EXTENDED TO NOVEMBER 15, **Return of Private Foundation**

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

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

Depa	Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information. Department of the Treasury Internal Revenue Service							
				irs.gov/Form990PF for instr		ormauon.	Open to Public Inspection	
		idar year 2018 or ta	x year beginning		, and ending	A Employer identification	number	
	Name of foundation THE CORNELIUS J & ELLEN P COAKLEY FAMILY				v	A Employer identification	number	
				CONVER LYMIT	11	54-1951619		
		NDATION,			Room/suite	54-1851618		
				B Telephone number (703)573-0	E 4 O			
	7732 LEE HIGHWAY			_				
			ce, country, and ZIP or foreign p	oostal code		C If exemption application is p	ending, check here	
		LS CHURCH	··	Install values of a fe		D 4 Faranan arangantan	a shook hara	
G Check all that apply: Initial return Initial return of a former public charity				D 1. Foreign organizations	s, check here			
Final return — Amended return				Foreign organizations me check here and attach co	eting the 85% test,			
			Address change	Name change	11	Ī		
H (type of organization		xempt private foundation	M	E If private foundation sta		
<u> </u>			nexempt charitable trust	Other taxable private foundaring method: X Cash	Accrual	under section 507(b)(1)	• •	
		arket value of all ass	· —	-	Accidal	F If the foundation is in a		
		Part II, col. (c), line	587,423. (Part I, colu	ther (specify)	<u> </u>	under section 507(b)(1)	(b), check here	
	-\$ artl			T		(a) Advisted ast	(d) Disbursements	
ر لتة	41 L I	(The total of amounts	nue and Expenses in columns (b), (c), and (d) may not amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)	
`—	4			391,798.		N/A	(vaan sasis only)	
	1 2	 i -	s, grants, etc., received Toundation is not required to attach Sch. B	331,730.				
	2	Interest on savings and	· · · · · · · · · · · · · · · · · · ·	1,764.	1,764.		STATEMENT 1	
	4	cash investments	rest from securities	/ 34,660.	34,660.		STATEMENT 2	
	l '	Gross rents	iest irom securities	7 3 1 7 0 0 0 1	01/0001			
	1	Net rental income or (le	200)			·- 		
			sale of assets not on line 10	52,393.				
ē	Ъ	Gross sales price for a		<u> </u>				
Revenue	7	assets on line 6a Capital gain net incom			52,393.			
B	8	Net short-term cap			, , , , , , , , , , , , , , , , , , , ,			
	9	Income modification						
	1	Gross sales less return and allowances						
	Ι.	Less Cost of goods so	old					
		Gross profit or (los						
	11		•					
	12	Total Add lines 1	through 11	480,615.	88,817.			
	13		ers, directors, trustees, etc	0.	0.		0.	
	14	Other employee sa	laries and wages			RECEIV	(ED	
	15	Pension plans, emp	ployee benefits			1,2021		
S	16a	Legal fees				9	000	
SUS	ь	Accounting fees				8 NOV 2 5	2019 <u>\frac{\fin}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fin}}}}}{\frac}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fin}}}{\firin}}}}}}{\frac{\frac{\firac{\f{\frac{\frac{\fir}{\fir}}</u>	
QX.	c	Other professional	fees		· · · · · · · · · · · · · · · · · · ·			
9	17	Interest				OGDEN	UT L	
igi.	18	Taxes	STMT 3	1,216.	381.		0.	
Operating and Administrative Expenses	19	Depreciation and d	epletion		-		ļ	
Ë	20	Occupancy		ļ	,			
A	21	Travel, conferences				 		
Ž	22	Printing and public		10-15-				
و	23	Other expenses	STMT 4	127,469.	8,927.	 	0.	
ä	24	Total operating an		100 505	0 000		_	
je d		expenses. Add line		128,685.	9,308.		0.	
0	1-0	Contributions, gifts		399,000.		-	399,000.	
	26	Total expenses an		FOR CO.	0 200		300 000	
	<u> </u>	Add lines=24 and 2		527,685.	9,308.		399,000.	
	27	Subtract-line 26 fro		48 080				
	1		r expenses and disbursements	-47,070.	70 500	ļ		
	1		come (if negative, enter -0-)		79,509.	37/3		
			ne (if negative, enter -0-)	<u> </u>		N/A	Fa 000 DE (00 :0)	
8235	01 12	-11-18 LHA For	Paperwork Reduction Act Notic	e, see instructions.	. 1		Form 990-PF (2018)	

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30	-			
	(must agree with end-of-year figure reported on prior year's return)			1	4,585,527.
2	Enter amount from Part I, line 27a			2	-47,070.
3	Other increases not included in line 2 (itemize)	SEE	STATEMENT 5	3	48,966.
	Add lines 1, 2, and 3	•		4	4,587,423.
•	Decreases not included in line 2 (itemize)			5	0.
-	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b)	, line 30		6	4,587,423.

