3% support test - 2017. If the						
	and stop here. The organization qua						
17:	a 10% -facts-and-circumstances te						
	and if the organization meets the "fa						
	meets the "facts-and-circumstances						~ I I
,	b 10% -facts-and-circumstances te	•	=		-		
	more, and if the organization meets						
	organization meets the "facts-and-ci						▶□
18	Private foundation. If the organizati						ns ▶□
			· ·			edule A (Form 990	

| Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	iott, piodado comp					
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	·					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	: Add lines 7a and 7b						
	Public support. (Subtractline 7c from bne 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
_	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		l	1	1	<u> </u>	<u> </u>
14	First five years. If the Form 990 is for						zation,
_							<u></u>
	ction C. Computation of Publ					1451	
15	., .			, column (f))		15	% %
16	Public support percentage from 2017					16	
_	ction D. Computation of Inves					17	%
	Investment income percentage for 20					18	
18	Investment income percentage from 2 a 33 1/3% support tests - 2018. If the	econization did	, mart III, IIITE 17	on line 14 and line	ne 15 is more than		
19	more than 33 1/3%, check this box a						▶□
	b 33 1/3% support tests - 2017. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
2-		
38	•	
3b	i	
3c	<u> </u>	
4a		
- 324		
4b	r	
4c	ļ	. i
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5a)	
	ļ	
5b 5c		
6		
7	<u> </u>	
8	L	
,		
9a	<u> </u>	ļ
9b	ļ	
30		
9c		
10a		
10b	<u> </u>	

11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or advicetly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 39% controlled entity of a person described in (a) above? c A 39% controlled entity of a person described in (a) above? d A 59% controlled entity of a person described in (a) or (b) above? d Yes To b. D. or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization and directors or trustees at all times during the tax year? If No. 'describe in Part VI how the supported organizations had more than one supported and site times during the tax year? If No. 'describe in Part VI how the supported organization of the supported organization, describe how the powers to appoint auditor memore directors or trustees were elected among the supported organization, describe how the powers to appoint auditor memore directors or trustees were elected among the supported organization operate for the brenefit of any supported organization of their than the supported organization such benefit carried or controlled the supported organization will be tax year. 2 Det the organization such benefit carried or controlled the supported organization will be tax year. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of each of the organization's provided organization was verted in the same persons that controlled or managed in a supported organization provide to each of its supported organization (1 No. 'describe in Part VI how organization is tax year, (1) a vorganization supported organization organization was re	Par	t IV Supporting Organizations (continued)			
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trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		· · · · · · · · · · · · · · · · · · ·			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а		30		
			38	ļ	
	ט	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1	ľ

Section	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	let short-term capital gain	1		
2 F	Recoveries of prior-year distributions	2		
3 (Other gross income (see instructions)	3		
4 A	Add lines 1 through 3	4	·	
5 C	Depreciation and depletion	5		
6 F	Portion of operating expenses paid or incurred for production or			
c	collection of gross income or for management, conservation, or			
n	naintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
8 /	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
iı	nstructions for short tax year or assets held for part of year):			
a /	Average monthly value of securities	1a		
b /	Average monthly cash balances	1b		
c F	Fair market value of other non-exempt-use assets	1c		
d 1	Fotal (add lines 1a, 1b, and 1c)	1d		
е [Discount claimed for blockage or other			
f	actors (explain in detail in Part VI):			
2 /	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 8	Subtract line 2 from line 1d	3		
4 (Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5 1	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 1	Multiply line 5 by .035	6		
	Recoveries of prior-year distributions	7		
8 1	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	——————————————————————————————————————	
	Enter greater of line 2 or line 3	4		
_	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6	·· .	

Schedule A (Form 990 or 990-EZ) 2018

54-0806221 Page 7

Schedule A (Form 990 or 990-EZ) 2018 KOINONIA FOUNDATION, INC.

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	anizations (continued)	
ecti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3_	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014	<u></u>		
С	From 2015			
d	From 2016			
6	From 2017			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years		<u></u>	
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$	**************************************		
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
•	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.		<u> </u>	
6	Remaining underdistributions for 2018. Subtract lines 3h	:		
_	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3			
•	and 4c.	1	1	<u> </u>
	Breakdown of line 7:			
	Excess from 2014			
_	Excess from 2015			
_	Excess from 2016			
	Excess from 2017			
	Excess from 2017			
€				

