DLN: 93491319028197

OMB No 1545-0052

2016

# Form 990-PF

Department of the Treasury Internal Revenue Service

# **Return of Private Foundation**

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

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

Open to Public Inspection

For calendar year 2016, or tax yea	r beginning 01-01-20	16 , an	nd en	ding 12-31-	2016			
Name of foundation THE CORNELIUS J & ELLEN P COAKLEY FAMILY FOUNDATION INC	A Employer identification number 54-1851618							
Number and street (or P O box number if mail is 7732 LEE HIGHWAY	not delivered to street address)	Room/suite		<b>B</b> Telephone number (see instructions) (703) 573-0540				
City or town, state or province, country, and ZIP of FALLS CHURCH, VA 22042	or foreign postal code			<b>C</b> If exemption	application is pendin	g, check here		
G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change					D 1. Foreign organizations, check here  2. Foreign organizations meeting the 85% test, check here and attach computation			
H Check type of organization ✓ Section ☐ Section 4947(a)(1) nonexempt charitab	501(c)(3) exempt private f				indation status was t n 507(b)(1)(A), chec			
I Fair market value of all assets at end of year (from Part II, col (c), line 16)▶\$ 3,696,074  J Accounting method ✓ Cash ☐ Accrual ☐ Other (specify) (Part I, column (d) must be on cash basis )					ation is in a 60-month n 507(b)(1)(B), chec			
Part I Analysis of Revenue and	•	(a) Revenue and	(b) 1	Net investment	(c) Adjusted net	(d) Disbursements for charitable		

Form 990-I	PF (2016)						Page <b>2</b>
Part II	Balance Sheets	Attached schedules and an should be for end-of-year	nounts in the des	cription column	Beginning of year	End of	year
1	Cash—non-interest			ee instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
2		prary cash investments			143,206	241_048	241.048
		vesements					211.010
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Page **3** 

Capital Gaille a	illa Losses for Tax off Tilvest	anche Income					
List and describe t 2-story brick ware	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )					
1 a CHARLES SCHWAB 0597	2016-01-01	2016-12-31					
	LONG-TERM - SEE ATTACHMENT		P P	2015-01-01	2016-12-31		
c CAPITAL GAINS DIVIDEN			Р				
d			-				
<u>е</u>							
	(f)		(g)	+ ,	h)		
<b>(e)</b> Gross sales price	Depreciation allowed		other basis		r (loss)		
<u> </u>	(or allowable)	plus expe	ense of sale	(e) plus (f	) mınus (g)		
	9,131		119,66	0	-529		
<b>b</b> 106	5,570		91,44	3	15,127		
c	5,277				6,277		
d							
e							
Complete only for assets	showing gain in column (h) and ow	ned by the foundation (	on 12/31/69	(	1)		
(i)	(j)		(k)	Gains (Col (	h) gain minus		
(i) F M V as of 12/31/69	Adjusted basis		of col (ı)		less than -0-) <b>or</b>		
	as of 12/31/69	over col	(j), if any	Losses (Tr	om col (h))		
a					-529		
b					15,127		
c					6,277		
d							
e				<u> </u>			
2 Capital gain net income or (net capital loss)  3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-  in Part I, line 8  3 20,875							
	nder Section 4940(e) for Re						
(For optional use by domestic pr	rivate foundations subject to the sec	ction 4940(a) tax on ne	t investment inco	me )			
If section 4940(d)(2) applies, lea	ave this part blank						
Was the foundation liable for the	e section 4942 tax on the distributal t qualify under section 4940(e) Do		in the base period	d? 🔲 Y	es 🔽 No		
•	ount in each column for each year,		making any entri	es			
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	( <b>d)</b> Distribution rat (col (b) divided by c			
2015	237,933		3,027,725	-	0 078585		
2014	93,900	-	2,756,820		0 034061		
2013	112,920		2,276,433		0 049604		
2012	102,217		1,986,140		0 051465		
2011	93,777		1,823,455		0 051428		
2 Total of line 1, column (d	)		2		0 265143		
	for the 5-year base period—divide		or by the		0 053029		
number of years the foundation has been in existence if less than 5 years							
			4	+	3,326,164		
• • •	nt income (10/2 of Dayt I June 27h)		· · · · · <del>  - ·</del>	+	176,383		
	nt income (1% of Part I, line 27b)		6	+	437		
			7	+	176,820		
	ons from Part XII, line 4     ,		8	ng n 10/2 have seeke . Ca	262,150		
Instructions	acer chan line 7, check the box in Pa	art vi, iiile ib, and com	piete that part US		orm <b>990-PF</b> (2016)		

