832001 12-31-18

Department of the Treasury

CHANGE OF ACCOUNTING PERIOD

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

► 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

OMB No 1545-0047

A F	or the	2018 calendar year, or tax year beginning OCT 1, 2018 and e	nding D	EC 31, 2018			
<b>B</b> c	heck if pplicabl	C Name of organization		D Employer identific	ation number		
	Addre:	MAF Foundation					
$\vdash$	Name chang			33-0199	821		
$\vdash$	Initial		Room/suite	E Telephone number			
$\vdash$	_lreturn ∏Fınal	112 N Pilatus Lane	iooni, oano	208-498-0800			
_	⊣return/ termin ated			G Gross receipts \$	146,427.		
	Amen			H(a) Is this a group re	· · · · · · · · · · · · · · · · · · ·		
$\vdash$	⊒return ∏Applic	,	<del>.</del>	for subordinates			
	⊥tiön pendir	same as C above		H(b) Are all subordinates in			
		empt status	r 🔲 5 <b>2</b> 7	4 <i>~ /</i>	ist (see instructions)		
		re: www.maf.org	<u> </u>	H(c) Group exemption	·		
		organization: X Corporation	I Year		State of legal domicile: CA		
	rt I	Summary	<u>//   </u>	110	- Carlo Cr. rogui Congress		
_			about th	ne work of Mission			
Activities & Governance		Aviation Fellowship					
nar		Check this box I if the organization discontinued its operations or dispose	ed of more	e than 25% of its net as:	sets		
Ver		Number of voting members of the governing body (Part VI, line 1a)		3	8		
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)	V	4	7		
•ర ഗ		Total number of individuals employed in calendar year 2018 (Part V. line 2a)	Ì	5	0		
iţie		Total number of volunteers (estimate if necessary) RECEIVED	ĺ	6	10		
ξį	1		į	7a	0.		
ĕ	h	Total unrelated business revenue from Part VIII, column (Č), line 12 1		7b	0.		
		Net difference business taxable income norm of the say filling as 2019		Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		701,484.	84,738.		
Ę		Program service revenue (Part VIII, line 2g)  OGDEN, UT		345,571.	0,		
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		20,543.	61,689.		
	I	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,721.	0.		
	I	Other revenue (Part VIII, Columni (A), lines 5, 6d, 6c, 9c, 10c, and 11e)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,075,319.	146,427.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	7,002.		
	I	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		13,811.	0.		
Expenses	1		-	0.	0.		
Den	1	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	112.				
Ä	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del></del>	615,166.	11,012.		
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	$\vdash$	628,977.	18,014.		
	1	Revenue less expenses Subtract line 18 from line 12	-	446,342.	128,413.		
- <u>s</u>	19	nevertue less experises. Subtract line 10 front line 12	Re	eginning of Current Year	End of Year		
ance	20	Total accests (Part V. Juno 16)	<u>  -                                 </u>	7,831,328.	7,147,065.		
Net Assets or Fund Balances	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	$\vdash$	3,862,599.	3,442,045.		
age Ele	22	Net assets or fund balances Subtract line 21 from line 20		3,968,729.	3,705,020.		
TP.	irt II	Signature Block		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- , · · · · · · ·		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is		
	-	t, and complete. Declaration of pregrarer (other than officer) is based on all information of while			Kilowioago alla bolloi, Kilo		
uuc,	COITCE	t, and complete becautation of perparer (vinor main officer) to based on an information of with	оп реориго	11/1	4 /2019		
e:	_	Signature of giftiger		Date	1 /2019		
Sign		Joseph Barraclough, VP, Finance/CFO					
Her	e	Type or print name and title		<del></del> -	<del></del>		
				Date Check	II PYIN		
Paid	1	Print/Type preparer's name  Preparer's signature		11/14/2019			
		Tred R. Batson, Jr.  Firm's name Capin Crouse LLP	سارسد	self-employe	36-3990892		
-	Only		/	Firm's EIN	30-3330032		
บริย	Only	Firm's address 2435 Research Parkway, STE 200		Phone no.719	-528-6225		
		Colorado Springs, CO 80920		[ Filolie 110. 719			
		3S discuss this return with the preparer shown above? (see instructions)			Yes No		
8320	01 12-3	1-18 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.	- //	Form <b>990</b> (2018)		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Part III   Statement of Program Service Accomplishments	Form	990 (2018) MAF Foundation	33-0199821	Page <b>2</b>
the Foundation provides free seminars to potential donors and current donors to infore them about the work of Misson Aviation Pellowship and to teach them about attewardship principles.  2 Did the organization undertake any significant program services during the year which were not listed on the principle of 190 c2?	Par	rt III Statement of Program Service Accomplishments		
1. Borley describe the organization's masion. The Foundation provides free seminars to potential donors and current described to inform them about the work of Mission Aviation Pellowship and to teach them about attewardship principles.  2. Did the organization undertake any significant program services during the year which were not listed on the principles of the proof form 990 or 990-627		Check if Schedule O contains a response or note to any line in this Part III		
the Foundation provides free seminars to potential donors and current denors to infore them about the work of Mission Aviation Pollowship and to teach their about stewardship principles.  2 Did the organization undertake any significant program services during the year which were not listed on the principles of the organization cases conducting, or make significant changes in how it conducts, any program services?	1			
donce to infore them about the work of Mission Aviation Fellowship and to teach them about stewardship principles.  2 Dd the organization undertake any significant program services during the year which were not listed on the principle form 990 or 990 c2?	•			
and to teach then about atewardship principles.  2 Did the organization undertake any significant program services during the year which were not listed on the principles of 980 of 980 £2°				
Did the organization undertake any significant program services during the year which were not listed on the provision \$30.00 consistent of the provision \$1.00 consistent \$1.00				
pro Form 990 or 990.622?    Yes   X   No     Yes, describe these new services on Schedule O.   1 Yes, describe these new services on Schedule O.   1 Yes, describe these charges on Schedule O.   2		and to teach them about become about principles.		
pro Form 990 or 990.622?    Yes   X   No     Yes, describe these new services on Schedule O.   1 Yes, describe these new services on Schedule O.   1 Yes, describe these charges on Schedule O.   2				<del></del>
## 1 "Yes," describe these new services on Schedule O.  ## 1 "Yes," describe these changes on Schedule O.  ## 1 "Yes," describe these changes on Schedule O.  ## 2 "Good on the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(6) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  ## 3 "Good Operating Services 100 organization of the organization of the service of the s	2			
3 Dut the organization cases conducting, or make significant changes in how it conducts, any program services?    Ves				tes No
## If "Yes," describe these changes on Schedule O.  ## Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(6)3 and 501(6)40 graginizations are required to report the amount of grants and affocations to others, the total expenses, and revenue, if any, for each program service reported  ## Code			_	
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(d) and 501(c)(d) organizations are required for report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  40 (Code	3	-	,	∟ Yes L≛ No
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, darny, for each program service reported  4a (Cook) (Expenses 1		<del>*</del>		
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48 (Code   ) (Expenses S 7,002. moduling grants of S 7,002.) (Receive S )  MAP Foundation serves as a fundarishing entity to support the ministry of Mission Aviation Pellowship, which reaches the world's most isolated people with the love of Jesus by flying airplanes and providing technology solutions. Transforming the lives of churches and communities with training and meeting physical needs.  The Foundation seeks to educate MAF supporters about stewardship and estate planning. Such services are free of charge.  4b (Code ) (Expenses S mcbudng grants of S ) (Revenue S )  4c (Code ] (Expenses S mcbudng grants of S ) (Revenue S )  4d Other program services (Describe in Schedule O) (Expenses S mcbudng grants of S ) (Revenue S		Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total ex	penses, and
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4e Total program service expenses ► 7,002.	40			1
LAPM WHITTHIN	<u>4e</u>	rotal program service expenses	***	Form 990 (2019)