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 KOINONIA	FOUNDATION,	_ INC.	54-0806221 Page 8
Part VI	Supplemental Information. Provide the Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section (See instructions.)	ne explanations requir a, 6, 9a, 9b, 9c, 11a, 1 / Section F, lines 1c, 2	ed by Part II, line 10; Part II, line 17a c 1b, and 11c; Part IV, Section B, lines 2a, 2b, 3a, and 3b; Part V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section C,
	(Oce mandenons.)			
		-		
				
				
			-	
			···	
				

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

K	OINONIA FOUNDATION, INC.	54-0806221
Organization type (check of	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	n
	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	
	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Sp	ecial Rule. See instructions.
General Rule		
=	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions y one contributor. Complete Parts I and II. See instructions for determining a con	-
Special Rules		
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% of 30 and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line tor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the Z, line 1. Complete Parts I and II.	13, 16a, or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive outions of more than \$1,000 exclusively for religious, charitable, scientific, literary, elty to children or animals. Complete Parts I (entering "N/A" in column (b) instead	or educational purposes, or for the
year, contributior is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receives exclusively for religious, charitable, etc., purposes, but no such contributions to here the total contributions that were received during the year for an exclusively complete any of the parts unless the General Rule applies to this organization become, etc., contributions totaling \$5,000 or more during the year	otaled more than \$1,000. If this box religious, charitable, etc., cause it received <i>nonexclusively</i>
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Scheon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	
LHA For Paperwork Reduc	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

KOINONIA FOUNDATION, INC.

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		\$ <u>5,370</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		s11,080.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$8,703.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		s5,471.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		s16,200.	Person Payroll Noncash X (Complete 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.)

Name of organization

Employer identification number

OINO	NIA FOUNDATION, INC.	54	-0806221
Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	DONATED RENT OF FACILITY AT EST FMV	s16,200.	06/30/19
(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

Name of or	rganization			Employer identification number
KOINON	NIA FOUNDATION, INC.			54-0806221
Part III		through (e) and the following line enhantable, etc., contributions of \$1,000 on	ntry For organizations	10) that total more than \$1,000 for the year
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
Part I				·
		(e) Transfer of gi		
	Transferee's name, address, an	d ZIP + 4	Relationship of	transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of	transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) E	escription of how gift is held
	Transferee's name, address, a	(e) Transfer of g		f transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

KOINONIA FOUNDATION, INC.

Employer identification number 54-0806221

organization answered "Yes" on Form 990, Part IV, line 6. Total number at end of year	Par	Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds of	r Accounts.Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantses, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantses, donors, and donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easemments. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (sheck all that apply). □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area. □ Protection of natural habitat □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a certified historic structure □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a certified historic structure □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a certified historic structure □ Preservation of conservation easements □ Treservation of land for public use (e.g., recreation or education) □ Preservation of a certified historic structure included in (a) □ Preservation of conservation easements □ Treservation of conservation easements in certified historic structure included in (a) □ Valuation of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax □ Valuation of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year □ Veal □ Number of conservation easements modified, transferred, released, extinguish		organization answered "Yes" on Form 990, Part IV, Iir	ne 6.	
2 Aggregate value of contributions to (during year) 4 Aggregate value of and for from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's property, subject to the organization is not for the benefit of the donor of donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of orden advisor, or for any other purpose conferring impermissible private benefit? Part IF Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check at that apply). Preservation of organization answered has a conservation of a historically important land area Protection of natural habitat Preservation of a conservation of a conservation easement Preservation of open space Complete insee 2 attrough 2 of if the organization held a qualified conservation contribution in the form of a conservation easement Preservation of open space Complete insee 2 attrough 2 of if the organization has a qualified conservation contribution in the form of a conservation easement 2a Held at the End of the Tax Year A total number of conservation easements 2a Preservation of conservation easements 2a Preservation Preser			(a) Donor advised funds	(b) Funds and other accounts
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A Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefic of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefic of the donor or donor advisor, or for any other purpose conferring impermisable private benefit? Perfit IF Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Perfit IF Conservation desements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of open space Complete line 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements Total acreage restricted by conservation easements No Total acreage restricted by conservation easements in cluded in (e) acquired after 7725/05, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year A number of states where property subject to conservation easements it located Post of the National Register No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year A number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year A staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing				
5 Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's report, subject to the organization's required in the section of the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors, or for any other purpose conferring impermessible private benefits private benefits private benefits private benefits private benefits private benefits private benefits private benefits of the donor or donor advisors, or for any other purpose conferring impermessible private benefits private benefits private benefits private benefits private benefits private benefits private pri				
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6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or divors, or for any other purpose conferming impermissable private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(9) of conservation easements the 10 by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area. Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Table Held at the End of the Tax Year Total number of conservation easements Preservation easements Preservation Preservation Total acreage restricted by conservation easements Preservation Preservation Total number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register		are the organization's property, subject to the organization's	exclusive legal control?	Yes No
Impermissible private benefit? Yes No Persit I Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV. line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of open space Preservation of open space Preservation of open space Preservation of open space Preservation of a certified historic structure Preservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Held at the End of the Tax Year a Total number of conservation easements 2b Conservation easements 2b Conservation easements 2c Conservation easements 2d Conservation easements 2d Conservation easements 2d Conservation easements 2d Conservation easements 2d Conservation easements 2d Conservation easements 2d Conservation Conservation easements 2d Conservation Conservation easements Conservation Conser	6			
Part II Conservation Easements. Complete if the organization (check all that apply). Proseve(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of perservation of a conservation easement on the last day of the tax year.		for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	onferring
Part II Conservation Easements. Complete if the organization (check all that apply). Proseve(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of perservation of a conservation easement on the last day of the tax year.		impermissible private benefit?		Yes No
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Protection of natural habitat	1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 1 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 1 Number of states where property subject to conservation easement is located ▶ 2 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 3 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 3 Does sten conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(6)(6)(6)(6)(6)(7)(6)(6)(6)(7)(7)(6)(6)(6)(7)(7)(7)(7)(7)(7)(7)(7)(7)(7)(7)(7)(7)				cally important land area
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listed in the National Register	С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	•
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832051 10-29-18