	990-PF (2016)		F	Page <b>5</b>
	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12				
13	advisory privileges? If "Yes," attach statement (see instructions)	12	Yes	No
13	Website address ►N/A		163	
14	The books are in care of ►MARIA COAKLEY DAVID  Telephone no ►(703) 5	73-054	ın	
-	Telephone no v (1007)	75 05		
	Located at ▶7732 LEE HIGHWAY FALLS CHURCH VA ZIP+4 ▶220-	42		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here		•	П
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over	-	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
14	San instructions for avantions and filing-requirements for EinCEN Earm 114. Banast of Earsian Bank and Einangial Associate	<u> </u>		
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Form 990-PF (2016)	Page <b>7</b>
Part VIII  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "N	ONE".
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	_
List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	<b>D</b>
Iotal. Add lines 1 through 3	Form <b>990-PF</b> (2016)

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

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

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

Amounts set aside for specific charitable projects that satisfy the

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

3

4

5

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

2

3a 3h

4

5

262.150

261.713

Form 990-PF (2016)

437

165,871

165.871

Form **990-PF** (2016)

0

(d)

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_	_	_	_	•	١	_	_	_	_	/	
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Form 990-PF (2)	016)
Part XIII	Und

n 990-PF (20	016)
art XIII	Undistributed Income (see instructions)

1 Distributable amount for 2016 from Part XI, line 7

(a)

Corpus

53.277

96.279

149,556

149,556

53.277

96.279

(b)

Years prior to 2015

(c)

2015

- 2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only. . . . . . **b** Total for prior years
- Excess distributions carryover, if any, to 2016
- a From 2011. . . . . **b** From 2012. . . .

- c From 2013. . . d From 2014. . . . .

c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

5 Excess distributions carryover applied to 2016

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . . **b** Excess from 2013. . c Excess from 2014. . . .

d Excess from 2015. . .

e Excess from 2016. . .

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

(If an amount appears in column (d), the

6 Enter the net total of each column as

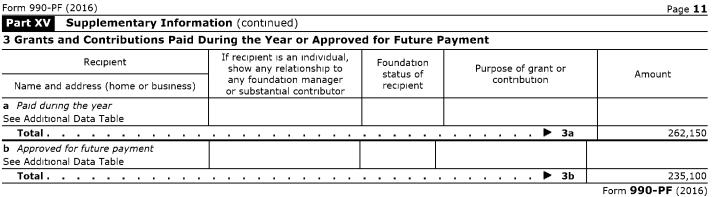
indicated below:

**d** Applied to 2016 distributable amount. . . . e Remaining amount distributed out of corpus

- e From 2015. . . . .
  - 53,277
  - XII, line 4 ▶ \$
- f Total of lines 3a through e. . . . . . . .
- 4 Qualifying distributions for 2016 from Part a Applied to 2015, but not more than line 2a
- **b** Applied to undistributed income of prior years (Election required—see instructions). . . . .

same amount must be shown in column (a) )