Fo		NDATION, INC.					5	<u>4-185</u>	1618	Page 3
F	Part IV Capital Gains	and Losses for Tax on In	vestment	Income	. , .					
	(a) List and describe 2-story brick wa	the kind(s) of property sold (for example the kind(s)) of property sold	mple, real esta . MLC Co.)	te,	1 P -	ow acquired Purchase Donation	(c) Date (mo., c	acquired lay, yr.)	(d) Date (mo., da	
10	DFA US SMALL CA	AP PORT INSTL	· · · · · · · · · · · · · · · · · · ·	·		P	01/0	1/18	11/08	3/18
		AP PORT INSTL		i		P	11/1			3/18
-		AP VALUE PORT INS	STL			P	06/1		11/08	
	d DFA US CORE EQTY 2 PORT INSTL				P	10/2		11/08		
	CAPITAL GAINS		•		 		20,2	-, -		
			(a) Cos	st or other basis	····		/h) G	ain or (loss)	·	
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)		expense of sale			((e) plu:	s (f) minus (g))	
a										16.
_t			ļ , <u> </u>	42,74						,169.
_(76,071.			61,85						,221.
_	63,121.			44,96	8.					,153.
_									12,	834.
		ig gain in column (h) and owned by t	the foundation	on 12/31/69.			(I) Gains (C	Col. (h) gain	minus	-
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (1) col. (j), if any			ol. (k), but	not less thar (from col. (1 -0-) or	
_										16.
			<u> </u>		\neg				7	,169.
					$\overline{}$,221.
_			 		-+					,153.
_			 		-+					,834.
_)				. +		 		12,	,034.
2	Capital gain net income or (net ca	pital loss) $\begin{cases} & \text{If gain, also enter} \\ & \text{If (loss), enter -0} \end{cases}$	r in Part I, line - in Part I, line	7 7	}[2		<u>.</u> .	52,	,393.
3	Net short-term capital gain or (los	ss) as defined in sections 1222(5) an	ıd (6):							
٠	If gain, also enter in Part I, line 8,		(0).)					
	If (loss), enter -0- in Part I, line 8				<u>」</u>	3		N/A		
F	Part V │ Qualification U	nder Section 4940(e) for	Reduced	Tax on Net I	inves	tment Inc	ome			
(F	or optional use by domestic private	foundations subject to the section 4	1940(a) tax on	net investment inc	come.)	· · · · · · · · · · · · · · · · · · ·				
٧.	or opnone: 500 o, 500 moons p.m.				,					
lf:	section 4940(d)(2) applies, leave th	nis part blank.								
14/	as the foundation liable for the sec	tion 4942 tax on the distributable am	iount of any ve	ar in the hace neri	od2				Ves	X No
		y under section 4940(e). Do not com			iou:				103	
		each column for each year; see the in			ntriae					
<u> </u>			isti uctionis per	ore making any en					(d)	
	(a) Base period years	(b) Adjusted qualifying dis	tributions	Net value of no	(C)	ahla-uca accat	.	Distrib	útion ratio	(-XX
_	Calendar year (or tax year beginnii	19 117		Net value of no				(col. (b) div		
_	2017		0,861.			874,963				
_	2016		1,713.			326,164				78683
	2015		7,933.			027,72				
	2014		3,900.			756,820				34061
	2013	11	2,920.		2,	276,43	3.		.04	19604
2	Total of line 1, column (d)						2		.33	34059
		5-year base period - divide the total o	on line 2 by 5 () or by the numbe	er of ve	are				
J	the foundation has been in exister		on mio 2 by o.c	, or by the name	., o, ,o	4.0	3		.06	56812
	the foundation has been in exister	ice ii less tilali 5 years					<u> </u>		•••	70011
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5			4		4,506,	,312.				
5	5 Multiply line 4 by line 3			5		301,	,076.			
,	ט אוווי די סידווי די אווי די אוויי די אווייי די די אווייי די אווייי די די די אווייי די									
D. Fater 40/ of out acceptance in comp. (40/ of Death Line 07h)			ء ا			795.				
Ď	Enter 1% of net investment incom	ie (176 OF Part I, IIIIe 2/D)					6_			. , , , .
							_		2 / 1	071
7	Add lines 5 and 6						7		20T	871.
									200	000
8	Enter qualifying distributions from		th and see-	late that part ware	a n 10/	toy rate	8	L	399,	,000.
	If line 8 is equal to or greater than See the Part VI instructions.	n line 7, check the box in Part VI, line	i ib, and comp	nete that part using	y a 1%	idx rate.				