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

10,603. Schedule D (Form 990) 2018

15,904.

26,507.

ta Land
b Buildings
c Leasehold improvements
d Equipment

Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

(a) Description of security or category (including name of	d "Yes" on Form 990, Part IV, lin		ost or end-of-year market value
Financial derivatives	(5) 500% 74 46	TO MONIOCO OF VARIABLIOTI. C	Sol of end-oryear market value
Closely-held equity interests			
Other		 	
(A) LPL INVESTMENTS - STO	CK 14,546	. END-OF-YEAR M	ARKET VALUE
(B)	==7520		THE THE THE TENTE TO THE TENTE
(C)		 	
(D)			
(E)		-	
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line	12.)▶ 14,546		
art VIII Investments - Program Rela		<u> </u>	
Complete if the organization answere		e 11c. See Form 990. Part X. line	- 13
(a) Description of investment	(b) Book value	(c) Method of valuation: (Cost or end-of-year market value
(1)			
(2)			
(3)	-		
(4)			
(5)			
(6)			
(7)		1	
(8)		 	
(9)		<u> </u>	
tal. (Col. (b) must equal Form 990, Part X, col. (B) line	13)		
art IX Other Assets.			
Complete if the organization answere	ed "Yes" on Form 990, Part IV, lin (a) Description	e 11d. See Form 990, Part X, lin	e 15. (b) Book value
Complete if the organization answers		e 11d. See Form 990, Part X, lin	
Complete if the organization answere (1) (2)		e 11d. See Form 990, Part X, lin	
Complete if the organization answere (1) (2) (3)		e 11d. See Form 990, Part X, lin	
Complete if the organization answere (1) (2) (3) (4)		e 11d. See Form 990, Part X, lin	
(1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, lin	
(1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, lin	
Complete if the organization answere (1) (2) (3) (4) (5) (6)		e 11d. See Form 990, Part X, lin	
(1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, Part X, lin	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	(a) Description	e 11d. See Form 990, Part X, lin	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, column a) Description		(b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, complete if the organization answere	ol. (B) line 15.) ed "Yes" on Form 990, Part IV, line		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, column l. (B) line 15.) ed "Yes" on Form 990, Part IV, line	ne 11e or 11f. See Form 990, Pa	(b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, column X Complete if the organization answere (a) Description of liability (1) Federal income taxes	ol. (B) line 15.) ed "Yes" on Form 990, Part IV, line	ne 11e or 11f. See Form 990, Pa	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, colored and the organization answere (a) Description of liability (1) Federal income taxes (2)	ol. (B) line 15.) ed "Yes" on Form 990, Part IV, line	ne 11e or 11f. See Form 990, Pa	(b) Book value
Complete if the organization answere (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, column X Complete if the organization answere (a) Description of liability (1) Federal income taxes (2) (3)	ol. (B) line 15.) ed "Yes" on Form 990, Part IV, line	ne 11e or 11f. See Form 990, Pa	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, column (c) (a) Description of liabilities. (b) Federal income taxes (c) (3) (4)	ol. (B) line 15.) ed "Yes" on Form 990, Part IV, line	ne 11e or 11f. See Form 990, Pa	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (b) Description of liability (1) (1) Federal income taxes (2) (3) (4) (5)	ol. (B) line 15.) ed "Yes" on Form 990, Part IV, line	ne 11e or 11f. See Form 990, Pa	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, complete if the organization answere (a) Description of liability (1) (1) Federal income taxes (2) (3) (4) (5) (6)	ol. (B) line 15.) ed "Yes" on Form 990, Part IV, line	ne 11e or 11f. See Form 990, Pa	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, complete if the organization answere (a) Description of liability (1) (1) Federal income taxes (2) (3) (4) (5) (6) (7)	ol. (B) line 15.) ed "Yes" on Form 990, Part IV, line	ne 11e or 11f. See Form 990, Par (b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, complete if the organization answere (a) Description of liability (1) (1) Federal income taxes (2) (3) (4) (5) (6)	ol. (B) line 15.) ed "Yes" on Form 990, Part IV, line	ne 11e or 11f. See Form 990, Par (b) Book value	t X, line 25.