ONLY 501(C)(3) ORGANIZATIONS



Form 990-PF (2016)					Page <b>12</b>
Part XVI-A Analysis of Income-Producing	Activities				
Enter gross amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
a	Business code	7 1110 di 112	Exclusion code	ranounc	
b					
с					
d					
e					
f					
<b>g</b> Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	919	
4 Dividends and interest from securities			14	29,593	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
<b>b</b> Not debt-financed property					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income					
8 Gain or (loss) from sales of assets other than			_		
Inventory			18	20,875	
<ul><li>9 Net income or (loss) from special events</li><li>10 Gross profit or (loss) from sales of inventory</li></ul>					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		C		51,387	0
<b>13 Total.</b> Add line 12, columns (b), (d), and (e)			1	3	51,387
(See worksheet in line 13 instructions to verify calculation					
Part XVI-B Relationship of Activities to the					
Line No. Explain below how each activity for which the accomplishment of the foundation's explain the accomplishment of the foundation of the foundation.					
instructions )	compe purposes i	(other than by pro	viding fands for sach	purposes) (see	
·					
				_	000 55 (55)

- Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Part	XVII	Exempt Organ		ransı	rers 10 a	and Iransact	юг	is and Relatio	nsnips with No	oncnarita	abie		
		ganization directly or ii Code (other than section	ndirectly enga							tion 501		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of													
(1) Cash										. [	1a(1)		No
(2)	Other	assets								[	1a(2)		No
<b>b</b> Othe	er tran	sactions											
		of assets to a noncha	•	_							1b(1)		No
		ases of assets from a					•			F	1b(2)		No
		al of facilities, equipme	•				٠				1b(3)		No
		bursement arrangeme								F	1b(4)		No
		s or loan guarantees. mance of services or n								F	1b(5)		No No
		facilities, equipment,			-					F	1b(6) 1c		No
	-	ver to any of the above											NO
of th	ne goo ny tran	ds, other assets, or se nsaction or sharing arra (b) Amount involved	rvices given b angement, sh	y the ow in	reporting column (d	foundation If th	ne f	oundation receive goods, other asse	d less than fair ma	arket value eived	<b>:</b>	ngemen	ts
		, ,				, ,			•	,			
desc	rıbed	ndation directly or indii in section 501(c) of the omplete the following s (a) Name of organizati	e Code (other schedule		section 50	•	ecti	on 527?			Yes	<b>☑</b> N	0
Sign	of m	er penalties of perjury, y knowledge and belie h preparer has any kn	f, it is true, co										
Here	,	*****				2017-11-15		*****		May the IR			
	-	Signature of officer or	trustee	ı		Date		Title		with the pr (see instr )	· —		
		Print/Type preparer'	s name	Prepa	arer's Sıgı	nature		Date	Check if self- employed ▶ □	PTIN	200083	3266	
Paid Prepa	arer	DANIEL S FAGERL  Firm's name ▶ YOU	.I JNT HYDE & B	APPO	IID DC			2017-11-15	. ,				
Use (				-ANDU						Firm's EI	N ▶54·	-11492	63
	-	Firm's address ► 6	08 SOUTH KII	NG ST	REET SUI	TE 200							
LEESBURG, VA 20175						(703	777-7	7739					

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, Contributions to (e) other allowances hours per week not paid, enter (b) devoted to position -0-) employee benefit plans and deferred compensation ELLEN P COAKLEY PRESIDENT. SECRETARY, DIR C/O C J COAKLEY CO INC 7732 LEE HWY 10 00 FALLS CHURCH, VA 22042 MARIA COAKLEY DAVID TREASURER, DIRECTOR 0 10 00 7700 COLTTUDE COURT

MCLEAN, VA 22102				
CORNELIUS J COAKLEY	DIRECTOR	0	0	0
5810 N 25TH ROAD ARLINGTON, VA 22207	10 00			
LIAM F COAKLEY	DIRECTOR	0	0	0

CORNELIUS J COAKLEY	DIRECTOR	0	0	0
5810 N 25TH ROAD ARLINGTON, VA 22207	10 00			
LIAM F COAKLEY	DIRECTOR	0	0	0

5810 N 25TH ROAD ARLINGTON, VA 22207				
LIAM F COAKLEY	DIRECTOR	0	0	0
2114 VIRGINIA AVENUE MCLEAN, VA. 22101	10 00			

LIAM F COAKLEY	DIRECTOR 10 00	0	0	0
2114 VIRGINIA AVENUE MCLEAN, VA 22101				

MICHAEL D. COAKLEY	DIDECTOR			
2114 VIRGINIA AVENUE MCLEAN, VA 22101	10 00			
EDITITI COMMEET	DIRECTOR		U	'