Form 990-PF (2018) FOUNDATION INC. Form 1974 Excise Tax Basad on Investment Income Section 4940(a), 4940(b), 4940(c), 4940(c) 4948 - see instructions		THE CORNELIUS J & ELLEN P COAKI	LEY FAM		- 4 105	1.610	_	
Tale Seather operating foundations described in section 4940(3/2), check here ▶ □ and enter **Wo* on line 1. Date of ruling or determination letter:		990-PF (2018) FOUNDATION, INC.	a) //0//0//a	1 4040(a) or 40	18 - 500	TOTA	Pag tions\	e 4
Date of unlarg or determination letter. (attach copy of letter if necessary-see instructions) b Damestic foundations that make the section 490(c) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 270. I Damestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). I Tax under section 511 (comestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3 Apd line 1 and 2 □ 0. 3 Apd line 1 and 2 □ 0. 3 Apd line 1 and 2 □ 0. 5 Tax based on Investment income. Subtract line 4 from the 3.1 tezor or less, enter -0- 5 Tax based on Investment income. Subtract line 4 from the 3.1 tezor or less, enter -0- 5 Tax based on finestinest income. Subtract line 4 from the 3.1 tezor or less, enter -0- 5 Tax based on finestinest income. Subtract line 4 from the 3.1 tezor or less, enter -0- 5 Tax based on finestinest income. Subtract line 4 from the 3.1 tezor or less, enter -0- 5 Tax based on finestinest shall lines 5 and 8 tezor by the shall line 4 from the 3.1 tezor or less, enter -0- 6 B D O. 6 B D O. 6 Tax paid with application for extension of time to line (form 8689) 6 B D O. 7 Tax conditions of payments. Add lines 6a through 6d 6 B D O. 6 Tax paid with application for extension of time to line (form 8689) 6 B D O. 7 Tax conditions of payments. Add lines 6a through 6d 6 B D O. 7 Tax conditions of payments. Add lines 6a through 6d 7 Total credits and payments. Add lines 6a through 6d 7 Total credits and payments. Add lines 6a through 6d 7 Total credits and payments. Add lines 6a through 6d 7 Total credits and payments. Add lines 6a through 6d 7 Total credits and payments. Add lines 6a through 6d 7 Total credits and payments. Add lines 6a through 6d 7 Total credits and payments. Add lines 6a through 6d 7 Total credits and payments. Add lines 7 test from 8d 6d 7 Total credits and payments. Add lines 6a text from 6d 6d from 8d 6d 7 Total credits and payments. Add lines 6a text from 6d 6d from 8d 6d from 8d 6d fr					10 - 366	IIISU UC	110115)	_
b Domestic foundations that meet the section 4947(a)(e) requirements in Part V, chack here	1a							
of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). 2							705	
e. All other domestic foundations enter? 2% of line 27b. Exempt foreign organizations, eiter 4% of Part I, line 12, cot. (b). 2	b		and ento	er 1%				'
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3 3 7.95. 3 Add lines 1 and 2 4 Subtitle A (necome) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax passed on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax grad with application for extension of time to life (Form 8868) 2 Element foreign organizations -1 kaw withheld at source 8 D O . 6 Element foreign organizations -1 kaw withheld at source 1 Tax grad with application for extension of time to life (Form 8868) 8 D O . 7 Total credits and payments. Add lines 6a through 6d 8 Einter any penalty for underpayment of estimated tax. Deck there in 1 form 2220 is attached 9 Tax due. If the total of lines 5 and is immore than line 7, enter amount over 9 Tax due, If the total of lines 5 and is immore than line 7, enter amount over 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Part VII-A Statements Regarding Activities 12 Unring the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1 Did it spend more than \$100 during the year (enther directly or indirectly) for political purposes? See the instructions for the definition if the activities of the spend more than \$100 during the year (enther directly) or indirectly) for political expenditure tax imposed on foundation managers. So D. 2 Has the foundation in Evern 10 Form \$90-Pf (in this year) 0 . (2) On foundation insaragers. So So In so So In y materials published or distributed by the foundation of the activities. 3 Did to the foundation make any existence of the statement required by General Instruction 7. 4 A term requirements of section 500(e) (relating		•	of Dort Libra 1	2 and (b)				