MAF Foundation

Form 990 (2018) MAF Foundation

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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the 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  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		х
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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_		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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		х
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	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable	l		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<del>  ^-</del>
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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		х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			۱
	complete Schedule G, Part III	19	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		$\vdash$
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	
	domestic government of that it, column (A), line 1 · n · res, complete concedite i, i alto i and n			

Form 990 (2018) MAF Foundation

Part IV | Checklist of Required Schedules (continued)

	- The state of the dame a content of some seek		Yes	No
00	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	140_
22		22		х
02	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
240	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		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			i
	instructions for applicable filing thresholds, conditions, and exceptions).			
	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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ł		
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٠.
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Par	Note. All Form 990 filers are required to complete Schedule O  It V Statements Regarding Other IRS Filings and Tax Compliance	38	L	Ь
Lrai	Check if Schedule O contains a response or note to any line in this Part V			
	Chock is continued to contain a respective or flate to diff into in this take t		Yes	No
4 -	Enter the number reported in Box 2 of Form 1006 Enter 0 of not applicable		162	140
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	1		,
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		,
С	(gambling) winnings to prize winners?	1c		
	(Barnowill) willings to buse williers.	1. 10.		Ь—

Form 990 (2018) Statements Regarding Other IRS Filings and Tax Compliance (continued)

	•		Landmontreemer	Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			44.00 44.00					
	filed for the calendar year ending with or within the year covered by this return	2a (							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?	2b						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0	3b						
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, securities account, or other financial	account)?	4a		х				
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 A	ccounts (FBAR)	1/4						
5a	Was the organization a party to a prohibited tax shelter 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 transa	ction?	5b		х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit							
	any contributions that were not tax deductible as charitable contributions?		6a		х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts							
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required							
	to file Form 8282?		7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			77.75				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e 7f		х				
f	, , , , , , , , , , , , , , , , , , , ,								
g									
h									
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?		8	ก่าได้เรื่	ು ೧೩೬೮				
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	10 post994.	.1129641				
10	Section 501(c)(7) organizations. Enter	1 1			달살				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			Di N				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	12,24						
11	Section 501(c)(12) organizations. Enter	1 1							
	Gross income from members or shareholders	11a '	H. W.	1	1.7.7				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				6.0				
	amounts due or received from them)	11b	10-	1	2.00				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	4) 2,457	40 ASM				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		100					
	Section 501(c)(29) qualified nonprofit health insurance issuers.		120	11,75%	10 m				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	11	/ 23				
	Note. See the instructions for additional information the organization must report on Schedule O		明 高麗。 19 第3						
D	Enter the amount of reserves the organization is required to maintain by the states in which the	1 405	3	100					
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c	140	(14%) .	रुधः X				
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Noe" has a field a Form 700 to recent those payments? If "No " provide an explanation in Schedul	۵0	14a 14b		<del>                                     </del>				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		140		$\vdash$				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	station of	15		x				
	excess parachute payment(s) during the year?		15						
16	If "Yes," see instructions and file Form 4720, Schedule N	at incomo?	76	resist.	X X				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment "You" complete Form 4730. School in O	it income,	ile <sup>ti</sup> .	抗酸酯	<u></u> §-3.₩				
	If "Yes," complete Form 4720, Schedule O	······································			(2018)				

Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.	"No" r	espon	se			
				х			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI						
sec	tion A. Governing Body and Management		Yes	No			
4.	Enter the number of voting members of the governing body at the end of the tax year	\$45. B	4803	nate izal			
18	If there are material differences in voting rights among members of the governing body, or if the governing			22.			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	Sign Ares		13774 1745			
<b>L</b>							
ь 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	NA.					
2	officer, director, trustee, or key employee?	2	Table Broke	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?	з		x			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х			
6	Did the organization have members or stockholders?	6		х			
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a	х				
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			_			
	persons other than the governing body?	7b		х_			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	IN.	Maiz	163.48			
	The governing body?	8a	х				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)						
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		l			
	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?						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	المُستَفَالًا	X	٢			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u>x</u>	$\vdash$			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		$\vdash$			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c	х				
10	In Schedule O how this was done	13	x	<del></del>			
13	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	x				
14 15	Did the process for determining compensation of the following persons include a review and approval by independent	75. 41	v. 37	1 - 4 d			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1 14 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	翻答				
а	The organization's CEO, Executive Director, or top management official	15a		X			
	Other officers or key employees of the organization	15b		х			
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	22. 5	4 ( T	7. J.4			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1					
	taxable entity during the year?	16a		Y			
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Sec.	30 1 1 cm	7677-178 14 14			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	2		1			
	exempt status with respect to such arrangements?	16b		<u> </u>			
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶CA						
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)	avail	able			
	for public inspection. Indicate how you made these available. Check all that apply.						
	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, and	d finan	cial				
	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						
	Joe Barraclough - 208-498-0800						

# 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

Check this box if neither the organization		orga I	anıza			npe	nsat	1		(F)	
(A)	(B)		<b>(C)</b> Position					(D)	(E)	(F)	
Name and Title	Average		not c	heck	more	than		Reportable	Reportable compensation from related	Estimated amount of	
	hours per week	offi	cer an	ss pe id a d	rson Irecto	is bot or/trus	n an tee)	compensation from		other	
	(list any hours for related organizations below line)	iĝ						the	organizations	compensation	
	hours for	rdirec				ᄝ		organization	(W-2/1099-MISC)	from the	
	related	stee 0	ustee			eusa		(W-2/1099-MISC)		organization	
	organizations	al trus	nal tr	İ	loyee	g e				and related	
	below	Mg	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
	line)	르	Ē	5	ž	£.₽	Ē				
(1) Greg Davis	1.00	,,							0.	0	
Chairman	2 00	х		х	-	┢	<u> </u>	0.		0	
(2) David Holsten	2.00	]						,	140 006	27 072	
President	40.50	^	-	х	⊢	┢		0.	140,006.	27,072	
(3) Norm Brown	1.00	,						1	0.	0	
Director	1 00	х		<u> </u>	⊢	├		0.	0,	0	
(4) Ronn Bagge	1.00	x			l			0.	0.	0	
Director (5) Anthony Van Schaick	1.00	^		<del> </del>	-	-		<u> </u>	0.	0	
•	1.00	x						0.	0.	0	
Director	1,00	^	┝	-	<del> </del>			<u> </u>	0.	0	
(6) Steve Pruss	1.00	x						0.	0.	0	
Director (7) Robert Swanson	1.00	Ĥ				<u> </u>		· · · · · · · · · · · · · · · · · · ·			
Director	1.00	x						0.	0.	0.	
(8) Brian Burks	1.00	<u> </u>		$\vdash$		<del>  .</del>	_				
Director	1.00	x						0.	٥.	0	
(9) Aaron Bear	1.00	Ë	<u> </u>			-					
Secretary	40.00			x				0.	68,025.	23,667	
(10) Joe Barraclough	2.00		$\vdash$	H	-	$\vdash$			,	,	
Treasurer	40.50	1	1	x				0.	92,739.	22,985	
					<del>                                     </del>	<del>                                     </del>				<u> </u>	
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		]	ļ		1				1		