MICHAEL D COAKLEY	DIRECTOR	0	0	0
5931 LITTLE FALLS ROAD	10 00			

ARLINGTON, VA 22207

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

Recipient If recipient is an individual, Foundation Purpose of grant or Amount

Recipient	show any relationship to	status of	contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CODE OF SUPPORT FOUNDATION 4401 FORD AVENUE SUITE 450 ALEXANDRIA, VA 22302	NONE	501(C)(3)	TO FURTHER THE CHARITABLE PURPOSES	73,000
THE JENNIFER BUSH LAWSON FOUNDATION 1069 W BROAD ST SUITE 242 FALLS CHURCH, VA 22046	NONE	501(C)(3)	TO FURTHER THE CHARITABLE PURPOSES	55,000
LEUKEMIA & LYMPHOMA SOCIETY 5845 RICHMOND HIGHWAY ALEXANDRIA, VA 22303	NONE	501(C)(3)	TO FURTHER THE CHARITABLE PURPOSES	60,000
ST JUDE CHILDREN'S HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE	501(C)(3)	TO FURTHER THE CHARITABLE PURPOSES	1,400
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS 3033 WILSON BLVD SUITE 630 ARLINGTON, VA 22201	NONE	501(C)(3)	TO FURTHER THE CHARITABLE PURPOSES	11,500

262,150

Total .

3a

#### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year WOUNDED WARRIOR PROJECT NONE 501(C)(3) TO FURTHER THE CHARITABLE 1,000 1120 G STREET NW SUITE 700 PURPOSES WASHINGTON, DC 20005 MARYMOUNT UNIVERSITY NONE 501(C)(3) TO FURTHER THE CHARITABLE 25,000 000 500

2807 N GLEBE RD ARLINGTON, VA 22207			PURPOSES	
CATHOLIC CHARITIES 200 N GLEBE RD ARLINGTON, VA 22203	NONE	501(C)(3)	TO FURTHER THE CHARITABLE PURPOSES	10,00
KENNEDY CENTER FOR THE PERFORMING ARTS	NONE	501(C)(3)	TO FURTHER THE CHARITABLE PURPOSES	1,50

501(C)(3)

TO FURTHER THE CHARITABLE

**PURPOSES** 

5,000

262,150

NONE

WASHINGTON, DC 20566 THE LANGLEY SCHOOL

1411 BALLS HILL RD

MCLEAN, VA 22101

Total .

3a

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

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

a Paid during the year				
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW ATLANTA, GA 30303	NONE	501(C)(3)	TO FURTHER THE CHARITABLE PURPOSES	6,000

PHOENIX HOUSE 200 N GLEBE RD ARLINGTON, VA 22203	NONE	501(C)(3)	TO FURTHER THE CHARITABLE PURPOSES	10,000
FREE TO BREATHE 1 POINT PLACE SUITE 200	NONE	501(C)(3)	TO FURTHER THE CHARITABLE PURPOSES	250

FREE TO BREATHE 1 POINT PLACE SUITE 200 MADISON, WI 53719	NONE	501(C)(3)	TO FURTHER THE CHARITABLE PURPOSES	
KENNEDY CENTER FOR THE PERFORMING ARTS	NONE	501(C)(3)	TO FURTHER THE CHARITABLE PURPOSES	2

За

MADISON, WI 55719				
KENNEDY CENTER FOR THE PERFORMING ARTS 2700 F STREET NW WASHINGTON, DC 20566	NONE	501(C)(3)	TO FURTHER THE CHARITABLE PURPOSES	2,500
Total				262,150

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**TY 2016 General Explanation Attachment** 

Name: THE CORNELIUS J & ELLEN P COAKLEY FAMILY

DLN: 93491319028197

FOUNDATION INC.