3 Add lines 1 and 2 4 Subtitle A (incrome) tax (domesic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Cordst/Payments: 5 2018 estimated tax payments and 2017 overpayment credited to 2018 6 Backup withholding enroleously withheld at source 6 Tax paid with application for extension of time to file (Form 8868) 6 Backup withholding enroleously withheld 7 Total credits and payments. Add lines 6 at through 60 8 Time any engine for extension of time to file (Form 8868) 6 Backup withholding enroleously withheld 7 Total credits and payments. Add lines 6 at through 60 8 Time any engine for extension of time to file (Form 8868) 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount over 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount over 10 Enter any penalty for underpayment of estimated tax. Check here				2, 601. (0).				
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5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Credict/Payments. 2 2018 estimated tax payments and 2017 overpayment credited to 2018	-		ners enter -N-\	<u> </u>				
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d Backup withholding erroneously withheld 7 Total credits and payments. Add lines through 6d 8 Enter any pearlty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 8 13.3. 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 8 813.3. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter amount ower paid 11 Enter the amount of line 10 to be; Gradited to 2019 estimated tax ▶ 10 11 Enter the amount of line 10 to be; Gradited to 2019 estimated tax ▶ 10 12 During the tax war, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a During the tax war, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition if the answer is Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 2 Did the foundation file Form 1120-POL for this year? 3 Did to the foundation file Form 1120-POL for this year? 4 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 4 Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ O. (2) On foundation managers. ▶ \$ O. 2 2 Has the foundation and early changes, not previously perior for political expenditure tax imposed on foundation managers in any activities that have not previously been reported to the IRS? If Yes, attach a detailed description of the activities. 3 Has the foundation made any changes, not previously perior for political expenditure tax imposed on foundation managers. ▶ \$ O. \$ O. (2) On foundation managers. ▶ \$ O. \$			6c	0.				
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8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached					7			
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11 Enter the amount of line 10 to be: Credited to 2019 estimated tax ▶ Refunded ▶ 11 Part VII-A Statements Regarding Activities 1 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 10 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition if the answer is "se' to 1 a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 1 Did the foundation if Eorim 1120-PDL for this year? 2 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0 - (2) On foundation managers. ▶ \$ 0 - (2) Unifoundation managers. ▶ \$ 0 - (2) Unifoundation managers. ▶ \$ 0 - (2) Unifoundation managers. ▶ \$ 0 - (3) Unifoundation managers. ▶ \$ 0 - (4) Unifoundation managers. ↑ \$ 0 - (4) Unifoundation managers. ↑ \$ 0 - (4) Unifoundation managers. ↑ \$ 0 -				▶ [9		813	<u>.</u>
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b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 9	7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete	ete Part II, col.	(c), and Part XV		7	X	
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 9							1.	
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 9	8a		is. ►			-		1
of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X				 		-		
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	b		orney General	(or designate)		 		
year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X			4040444	4040/3/53	. .	8b		$\neg r$
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	9			or 4942(j)(5) for calen	par			ر"لج
TO DIG any persons become substantial contributors during the tax year. If res, attach a sense are user code						 		
	10	UID ANY DETSONS DECOME SUBSTANTIAL CONTRIDUTORS DURING THE TAX YEAR? If "Yes," attach a schedule	listing their name	es and addresses				_