Section A. Officers, Directors, T	rustees, Key Em	ploy	ees/	, and	d Hı	ghe	st C	ompensated Employe	es (continuea)	— т			
' (A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable			tımate	
	hours per					is bot or/trus		compensation	compensation			ount o	of
	week (list any	<u> </u>	1		I		100,	from	from related			other	tion
	hours for	Individual trustee or director						the organization	organization (W-2/1099-Mi			oensa om the	
	related	e or d	ᆲ			sated		(W-2/1099-MISC)	(***271033****	30,		anızatı	
	organizations	ruste	Institutional trustee		a	шрег		(1. 2, 1000 100)			_	relate	
	below	qual	uton		eg e	est co	ا ا				orga	nızatıd	ons
	line)	Indiv	Instr	Officer	Key employee	Highest compensated employee	Form	}		ŀ			
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		_	_	<u> </u>	_	$\vdash$	<u> </u>			$\longrightarrow$			
		ļ											
		<u> </u>		<u> </u>	<u> </u>	L	Ļ_		300	770	<del></del>	72	724.
1b Sub-total								0.	300,	,770.		/3,	0.
c Total from continuation sheets to Par	t VII, Section A							0.	300	770.		72	724.
d Total (add lines 1b and 1c)							<u> </u>	<u> </u>				73,	124.
2 Total number of individuals (including b		ose	liste	ed al	bove	e) wi	no re	eceived more than \$100	,000 of reportab	не			0
compensation from the organization	<u> </u>						_				1	Yes	No
0 Ddth			_ 1					highest componented o	malayaa an	ſ			
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J f			e, Ke	y ei	npic	yee	, OI	nighest compensated e	mployee on		3		
·				oner	ation	2 200	4 0+1	har companeation from	the organization	.			<del></del>
4 For any individual listed on line 1a, is the and related organizations greater than \$									trie Organization		4	<u></u>	
5 Did any person listed on line 1a receive									idual for services	ا			
rendered to the organization? If "Yes," of							Ciuc	organization of mair	idddi for dol filodi		5		х
Section B. Independent Contractors	ompioto comeda.	<del></del>	<u> </u>		<i>p</i> 0.0				<del>-</del>				
Complete this table for your five highest	compensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	mpens	ation f	rom	
the organization. Report compensation													
(A)	,							(B)			(C	;)	
Name and busin	ess address	NO	NE					Description of s	ervices	С	omper		n
							ヿ						
	·						٦						
	<u>-</u> .			_						<u> </u>			
									-				
Total number of independent contracto	rs (includina but r	not li	mite	d to	tho	se lu	l	above) who received n	nore than				
\$100,000 of compensation from the org		_ 2 34				0		,		L			
					_								_

Form 990 (2018) MAF Foundate Part VIII Statement of Revenue

171 12	•	Check if Schedule O cont	ains a respo	onse or note to any l	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a		TARINET LINES FOR	TITIO CONTRACTO	PETATRE PART	
ran		Membership dues	1b					
i, G		<b>6</b>	10	<b>†</b>				
ifts ar A	(	L. Datatant and annual trans	10					
S,E	`		_	<del>                                     </del>				
Š	ì	All other contributions, gifts, grant	· ·					
her	'	similar amounts not included above	I .	84,738				
흕			-	1				
Contributions, Gifts, Grants and Other Similar Amounts	(	Total. Add lines 1a-1f	,		84.738.			
<del>-</del>		Total: Add lines 14 11		Business Code	Add 11 (also in high strainer) & Strain works abound			201505-05-115-PM
e e	2 a	3 r		545111000 004		. 30.35040475.53334465465464	317-1117-111-111-11	in and the server seasons at the server
Ş (	_ t			_				
Ser					1	i		
E S								
Program Service Revenue				_				
<u>.                                    </u>	f	All other program service reve	nue					
	ç			<b></b>		<b>和尼斯尔斯科拉克里</b>	ALMAN SALVAN	<b>以在1987年中共2</b>
	3	Investment income (including	dıvıdends, i	interest, and				_
		other similar amounts)		•	61,689.			61,689.
	4	Income from investment of tax	x-exempt bo	ond proceeds				
	5	Royalties		<b></b>	4			
			(ı) Rea	l (ii) Personal				KERNELEY.
	6 a	a Gross rents						
	Ė	Less. rental expenses						
	(	Rental income or (loss)						
	C	Net rental income or (loss)		<b>&gt;</b>				
	7 8	Gross amount from sales of	(i) Securit	ties (ii) Other				
		assets other than inventory						
	· k	Less cost or other basis						
		and sales expenses		·				
	(	Gain or (loss)		·				
	(	1 Net gain or (loss)						
en	8 8	Gross income from fundraising	g events (no	ot	3496964	Note: Sales Ba		
	***	==including-\$ =	of	and a series of the first				
ě		contributions reported on line	1c). See					
Other Reven		Part IV, line 18		a				
돺	t	Less. direct expenses		b			12497164135	
		Net income or (loss) from fund			many or compressmentation as a compression		AND THE RESERVE AND THE THE AND	Tark 1935 - 1945 - United America
	9 a	Gross income from gaming ac	tivities See					
		Part IV, line 19		a				
		Less direct expenses		b		1775-24-11		
		Net income or (loss) from gam		es 👤	9 - 4750,93 (4947) /474 ) /772897 555	MALAYSTA IN CRESS TO A STOCK OF THE STOCK OF	2.7 25.6 C	A STANLEY OF STANSHINGS THE
	10 a	Gross sales of inventory, less	returns	1				
		and allowances		a				
		Less cost of goods sold		b		SEASON SERVICES	in a rate di . : 24 di c	
	c Net income or (loss) from sales of inventory		Security little and and	redelit ilstal bittet	BETTATIBARENE SETT	384-948CO-88-41		
		Miscellaneous Revenu	ie	Business Code	e <u>istorgandirkarrski</u>		ENDERS SOLD	lementer in in
	11 a				<del> </del>			<del> </del>
	t				<del>                                     </del>	-		-
		^ <del></del>						<del>                                     </del>
						KHITCH MARKET		和表表示:12/2/2014 19/2/2
	12	Total. Add lines 11a-11d Total revenue. See instructions			146,427.	0.	0.	61,689.
	14					.,		,