Schedule D (Form 990) 2018

SCHEDULE I (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Employer identification number

	FOUNDATION	, INC.					54-080622
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records to criteria used to award the grants or assistant.	stance?				ty for the grants or as		on X Yes
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	_				anization answered *	Yes* on Form 990, Part IV	/, line 21, for any
recipient that received more than \$					(f) Method of	- · · · · · · · · · · · · · · · · · · ·	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							-
							
2 Enter total number of section 501(c)(3) at 3 Enter total number of other organizations			ne line 1 table				

INC. KOINONIA FOUNDATION,

Page 2

54-0806221

Schedule | (Form 990) (2018)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SPECIFIC ASSISTANCE TO INDIVIDUALS - CLOTHING/HOUSEHOLD ITEMS	916	0		101,810.ESTIMATED FAIR VALUE	CLOTHING/HOUSEHOLD ITEMS
SPECIFIC ASSISTANCE TO INDIVIDUALS - POOD	3585	0.		FOOD BANK STUDY RATE OF 132,037.	POOD ITEMS
SPECIFIC ASSISTANCE TO INDIVIDUALS - SPECIFIC ASSISTANCE TO INDIVIDUALS AND FAMILIES	21	•0	2,693.	PMV	BIRTHDAY BIKES
SPECIFIC ASSISTANCE TO INDIVIDUALS - SPECIFIC ASSISTANCE TO INDIVIDUALS AND FAMILIES	192	21,603.	0	0.Cash	HOUSING AND UTILITIES ASSISTANCE
SPECIFIC ASSISTANCE TO INDIVIDUALS - SPECIFIC ASSISTANCE	816	0.	27,164.	27,164.ESTIMATED FAIR VALUE	SCHOOLS SUPPLIES AND HOLIDAY BASKETS

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

2: PART I, LINE

SPECIFIC NON-CASH ASSISTANCE IS PROVIDED TO INDIVIDUALS FROM ON-HAND

INVENTORY OF FOOD, CLOTHING, GIFT CARDS, HOLIDAY BASKETS, CHRISTMAS GIFTS

BIKES, AND BACK-TO-SCHOOL PACKS. NEED IS DETERMINED ON A CASE BY CASE

BASIS. DUE TO THE NON-CASH NATURE OF THE ASSISTANCE PROVIDED BY THE

NO FURTHER MONITORING IS REQUIRED. ORGANIZATION,

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization KOINONIA FOUNDATION, INC. Employer identification number 54-0806221

Par	Types of Property							
		(a)	(b)	(c)		(d)		
		Check if applicable	Number of contributions or	Noncash contributi amounts reported		of determini ntribution an	_	•
		applicable		Form 990, Part VIII, lin		indibution an	iodina	
1	Art - Works of art							
	Art - Historical treasures							
	Art - Fractional interests							
4	Books and publications		14.1					
5	Clothing and household goods	X		144,2	08.ESTIMATE	D FAIR	VAI	LUE
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial	X		16,2	00.DONATED	RENT A	T F	MV
17	Real estate - Other							
18	Collectibles							
19	Food inventory		T	133,4	57.\$1.68 PE	R POUN	D	
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts						_	
25	Other							
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organ	ization duri	ng the tax year for	contributions				
	for which the organization completed Form 8				9			
	•						Yes	No
30a	During the year, did the organization receive I	by contribut	ion any property re	ported in Part I, lines 1	through 28, that it			
	must hold for at least three years from the da							
	exempt purposes for the entire holding period			,,		30a	<u> </u>	X
b	If "Yes," describe the arrangement in Part II.	****						
31	Does the organization have a gift acceptance	policy that	requires the review	v of any nonstandard o	ontributions?	31		X
	Does the organization hire or use third parties							
	contributions?					32a		X
h	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in	column (c) t	for a type of prope	rty for which column (a) is checked,		1.	l .
	describe in Part II.			<u> </u>			<u> </u>	<u> </u>
				-	Coho	dula M (For	000	1 2015