**EIN:** 54-1851618

General E	xplanation	Attachment	
Identifier	Return Reference	Explanation	
1		FORM 990-PF LINES 1 AND STATEMENT 4	THE TAXPAYER HOSTS AN ANNUAL FUNDRAISING GALA THE PURPOSE OF THE GALA IS TO RAISE AWARENESS AND MONEY FOR VARIOUS CHARITABLE ORGANIZATIONS WITH THE PURPOSE OF DISTRIBUTING THE FUNDS TO ASSIST THESE VARIOUS CHARITABLE ORGANIZATIONS WITH THEIR MISSION PROCEEDS FROM THE 2016 GALA TOTALED \$474,345, AS SHOWN ON FORM-PF PART 1 LINE 1 THE EXPENSES FOR SETTING UP THIS EVENT TOTALED \$109,270, AND ARE INCLUDED IN STATEMENT 4

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491319028197				
TY 2016 Investments Corporate Stock Schedule						
Name:	THE CORNELIUS J & ELLEN P C	COAKLEY FAMILY				
	FOUNDATION INC					
FTN:	5/-1851618					

<b>EIN:</b> 54-1851618		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCK	844,307	3,455,026
UNREALIZED GAIN	2,610,719	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491319028197	
TY 2016 Other Increases Schedule				
Name:	THE CORNELI	JS J & ELLEN P COAKLEY FAM	ILY	
	FOUNDATION	INC		
EIN:	54-1851618			
De	escription		Amount	
ADJUSTMENT TO RECORD ADDITIONAL	2016 UNREALIZE	D GAIN	352,672	

efile GRAPHIC print - DO NOT PR	ROCESS	As Filed Data	-	DLN	N: 93491319028197	
TY 2016 Taxes Schedule						
	Name:	THE CORNEL	LIUS J & ELLEN P	COAKLEY FAMILY		
		FOUNDATIO	N INC			
	EIN:	54-1851618				
Category	Ar	mount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
OTHER TAXES		425	0		0	

efile GRAPHIC print - I	O NOT PROCESS As Filed	l Data -			I	DLN: 93491319028197
Schedule B (Form 990, 990-EZ,	So	chedu	ule of Contributo	rs	-	OMB No 1545-0047
or 990-PF)  Department of the Treasury Internal Revenue Service  ► Attach to Form 990, 990-EZ, or 990-PF  Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at   www irs gov/form990						2016
Name of the organizat						entification number
FOUNDATION INC  Organization type (che	ck one)				54-1851618	
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)( ) (enter nu	ımber) o	organization			
	☐ 4947(a)(1) nonexen	npt char	ritable trust <b>not</b> treated as	a private foundat	ion	
	☐ 527 political organiz	zation				
Form 990-PF	<b>✓</b> 501(c)(3) exempt pr	rıvate fo	undation			
	☐ 4947(a)(1) nonexen	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	☐ 501(c)(3) taxable pr	☐ 501(c)(3) taxable private foundation				
	ation filing Form 990, 990-EZ, or property) from any one contril					
Special Rules						
under sections a received from a	ion described in section 501(c) 09(a)(1) and 170(b)(1)(A)(vi), fly one contributor, during the year 1h, or (ii) Form 990-EZ, line	that che ear, tota	cked Schedule A (Form secked Schedule A (Form secked Schedule A (Form secked Schedule A (Form secked A (Form se	990 or 990-EZ), Pa	art II, line 13, 1	16a, or 16b, and that
during the year,	ion described in section 501(c) total contributions of more than the prevention of cruelty to chi	n \$1,000	O exclusively for religious,	charitable, scient		
during the year, If this box is che purpose Do no	ion described in section 501(c) contributions exclusively for recked, enter here the total contributions total and ble, etc., contributions totaling	ligious, ributions ess the <b>(</b>	charitable, etc., purposes s that were received durin General Rule applies to t	, but no such conf g the year for an e his organization b	tributions total exclusively rel ecause it rece	ed more than \$1,000 igious, charitable, etc.,
990-EZ, or 990-PF), bu	in that is not covered by the Ge it <b>must</b> answer "No" on Part IV orm 990PF, Part I, line 2, to ce	V, line 2	, of its Form 990, or chec	k the box on line I	d of its	
For Paperwork Reduction for Form 990, 990-EZ, or 99	Act Notice, see the Instructions 0-PF		Cat No 30613X	Schedu	le B (Form 990,	990-EZ, or 990-PF) (2016)