## Part IX Statement of Functional Expenses

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 response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
•	and domestic governments. See Part IV, line 21	7,002.	7,002.								
2	Grants and other assistance to domestic	<u> </u>			MEACHEN PROPERTY OF						
_	individuals See Part IV, line 22										
3	Grants and other assistance to foreign		•	aterion-vari							
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16	,	• •								
4	Benefits paid to or for members			Principal de la company de la company de la company de la company de la company de la company de la company de	i in the free from						
5	Compensation of current officers, directors,										
	trustees, and key employees		` `		<b>Y</b>						
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and	<b>.</b>									
	persons described in section 4958(c)(3)(B)	•									
7	Other salaries and wages				•						
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits				•						
10	Payroll taxes										
11	Fees for services (non-employees)										
а	Management '	·			1						
b	Legal	<u> </u>									
С	Accounting				·						
ď	, 3		20 MALZOCA 201 M 147 Store 171 45 20	Zili, a Zigita - Jr., mali 200 a Zivita i di Zivita i d							
е	Professional fundraising services. See Part IV, line 17			THE PLANT OF THE PARTY OF THE P							
f	Investment management fees			*							
g	, -		i		•						
	column (A) amount, list line 11g expenses on Sch 0.)	11,012.			11,012.						
12	Advertising and promotion		•	· .							
13	Office expenses				<u> </u>						
14	Information technology	•									
15	Royalties										
16	Occupancy	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·							
17 '	Travel	·			,						
18	Payments of travel or entertainment expenses	• •	, , , , ,		•						
40	for any federal, state, or local public officials										
19 20	Conferences, conventions, and meetings				,						
20 21	Interest Payments to affiliates	1 1		<del>-                                    </del>	, ,						
21 22	Depreciation, depletion, and amortization			-	•						
23	Insurance		•								
23 24	Other expenses, Itemize expenses not covered	AND TOP THE THOR		CARCE STEEL MATERIAL	美名人多数以供的资金,从						
	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	,	The second of the second second will	The second secon								
b											
. с											
d					•						
е	All other expenses										
25	Total functional expenses Add lines 1 through 24e	18,014.	7,002.	0.	11,012.						
26	Joint costs. Complete this line only if the organization	4 ,									
	reported in column (B) joint costs from a combined		'	,	,						
	educational campaign and fundraising solicitation.				,						
	Check here if following SOP 98-2 (ASC 958-720)			l							

Part X Balance Sheet .

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 2,691. 32,838. Cash - non-interest-bearing 1 46,062. 46,108. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 2,550 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L Notes and loans receivable, net 7 Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D 10b Less accumulated depreciation 1,287,519 1,283,766 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 6,461,759 15 5,814,500. 15 Other assets See Part IV, line 11 7,147,065. 7,831,328. 16 Total assets. Add lines 1 through 15 (must equal line 34) 46,062 46,062 17 Accounts payable and accrued expenses 17 Grants payable 18 18 19 19 Deferred revenue 20 20 · Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of - 2 3,816,537 3,395,983. Schedule D 3,862,599 3,442,045, 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Assets or Fund Balances 881,923 848,672, 27 Unrestricted net assets 28 Temporarily restricted net assets 3,086,806 2,856,348 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here | and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds .31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 3,705,020, 3,968,729 33 33 Total net assets or fund balances 7,831,328, 7,147,065. 34 Total liabilities and net assets/fund balances

Part XL Reconciliation of Net Assets  Check if Schedule O contains a response or note to any line in this Part XI  1 Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 2 Total expenses Subtract line 2 from line 1 3 128, 413. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Column (B) 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Cher changes in net assets or fund balances (explain in Schedule O) 9 Cher x XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2 Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis. Consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis. Consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis. Consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis. Consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis. Consolidated basis, or both.  S	Form	990 (2018) MAF Foundation	33-0199821	Pac	ge <b>12</b>
Total revenue (must equal Part VIII, column (A), line 12)  1 Total revenue (must equal Part IX, column (A), line 25)  2 18,014.  3 Revenue less expenses Subtract line 2 from line 1  3 128,413.  4 Not assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  5 Not unrealized gains (losses) on investments  6 Conated services and use of facilities  7 Investment expenses  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain in Schedule O)  9 Other changes in net assets or fund balances (explain in Schedule O)  9 Other changes in net assets or fund balances (explain in Schedule O)  9 Other changes in net assets or fund balances (explain in Schedule O)  9 Other changes in net assets or fund balances (explain in Schedule O)  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, oliumn (B))  11 Accounting method Used to prepare the Form 990 Cash X Accrual Other  12 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  13 Accounting method used to prepare the Form 990 Cash X Accrual Other  16 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.  17 Separate basis Consolidated basis Both consolidated and separate basis  18 Other changes in the statements and selection of an independent accountant?  19 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both.  18 Separate basis Consolidated basis Both consolidated and separate basis.  19 Consolidated basis, or both.  20 Separate basis Consolidated basis Both consolidated and separate basis.  21 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  19 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate b	∜Pa	rt XII Reconciliation of Net Assets			
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4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  5 Net unrealized gains (losses) on investments  5 < 3, 68, 729.  5 Net unrealized gains (losses) on investments  5 < 486, 232.  6 Donated services and use of facilities  6	2	Total expenses (must equal Part IX, column (A), line 25)	2	<b>.</b>	
S Net unrealized gains (losses) on investments  6 Donated services and use of facilities  7 Investment expenses  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990	3	Revenue less expenses Subtract line 2 from line 1	3		
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8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Column (Bi) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Separate basis  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 Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b I	6	Donated services and use of facilities	6		
9 Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990	7	Investment expenses	7		
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))    Part XII   Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   Check if Schedule O contains a response or note to any line in this Part XII   Check if Schedule O contains a response or note to any line in this Part XII   Check if Schedule O contains a response or note to any line in this Part XII   Check if Schedule O contains a response or note to any line in this Part XII   Check if Schedule O contains a response or note to any line in this Part XII   Check if Schedule O contains a response or note to any line in this Part XII   Check if Schedule O contains a response or note to any line in this Part XII   Check if Schedule O contains a response or note to any line in this Part XII   Check if Schedule O contains a response or note to any line in this Part XII   Check if Schedule O cash	8	Prior period adjustments	8		
column (B)	9	Other changes in net assets or fund balances (explain in Schedule O)	9	<305,	890.>
Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a proof year or checked "Other," explain in Schedule O.  2a	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
Check if Schedule O contains a response or note to any line in this Part XII    Accounting method used to prepare the Form 990		column (B))	10	3,705,	020.
Yes   No	Pa	TEXII Financial Statements and Reporting			
Accounting method used to prepare the Form 990		Check if Schedule O contains a response or note to any line in this Part XII			
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  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 Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b				Yes	No
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or audits, explain why in Schedule O and describe any steps taken to undergo such audits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit		
				3b	
				Form <b>990</b> (	(2018)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