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M	(Form 990) 2018	KOINONIA E	OUNDATION,	INC.		<u>54-08</u> 06221	Page 2
Part II	Supplemental I is reporting in Part I this part for any add	, column (b), the nu	mber of contribution	required by Part I, Ii s, the number of iter	ines 30b, 32b, and 33, ns received, or a comb	and whether the organiz ination of both. Also con	ation nplete
 				<u> </u>			
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832142 10-18-18

Schedule M (Form 990) 2018

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public inspection

Name of the organization

KOINONIA FOUNDATION, INC.

Employer identification number 54-0806221

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SERVICES TO THE CITIZENS OF THE GREATER KINGSTOWNE/FRANCONIA AREA.
KOINONIA PROVIDES EMERGENCY ASSISTANCE WITH FOOD, CLOTHING, AND A
FINANCIAL SAFETY NET. KOINONIA ALSO PROVIDES SELF-SUFFICIENCY BY
OFFERING COUNSELING AND EDUCATION TO BREAK THE CYCLE OF POVERTY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ALSO PROVIDES SELF-SUFFICIENCY BY OFFERING COUNSELING AND EDUCATION TO
BREAK THE CYCLE OF POVERTY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
CREATED BY BOTH THE CLIENT AND KOINONIA STAFF IN WHICH GOALS ARE
IDENTIFIED AND A TIMELINE IS ARRANGED.
FORM 990, PART VI, SECTION B, LINE 11B:
REVIEW OF THE BOARD PRESIDENT AND TREASURER.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD PRESIDENT AND THE TREASURER REVIEW A DRAFT OF THE 990 BEFORE IT
IS FINALIZED AND FILED.
FORM 990, PART VI, SECTION B, LINE 12:
SIGNED CONFLICT OF INTEREST STATEMENT BY ALL BOARD MEMBERS, AND MONTHLY
REVIEW OF AGENCY MISSION AND RESPONSIBILITY OF BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15A:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C Lin	ne Ui Co:	nadjusted st Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	OPTFINITY COMPUTER SYSTEM	09/01/16	SL	5.00	ну17	,	26,507.				26,507.	10,603.		5,301.	15,904.
	* TOTAL 990 PAGE 10 DEPR						26,507.				26,507.	10,603.		5,301.	15,904.
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828111 04-01-18

⁽D) - Asset disposed

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	s, for which an extension request must be sent to the IR			details on	the electronic	ı
	nis form, visit www.irs.gov/e-file-providers/e-file-for-chari		<u> </u>			
Autom	atic 6-Month Extension of Time. Only subm	it origin	al (no copies needed).			
	rations required to file an income tax return other than Form 7004 to request an extension of time to file incom			ips, REMIC	s, and trusts	
				Enter file	er's identifying	g number
Type or	Name of exempt organization or other filer, see instru	ctions.		Employer	identification	number (EIN) or
print	KOINONIA FOUNDATION, INC.				54-080	6221
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s C/O BFC - 1207 CHARLES STR		tions.	Social se	curity number	(SSN)
instructions.	City, town or post office, state, and ZIP code. For a for FREDERICKSBURG, VA 22401	oreign add	dress, see instructions.	•		
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-BL			Form 1041-A			08
Form 4720 (individual)			Form 4720 (other than individual)			09
Form 990-PF			Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above) 06 Form 8870 JANET VACCA-LEBOEUF, TREASURER						12
Teleph If the	books are in the care of ▶ 6037 FRANCONIA mone No. ▶ 703-971-1991 organization does not have an office or place of business is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶	ROAD s in the Ur Group Exe	- ALEXANDRIA, VA Fax No. ▶ nited States, check this box	If this is fo	r the whole gr	
the ▶ l	quest an automatic 6-month extension of time until	anization's	s return for:		npt organizatio ·	n return for
3a If ti	his application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less			
any	nonrefundable credits. See instructions.			3a	\$	0.
b Ifti	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			
	imated tax payments made. Include any prior year over			3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pang EFTPS (Electronic Federal Tax Payment System). Set		- · · · · · · · · · · · · · · · · · · ·	3c	s	0.
	If you are going to make an electronic funds withdrawal					
instructio		•	,			p-y

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)