vam		B (Form 990, 990-EZ, or 990-PF) (2016)	Г	F	I	Page 2
THE	CORN	organization ELIUS J & ELLEN P COAKLEY FAMILY			lentification nu	ımber
OUI Par		ON INC		5	4-1851618	
	(a) Io,	Contributors (see Instructions) Use duplicate copies of Part I if additional s (b) Name, address, and ZIP + 4	space is needed	(c) Total contribution	s	(d) Type of
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	1	Contributions, gifts, grants, etc , received (attach	474,345		•	•
	1 2	schedule)  Check ▶ ☐ If the foundation is <b>not</b> required to attach	474,345	•		•
		schedule)  Check ▶ ☐ If the foundation is <b>not</b> required to attach  Sch B	474,345 919	919	•	
	2	schedule)  Check ▶ ☐ If the foundation is <b>not</b> required to attach		919 29,593	•	
	2 3 4 5a	schedule)  Check ▶ ☐ If the foundation is <b>not</b> required to attach Sch B  Interest on savings and temporary cash investments  Dividends and interest from securities  Gross rents	919			
e	2 3 4	schedule)  Check ▶ ☐ If the foundation is <b>not</b> required to attach Sch B  Interest on savings and temporary cash investments  Dividends and interest from securities	919			
летие — — — — — — — — — — — — — — — — — — —	2 3 4 5a b	Schedule)  Check ▶□ If the foundation is <b>not</b> required to attach Sch B  Interest on savings and temporary cash investments  Dividends and interest from securities  Gross rents  Net rental income or (loss)  Net gain or (loss) from sale of assets not on line 10  Gross sales price for all assets on line 6a	919 29,593			
Revenue	2 3 4 5a b 6a	Schedule)  Check  if the foundation is <b>not</b> required to attach Sch B  Interest on savings and temporary cash investments  Dividends and interest from securities  Gross rents  Net rental income or (loss)  Net gain or (loss) from sale of assets not on line 10	919 29,593			
Revenue	2 3 4 5a b 6a b	Schedule)  Check  if the foundation is <b>not</b> required to attach Sch B  Interest on savings and temporary cash investments  Dividends and interest from securities  Gross rents  Net rental income or (loss)  Net gain or (loss) from sale of assets not on line 10  Gross sales price for all assets on line 6a  231,978  Capital gain net income (from Part IV, line 2)  Net short-term capital gain	919 29,593	29,593		
Revenue	2 3 4 5a b 6a b	Schedule)  Check ▶ ☐ If the foundation is <b>not</b> required to attach Sch B  Interest on savings and temporary cash investments  Dividends and interest from securities  Gross rents  Net rental income or (loss)  Net gain or (loss) from sale of assets not on line 10  Gross sales price for all assets on line 6a  231,978  Capital gain net income (from Part IV, line 2)  Net short-term capital gain  Income modifications	919 29,593	29,593	•	
Revenue	2 3 4 5a b 6a b	Schedule)  Check  if the foundation is <b>not</b> required to attach Sch B  Interest on savings and temporary cash investments  Dividends and interest from securities  Gross rents  Net rental income or (loss)  Net gain or (loss) from sale of assets not on line 10  Gross sales price for all assets on line 6a  231,978  Capital gain net income (from Part IV, line 2)  Net short-term capital gain	919 29,593	29,593		

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)		Page <b>3</b>
Name of organizatio	n LLEN P COAKLEY FAMILY	Employer ident	ification number
FOUNDATION INC	COARLET TAILLET	54-18	351618
Part II	Noncash Property	•	
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (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
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(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)