## **Public Charity Status and Public Support**

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.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization 33-0199821 MAF Foundation Reason for Public Charity Status (All organizations must complete this part ) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | X | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II) Я A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other (i) Name of supported (II) EIN (III) Type of organization (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Page 2

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	ction A. Public Support						
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						
	ınclude any "unusual grants ")	2,207,478.	1,781,150.	750,587.	701,484.	84,738.	5,525,437.
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	2,207,478.	1,781,150.	750,587.	701,484.	84,738.	5,525,437.
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				Mai de a		
	amount shown on line 11,						
	column (f)	<b>特别的法律部</b>	CANCEL PARTY.		<b>本数</b> 19为136340	KAN TANKA	222,527.
	Public support. Subtract line 5 from line 4		MARKATA PARA	ran salahan	(Maria Statilità Said		5,302,910.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	2,207,478.	1,781,150.	750,587.	701,484.	84,738.	5,525,437.
8	Gross income from interest,						•
	dividends, payments received on						
	securities loans, rents, royalties,						400 400
	and income from similar sources	319,149.	31,155.	48,983.	28,204.	61,689.	489,180.
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		142 020	211 126			359,055.
	assets (Explain in Part VI )	NO. 4. 3 -1989 145,511,6 14,75 475	147,929.	211,126.	nga asalak		6,373,672.
		, , , , , , , , , , , , , , , , , , , ,	War and American	managed to your ender t	D. Berger difference		345,571.
	Gross receipts from related activities,	•	•			12	343,371.
13	First five years. If the Form 990 is for		s first, second, thir	d, lourth, or little ta	ax year as a sectio	11 50 1(0)(3)	▶□
Sec	organization, check this box and storetion C. Computation of Publ		rcentage				
	Public support percentage for 2018 (			column (fl)		14	83.20 %
	Public support percentage from 2017			, O. C. T. T. (1,7)		15	84.28 %
	33 1/3% support test - 2018. If the c			n line 13, and line	14 ıs 33 1/3% or n	<del></del>	
	stop here. The organization qualifies					,	<b>▶</b> x
b	33 1/3% support test - 2017. If the o		<del>-</del>		line 15 is 33 1/3%	or more, check this	s box
_	and stop here. The organization qual						ightharpoons
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					-	ightharpoons
b	10% -facts-and-circumstances tes					17a, and line 15,is 1	0% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						ightharpoons
18	Private foundation. If the organization						<b>▶</b> □
						·	

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) Section A. Public Support Calendar year (or fiscal year beginning in) (f) Total (a) 2014 (b) 2015 (c) 2016(d) 2017 (e) 2018 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 organization'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 b 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 c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support (d) 2017 (e) 2018 Calendar year (or fiscal year beginning in) **(b)** 2015 (c) 2016(f) Total (a) 2014 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 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, 1/1, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 16 Public support percentage from 2017 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage % 17 Investment/income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 Investment income percentage from 2017 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

## 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)

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Pa	Supporting Organizations (continued)			
V-34-	Communicati		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		對集	Mini
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	MARIE COLOR
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		n Neg	能調
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			が正確
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		L
2	Did the organization operate for the benefit of any supported organization other than the supported	<b>深域</b>		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
		Parties Libertons	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			世
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		100	
	or management of the supporting organization was vested in the same persons that controlled or managed		FIR	
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations		V	
•		CHASSAC	Yes	No Cetars
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1	A. Care	17.11.25
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	SOUTH BE	<b>编</b>	19901
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			30.4
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	e de la constante de la consta	
2	By reason of the relationship described in (2), did the organization's supported organizations have a	108.404	ani Si	돌았성
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	2 1 1 1 1 1 1 1	المنشقالة
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions	;).		
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	structions	5)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	<b>3.1</b> 40	學說	沙地
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			5.73
	those supported organizations and explain how these activities directly furthered their exempt purposes,			學情
	how the organization was responsive to those supported organizations, and how the organization determined		# 4 . 162.4% 	أعنت
	that these activities constituted substantially all of its activities	2a_		L
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		34 E	12.13
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			200
	reasons for the organization's position that its supported organization(s) would have engaged in these		12.74	25
	activities but for the organization's involvement	2b	ــــــــــــــــــــــــــــــــــــــ	Щ.
3	Parent of Supported Organizations Answer (a) and (b) below.		3)	<b>松</b>
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	4年 13	1,100	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	× (*15*	7. 5.00
b		1202		<u> </u>
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		L

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	on Nov. 20, 1970 (explain in I	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		•
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			,
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Mınimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	機製料		RAMARIN SOMEONE OF THE
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	13.	ALPRE MARKETAN	
	factors (explain in detail in Part VI).			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	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	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	在1200年120日 120日 120日 120日 120日 120日 120日 120日	
2	Enter 85% of line 1	2	The State of the S	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	2.4.2000 (A) 2.4.	
_1-	-Enter greater of line 2 or line 3	- 4-		
5	Income tax imposed in prior year	5	<b>2015的现在是1916年</b>	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ated Type III supporting orga	anization (see
-	instructions)	,	)	•

Schedule A (Form 990 or 990-EZ) 2018

Sche	dule A (Form 990 or 990-EZ) 2018 MAF Foundation			3-0199821 Pag	<u>je 7</u>
Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)		
Secti	on D - Distributions	-		Current Year	
1	Amounts paid to supported organizations to accomplish exe	empt purposes			
2	Amounts paid to perform activity that directly furthers exempted	pt purposes of supported			
	organizations, in excess of income from activity		<u> </u>		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns		
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 t	he organization is responsive	e		•
	(provide details in Part VI) See instructions		•		
9	Distributable amount for 2018 from Section C, line 6			<u> </u>	
10	Line 8 amount divided by line 9 amount	т			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018	
1	Distributable amount for 2018 from Section C, line 6	THE PROPERTY OF THE PARTY OF TH	AND AND REPORTED AND ADDRESS.		
2	Underdistributions, if any, for years prior to 2018 (reason-				批判
	able cause required explain in Part VI) See instructions				
3	Excess distributions carryover, if any, to 2018	为中华的学生产业为60年的企	经收益的证明的	理を提供の対象には対	
а	From 2013 .	MANAGERIA	增加2000年1916年1916年1916年1916年1916年1916年1916年1		
b	From 2014	METRICAL CONTROL OF THE SECOND	被認為於其他的理解	PARAMONAL STORY	熟润
С	From 2015	<b>新加速的自己外别的</b>	WORTH THE THE WAY	THE PROPERTY OF THE PARTY OF TH	邁腳
d	From'2016	TRUE WAR EVENTS	THE REPORT OF THE PARTY OF THE		<b>9311</b>
е	From 2017	THE TRUE TO SERVE THE SERV	的抗化性能於中華的學習	部分語為特別的	的相
f	Total of lines 3a through e				ind
g_	Applied to underdistributions of prior years				
h	Applied to 2018 distributable amount				
j	Carryover from 2013 not applied (see instructions)	,			#EM
j	Remainder Subtract lines 3g, 3h, and 3i from 3f	a country considerate materials in a 19th annual law and the country to the count			機器
4	Distributions for 2018 from Section D,				
	line 7.				
a	Applied to underdistributions of prior years		ر ئىرىن ئىرىن		2004
	Applied to 2018 distributable amount			memagan Latan kuni si kepisi dalah jiran Kesim	10 040073
С	Remainder Subtract lines 4a and 4b from 4	INVITABLE STATE OF STREET AND STATE AND A STATE OF STATE AND A STATE OF STA			4,64
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.	THE COMPANY OF THE VALUE OF THE COMPANY OF THE COMP			261.4
6	Remaining underdistributions for 2018. Subtract lines 3h				
	and 4b from line 1 For result greater than zero, explain in				
	Part VI See instructions.	SECTION AND MANAGEMENT AND ADDRESS OF	MANGEMENTAL PROPERTY OF THE PR	ALATTAGAN PETERBURAN SETE	ares i
7	Excess distributions carryover to 2019. Add lines 3				
	and 4c	AND THE PROPERTY OF THE PROPER			22'(32) (1888)
8	Dicardown of line /	THE PROPERTY OF THE PROPERTY O	THE CHARGE CONTRACTOR OF THE STREET	AND THE THE THE TANK	1000 M
	Excess from 2014	Tana Garett, for en sa arto tratation de la constantación de la co	的现在分词中的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	AND AND AND AND AND AND AND AND AND AND	<u>1984)</u> F2 \$35
	Excess from 2015	THE STREET STREET, STR	· · · · · · · · · · · · · · · · · · ·	THE INSTRUCTION OF THE PARTY OF	70/15 70/15
	Excess from 2016	LEAST CONTRACTOR OF SOME	Accessor at a transfer and the	PROTECTION OF SECTION	भूगान्त्रीत स्थानस्य
<u>a</u>	Excess from 2017	r om tilmtilltallefikt Is publicallefikteretekt	TARBETT TARREST TARREST TAR	CHAIN THE THE TANK THE TANK THE	2000 H

Schedule A (Form 990 or 990-EZ) 2018

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section B, lines 1 and 2, Part IV, Section B, lines 1, Part IV, Section B, lines 1 and 2, Part IV, Section B, lines 1, Part IV, Section B, lines 1 and 2, Part IV, Section B, lines 1, Part IV, Section B, li
Schedule A, Part II, Line 10, Explanation for Other Income:
Other Income
2015 Amount: \$ 147,929.
2016 Amount: \$ 211,126.
Schedule A, Part III, Columns (a) - (e):
Per the instructions public support is measured using a 5-year
computation period that includes the current and four prior tax years
(including short years). The organization had a short year in 2018.
The below chart clarifies the information represented in Schedule A,
Part III:
Column (a) - Fiscal year ending 9/30/15
Column (b) - Fiscal year ending 9/30/16
Column (c) - Fiscal year ending 9/30/17
Column (d) - Fiscal year ending 9/30/18
Column (e) - 3 month period ending 12/31/18
· · · · · · · · · · · · · · · · · · ·

### **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

MAF Foundation

Employer identification number 33-0199821

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		
		(a) Donor advised funds	(b) Funds and other accounts
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 at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	└ Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganızatıon answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	ıt holds?	└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cor	nservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		L Yes
9	in Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

	,										
	edule D (Form 990) 2018 MAF Foundat							33-0199			age <b>2</b>
Pa	rt III   Organizations Maintaining C	ollections of Ar	t, Hist	orical Tr	easures,	or Oth	er Simil	ar Asse	ts(contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following tha	at are a s	significant	use of its	collection	n item	ıs
	(check all that apply).										
а	Public exhibition	d	<u></u> ι	_oan or excl	hange progr	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations			<del></del>							
4	Provide a description of the organization's co	llections and explair	n how th	ey further th	he organizat	ion's exe	empt purp	ose in Par	t XIII		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma	untained as part of t	he organ	nization's co	ollection?				Yes		] No
Pai	rt IV Escrow and Custodial Arrang	gements. Comple	te if the	organizatio	n answered	"Yes" or	n Form 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Parl	-		J							
1a	Is the organization an agent, trustee, custodia	an or other intermed	lary for o	contribution	s or other as	sets not	t included				
	on Form 990, Part X?								Yes		] No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing ta	able <sup>.</sup>							
		·	J						Amount	t	
С	Beginning balance						1c				
	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on Fo	orm 990 Part X line	21 for e	scrow or ci	istodial acco	ount liabi			Yes	$\Box$	No
	If "Yes," explain the arrangement in Part XIII								00		j
Pai											
		(a) Current year		rior year	(c) Two yea		(d) Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance	1,001,034.	(2)	961,371.		8,856.	<del></del>	31,491.	(5,		251.
	Contributions	84,738.				0,870.		50,870.			870.
	Net investment earnings, gains, and losses	<43,249.	•	39,663.		2,517.		61,288.			386.>
d		,				<del>,                                    </del>					
	Other expenditures for facilities										
-	,	45,242.			4	0,872.		42,220.			
	and programs	10,010.				-,-,-		2,573.	<b>—</b>	2	572.
	Administrative expenses	997,281.	1	001,034.	96	1,371.	8	98,856.	<u> </u>		163.
g	End of year balance  Provide the estimated percentage of the curre		<u>·</u>	·		-,-,-,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	L		<del></del>
2		ent year end balanc		g, column (a	ij) neid as.						
	Board designated or quasi-endowment Permanent endowment 100.00	0/	_%								
		%									
С	Temporarily restricted endowment	%									
_	The percentages on lines 2a, 2b, and 2c should be a sh	•						4			
за	Are there endowment funds not in the posses	ssion of the organiza	ition tha	t are neid a	no administe	erea for t	ne organi	zation	r	· ·	
	by.								9.43	Yes	No
	(i) unrelated organizations								3a(ı)		X
_	(ii) related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat								3b_		
4	Describe in Part XIII the intended uses of the		wment f	unds							
rai	t VI Land, Buildings, and Equipme										
	Complete if the organization answered							. 1			
	Description of property	(a) Cost or ot		(b) Cost		, ,	ccumulate		(d) Bool	k valu	е
	-	basis (investm	nent)	basis	(otner)	de	preciation				
1a	Land										
	Buildings										
С	Leasehold improvements										
d	Equipment										

Schedule D (Form 990) 2018

0.