Schedule B (Form	990, 990-EZ, or 990-PF) (2016)		Page <b>4</b>
FOUNDATION INC	ion ELLEN P COAKLEY FAMILY		Employer identification number 54-1851618
than \$1, organiz the year	000 for the year from any one contributor	r. Complete columns (a) thro of exclusively religious, chari ctions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh <b>(e) and</b> the following line entry. For table, etc., contributions of <b>\$1,000 or less</b> for
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a)	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No.from Part I	(b) Fullpose of gift	(c) ose of gift	(u) Description of now gift is field
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

### **Additional Data**

## Software ID: Software Version:

**EIN:** 54-1851618

Name: THE CORNELIUS J & ELLEN P COAKLEY FAMILY

FOUNDATION INC

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (d) Type of contribution (a) No. (b) Name, address, and ZIP + 4 (c) Total contributions MARYMOUNT UNIVERSITY Person 1 **Payroll** 2807 NORTH GLEBE ROAD \$ 5,000 Noncash ARLINGTON, VA22207 (Complete Part II for noncash contribution ) CJ COAKLEY CO INC Person **~** Payroll 7732 LEE HIGHWAY \$ 25,000 Noncash FALLS CHURCH, VA 22042 (Complete Part II for noncash

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_	WYMAN FOUNDATION		Person 🗸
<u>7</u>			Payroll 🗌
	C/O TOMPKINS TRUST CO PO BOX 6437	\$ 10,000	· =
	ITHACA, NY14851		Noncash $\square$
	TITACA, NY 14051		(Complete Part II for non
	KOONS TYSONS TOYOTA		contribution )
<u>8</u>	ROOMS TESONS TOTOTA		Person 🗸
<u> =</u>	8610 LEESBURG PIKE		Payroll 🗌
	8610 LEESBURG PIKE	\$ 12,500	Noncash $\Box$
	VIENNA, VA22182		
			(Complete Part II for nor contribution )
	KOONS ARLINGTON TOYOTA		Person 🗸
<u>9</u>			Payroll 🗌
	4050 LEE HIGHWAY	\$ 12,500	
	ARLINGTON, VA 22207		Noncash $igsqcup$
	ARLINGTON, VA22207		(Complete Part II for non
	CODE OF SUPPORT FOUNDATION		contribution )
<u>10</u>	CODE OF SUPPORT FOUNDATION		Person 🗸
10	4401 FORD AVE 450		Payroll 🗌
	4401 FORD AVE 450	\$ 7,500	Noncash $\Box$
	ALEXANDRIA, VA 22302		
			(Complete Part II for nor contribution )
	S&D COFFEE		Person 🗸
<u>11</u>			Payroll 🗌
	300 CONCORD PARKWAY S PO BOX 1628	\$ 7,500	
	1	1 ——	Noncash 🚨
•			
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orm 990 Schedul	e B, Part I - Contributors (see Instructions) Use duplicate	copies of Part I if additional sp	ace is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	BAKER TILLY		Person 🗸
<u>13</u>			Payroll 🗌
	8219 LEESBURG PIKE SUITE 800	\$ 6,000	= 1
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Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution Νo. Name, address, and ZIP + 4 Total contributions Person **V** <u>19</u> MARIA COAKLEY DAVID AND JIM DAVID Payroll 7732 LEE HIGHWAY \$ 5,000 Noncash FALLS CHURCH, VA22042 (Complete Part II for noncash contribution ) Person 20 SCOTT AND JANE PELLEY Payroll 5 PEACH HILL ROAD \$ 5,000 Noncash DARIEN, CT06820 (Complete Part II for noncash contribution ) JENNIFER BUSH LAWSON FOUNDATION Person 21 Payroll 1069 WEST BROAD ST SUITE 242 \$ 5,000 Noncash  $\square$ FALLS CHURCH, VA 22046 (Complete Part II for noncash contribution ) Person 22 LIAM COAKLEY Payroll 7732 LEE HIGHWAY \$8.000 Noncash FALLS CHURCH, VA22042 (Complete Part II for noncash contribution )