e Other

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

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV,		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or er	nd-of-year market value
(1) Financial derivatives	,		
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
_ (F)			
(G)			
(H)			noches. Pare en l'arte de l'arte de l'arte de l'arte de l'arte de l'arte de l'arte de l'arte de l'arte de l'ar
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		1 年後に全人とは、1 日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日	HAR A MALASAS A SASSIMAN THANKS SASSASSA
Part VIII Investments - Program Related.	F 000 D-+ IV	In 11 - Con Form 000 Book V Inc. 12	
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value	(c) Method of valuation. Cost or er	nd-of-vear market value
	(b) Book value	(b) Method of Valdation, cool of ch	- Tarrior Value
(1)		<u> </u>	
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			<u></u>
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part X Other Assets.		,	
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d. See Form 990, Part X, line 15.	
(a) I	Description		(b) Book value
(1) Annuity and trust assets			5,255,050.
(2) Property held for sale			559,450.
(3)			
(4)	<u> </u>	·	
(5)			
(6)			
(7)			<u> </u>
	récor a carror quantità a com	and the statement which stages we seem to stage to the stage of the st	
(9)		2	
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X. Other Liabilities.	e 15)		5,814,500.
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11e or 11f See Form 990 Part X line 2	25
(a) Description of liability	1	(b) Book value	
(1) Federal income taxes			
(2) Due to Remainderman		777_312.	
(3) Revocable Agreements	· · · · · · · · · · · · · · · · · · ·	168 127.	
(4) Irrevocable Agreements	-	2,450,544.	
(5)			
(6)			
(7)			
(8)			沙派之事的法以及
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 25 ) <b>&gt;</b>	3,395,983.	
2. Liability for uncertain tax positions in Part XIII, provide			s that reports the
organization's liability for uncertain tax positions under			

33-0199821

Pai	rt:XI Reconciliation of Revenue per Audited Financial Statemer	nts With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		•		
1	Total revenue, gains, and other support per audited financial statements			1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		3,	सन्दर्भ देवद्रम	
а	Net unrealized gains (losses) on investments	2a	4 12	Singl To	
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c	Į.	it is	
d	Other (Describe in Part XIII.)	2d	1		
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		‡ <u>‡</u>	141'E	
· a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7	C to	
b	Other (Describe in Part XIII.)	4b		2.14	
c	Add lines 4a and 4b		**	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With E	xpenses per F		<del></del>
(30)g-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements	-		1	· · · · · ·
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		4	· · ·	
	Donated services and use of facilities	2a	^. 	94	
a	Prior year adjustments	2b			
b	Other losses	2c			
ر م	Other (Describe in Part XIII.)	2d			
d	Add lines 2a through 2d	20 ]		2e	
e	Subtract line 2e from line 1		-	3	
3			<del> </del>	*_,*\ <sub>1</sub>	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.  Investment expenses not included on Form 990, Part VIII, line 7b	4a	1.	(3) (1) (3) (3)	
a	•	4b			
b	Other (Describe in Part XIII.) Add lines 4a and 4b	40		4c	
C E	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		<u> </u>	5	
5 Dai	t-XIII Supplemental Information.			<u> </u>	
-1 ~ W	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part II	V lines 1h an	d 2h Part V line 4	Part X ls	ne 2 Part XI
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addit			, are 74, ii	110 2,1 411 74,
111163	20 and 45, and 1 art An, lines 2d and 45. Also complete this part to provide any additi	iona imonna			
					<del></del>
Part	: V, line 4:				
The	endowment fund consists of two individual funds established for				
	and the second s				
scho	plarship and general ministries.				
-					
Form	n 990, Schedule D, Part V, Lines 2a-2c:				
In a	accordance with the principles of FASB ASU 2016-14 (ASC 958), th	е			
orga	nization has implemented required changes to its audited financ	ial			
stat	ements for the period ended 12/31/2018. To date, Form 990 and i	ts			
asso	ociated schedules have not been updated to reflect changes made	by this			
star	dard. Thus, we have reported the revised net asset categories f	rom the			
audi	ted financial statements as follows on Form 990, Schedule D, Pa	rt V,			
Line	os 2a-2c·				

Schedule D (Form 990) 2018 MAF Foundation	33-0199821	Page <b>5</b>
Part XIII Supplemental Information (continued)		
•		
Vinc On Wikhaub danan makaiskiana		
Line 2a - Without donor restrictions		<del>_</del>
Line 2b - With donor restrictions		
		i
	·- · · · · · · · · · · · · · · · · · ·	
		· · · · · -
		<del></del> -

# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990

OMB No 1545-0047

Open to Public Inspection Employer identification number

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

ž (h) Purpose of grant 33-0199821 or assistance x Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Operations Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 7,002 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 501(c)(3) Enter total number of other organizations listed in the line 1 table 95-1920983 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? MAF Foundation 1 (a) Name and address of organization Mission Aviation Fellowship or government 112 N Pilatus Lane Nampa, ID 83687 Part II Part I

832101 11-02-18

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

Schedule I (Form 990) (2018)

Page 2 Schedule I (Form 990) (2018) (f) Description of noncash assistance 33-0199821 (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients The funds are sent to a related organization, (a) Type of grant or assistance Part I, Line 2: 832102 11-02-18 Part IV

# SCHEDULE (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Open to Public

OMB No 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

MAF Foundation

Rart Questions Regarding Compensation

Employer identification number

33-0199821

			Yes	No
<b>t</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			BUM
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use	19.5		
	Travel for companions Payments for business use of personal residence		<b>(1)</b>	
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			A)45.74
		711	H	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	CERTIFICAL PROPERTY.	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	HZX	<b>FERRY</b>	表於到
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	egitzekepezyit	Katematicale
	traditions, and officers, mondaing the Ocorector photology regulating the north officers of mile in	35.35	VSIG.	1184,74
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
•	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
	Point 990 of other organizations —— Approval by the board of compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		化器	
4				
_	organization or a related organization.	4a	أالنائد	X
a	Receive a severance payment or change-of-control payment?	4b		x
D	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4c		x
С	Participate in, or receive payment from, an equity-based compensation arrangement?	40	Marie Call	2 724 A14
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			\$ 35 c.
	Only position E04/aV(2) E04/aV(4) and E04/aV(00) agreening tions must be made to lines E.O.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of.	5a		X X
	The organization?	5b		Х
- D	-Any-related organization?	別では	-\$2 <del>68</del> 3	いいは
_		をかずる		验了
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of. The organization?	6a		X
a	·	6b		x
D	Any related organization?		Y-274274[	经少少
7	If "Yes" on line 6a or 6b, describe in Part III.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		<b>这是</b>
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		٤٠٠٠	X
_	not described on lines 5 and 6? If "Yes," describe in Part III	<b>7</b>	F. 78.18	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	الانتلاد	11 18 6	X
_	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	<b>8</b>	14470	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	متكنيس		1.732.6
	Regulations section 53 4958-6(c)?	_ 9		<u> </u>

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Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		-						
		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	compensation	Superior	(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) David Holsten	Ξ	0	0	0.	0	0	0	0
President	(11)	140,006.	0	0.	7,162.	19,910.	167,078.	0
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832112 10-26-18								

Schedule J (Form 990) 2018 MAF Foundation	33-0199821 Page 3
Francing Supplemental information  Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information.	is part for any additional information.
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832113 10-26-18	Schedule J (Form 990) 2018

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

MAF Foundation

Employer identification number 33-0199821

IIII Todiace Toli	
Form 990, Part VI, Section A, line 7a:	
The Board of Directors of Mission Aviation Fellowship must approve all	
elected trustees.	
Form 990, Part VI, Section B, line 11b:	
The Form 990 is prepared by an independent CPA firm. The Audit/Finance	
Committee reviews and questions Form 990 and then recommends approval to	
the board. A copy of Form 990 is given to each board member prior to	
filing with the IRS. Approval is by the full board of directors.	
Form 990, Part VI, Section B, Line 12c:	
Officer and board members sign annual conflict of interest statements which	
are reviewed by the board. Should any potential conflicts of interest be	<del></del>
disclosed, the board member or officer would be asked to refrain from	
participation in any deliberation or decision with regard to matters	
affected by the relationship.	
Form 990, Part VI, Section B, Line 15:	
The organization does not compensate any officers or key employees.	
Therefore, these lines were answered no in accordance with the	
instructions.	
Form 990, Part VI, Section C, Line 19:	
The governing documents, conflict of interest policy, and financial	
statements are made available to the public upon request.	

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization MAF Foundation	Employer identification number 33-0199821
Form 990, Part X, Lines 27-29:	
In accordance with the principles of FASB ASU 2016-14 (ASC 958), the	
organization has implemented required changes to its audited financial	
statements for the period ended 12/31/2018. To date, Form 990 and its	
associated schedules have not been updated to reflect changes made by	
this standard. Thus, we have reported the revised net asset categories	
from the audited financial statements as follows on Form 990, Part X,	
Lines 27-29:	<u></u>
Line 27 - Net assets without donor restrictions \$848,672	
Line 29 - Net assets with donor restrictions 2,856,348	
Total net assets \$3,705,020	
Form 990, Part XI, line 9, Changes in Net Assets:	
Change in value of split interest agreements -305,890.	
Form 990, Part XII, Line 2b:	
Explanation for audited financial statements:	
The financial statement audit has not been completed at the time of	
this filing.	
Form 990, Part XII, Line 2c:	
The organization's Audit Committee assumes responsibility for oversight	
of the audit of its financial statements and selection of its	
independent accountant. This process has not changed since the prior	

Schedule O (Form 990 or 990 EZ) (2018)	Page 2
Name of the organization  MAF Foundation	Employer identification number 33-0199821
year.	
year.	
	-

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

Open to Public Inspection 2018

OMB No 1545-0047

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

Part 1 Identification of Disregarded Entitles. Complete if the crganization answered "Yes" on Form 990, Part IV, line 33.

MAF Foundation

Employer identification number 33-0199821

Direct controlling Ξ End-of-year assets <u>e</u> Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part II

manufacture organizations during the tax year.				****			1
(a)	(q)	(0)	(p)	(e)	( <del>)</del>	(6)	٤
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	<u> </u>
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes No	ا ا
Mission Aviation Fellowship - 95-1920983							
112 N Pilatus Lane	Multiply the effectiveness						
Nampa, ID 83687	of the church	California	501(c)(3)	Line 7	N/A	×	
Partners in Aviation & Technology (PACTEC) -							
77-0387371, 112 N Pilatus Lane, Nampa, ID	Communication, aviation,				Mission Aviation		
83687	technical asst	California	501(c)(3)	Line 10	Fellowship	×	
							١
		_					

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

Schedule R (Form 990) 2018

Page 2

33-0199821

Schedule R (Form 990) 2018 MAF Foundation

[Part iii] Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Schedule R (Form 990) 2018 General or Percentage managing ownership Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. (i) Section 512(b)(13) controlled entity? 3 Percentage ownership Yes Ξ Code V.UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets Ξ Ō Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ₤ Legal domicile (state or forelgn country) છ Direct controlling entity Primary activity <u>a</u> (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 832162 10-02-18 Part IV

Foundati	
MAF	
Schedule R (Form 990)	

33-0199821

Part.V | Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

			•
(a) [ Name of other organization [ ]	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) Mission Aviation Fellowship	Δι	0	
(8) Mission Aviation Fellowship	ŏ	0.	
(9) Mission Aviation Fellowship	S	0.	
(10)			
(11)			
(12)			
(13)			
(14)			
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Schedule R (Form 990) 2018 MAF Foundation

Part VI] Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(h) (c) (k)	Code V-UBI General or Percent amount in box 20 managing own of Schedule K-1 partner? own (Form 1065)					
(6)	of /ear is					
<b>(£)</b>	ρ ∈					
(e)	Are all partners sec 501(c)(3) der 0rgs 7		 			
(p)	Predominant incom (related, unrelated, excluded from tax un sections 512-514)					
(c)	nicıle oreıgn y)	 		 	م م	
(q)	ctivity					
(a) (b) (c) (d)	Name, address, and EIN of entty					

Part V | Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

2018	n 990	(Forn	Schedule R (Form 990) 2018			832163 10-02-18
				0.	0	(6) Mission Aviation Fellowship
				0	z	(5) Mission Aviation Fellowship
				0	×	(4) Mission Aviation Fellowship
				0,	ч	(3) Mission Aviation Fellowship
				0	p	(2) Mission Aviation Fellowship
		ŀ		0.	α	(1) Mission Aviation Fellowship
		lved	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
			elationships and transaction thresholds	this line, including covered	who must complete	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
×	×	+ &				<ul> <li>r Other transfer of cash or property to related organization(s)</li> <li>s Other transfer of cash or property from related organization(s)</li> </ul>
		2	•			4 remiddisement paid by related organization(s) for expenses
	× ;	욘.				
	۲ ا	ဍ				<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>
	х	1n			ion(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
	×	13			anization(s)	
	×	=	,		anization(s)	
$\neg$ ×		¥	•			k Lease of facilities, equipment, or other assets from related organization(s)
	×	ΪŦ				j Lease of facilities, equipment, or other assets to related organization(s)
×		=	<b>.</b>			
×		<b>6</b> ±				<ul> <li>g Sale of assets to related organization(s)</li> <li>h Purchase of assets from related organization(s)</li> </ul>
×		=				f Dividends from related organization(s)
			•			
×		1e				e Loans or loan guarantees by related organization(s)
×		1d				d Loans or loan guarantees to or for related organization(s)
×		<del>ب</del>				c Gift, grant, or capital contribution from related organization(s)
İ	×	<del>1</del> p				<b>b</b> Gift, grant, or capital contribution to related organization(s)
×	•	1a			•	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
			n Parts II-IV?	related organizations listed	is with one or more i	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
ş	Yes	П				Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Schedule	R (Form 990) 2018 MAF Foundation	33-0199821	Page 5
Part VI	R (Form 990) 2018 MAF Foundation Supplemental Information.		
•	Provide additional information for responses to questions on Schedule R. See instructions.		
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