4b X Form **990-PF** (2018)

4a

X

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

had not been removed from jeopardy before the first day of the tax year beginning in 2018?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

THE CORNELIUS J & ELLEN P COAKLEY FAMILY

Form 990-PF (2018) FOUNDATION, INC.	<u> </u>	L8516 <u>1</u> 8 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NO	NE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	, , , , , , , , , , , , , , , , , , ,	
		
		ĺ
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in	nformation such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced,		Expenses
1_ N/A		
2		
3		_
4		
DO-NV BLO		
Part IX-B Summary of Program-Related Investments	4	A
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2.	Amount
1N/A		
2		
All other program-related investments. See instructions.		
3		
<u> </u>		
	· · · · · · · · · · · · · · · · · · ·	
Total. Add lines 1 through 3	•	0.
		Form 990-PF (2018)

Page 8

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dation	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	4,424,342.
	Average of monthly cash balances	1b	4,424,342.
	Fair market value of all other assets	1c	
d		1d	4,574,936.
_	Reduction claimed for blockage or other factors reported on lines 1a and		
Ī	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,574,936.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	68,624.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,506,312.
6	Minimum investment return. Enter 5% of line 5	6	225,316.
	art XI Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations an	d certai	n
	foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	225,316.
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	795.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	224,521.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	224,521.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	224,521.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	399,000.
b	Program-related investments - total from Part IX-B	1b_	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
ь	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	399,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	795.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	398,205.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years.	ualifies	for the section

Form 990-PF (2018) FOUNDATION,		P COARLEY FAMII		851618 Page 9
Part XIII Undistributed Income (see	nstructions)			
	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
Distributable amount for 2018 from Part XI, line 7				224,521.
2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2018:	,			
b From 2014 c From 2015 53, 277.				
d From 2016 96,279. e From 2017 167,991.				
f Total of lines 3a through e	317,547.			
4 Qualifying distributions for 2018 from Part XII, line 4: ►\$ 399,000. a Applied to 2017, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2018 distributable amount				224,521.
e Remaining amount distributed out of corpus	174,479.			
Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	492,026.			<u> </u>
b Prior years' undistributed income. Subtract				•
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously				

assessed d Subtract line 6c from line 6b. Taxable amount - see instructions

e Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount - see instr.

f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)

8 Excess distributions carryover from 2013 not applied on line 5 or line 7

9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a

10	Analysis of line 9:
	a Excess from 2014
	b Excess from 2015
	c Excess from 2016

823581 12-11-18

Allalysis of file 5.	
a Excess from 2014	
b Excess from 2015	53,277.
c Excess from 2016	96,279.
d Excess from 2017	167,991.
e Excess from 2018	174,479.

0.	

	0

0. 0.

492,026.

2018.05000 THE CORNELIUS J & ELLEN P 31605001

Form 990-PF (2018) FOUNDATI	ON, INC.				351618 Page 1
Part XIV Private Operating Fou	Indations (See in	nstructions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling or c	letermination letter tha	it it is a private operating			
foundation, and the ruling is effective for 2	:018, enter the date of	the ruling	▶ <u></u>		
b Check box to indicate whether the foundat	ion is a private operati	ng foundation described		4942(j)(3) or	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a				/	ļ
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities			<u>/</u>		
e Qualifying distributions made directly			1		
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets		1		.	.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
·· /					
(1) Total support other than gress investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)			-		
(2) Support from general public and 5 or more exempt					
organizations as provided in		•			
section 4942(j)(3)(B)(iii)			 		
(3) Largest amount of support from					
an exempt organization				+	
(4) Gross investment income Part XV Supplementary Inform	nation (Comple	te this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during the				40,000 0	
1 Information Regarding Foundation	Managers:				
a List any managers of the foundation who h		than 2% of the total con	tributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed mor	e than \$5,000). (See s	section 507(d)(2).)			
NONE					
b List any managers of the foundation who o	own 10% or more of th	ne stock of a corporation	(or an equally large porti	on of the ownership of a p	artnership or
other entity) of which the foundation has a	. 10% or greater intere	st.			
NONE					
2 Information Regarding Contribution	ı, Grant, Gift, Loan	, Scholarship, etc., P	rograms:		
Check here 🕨 🔲 if the foundation only					uests for funds. If
the foundation makes gifts, grants, etc., to	ındıvıduals or organız	ations under other condi	tions, complete items 2a	b, c, and d.	· · · · · · · · · · · · · · · · · · ·
a The name, address, and telephone number	or email address of the	he person to whom appli	cations should be addres	sed:	
ann am martain 0					
SEE STATEMENT 8		A	handa mali der		
b The form in which applications should be s	supmitted and informa	ition and materials they s	noula include:		
c Any submission deadlines:					
		al arana shardakia fialda	kinde of institutions as	other factors:	
d Any restrictions or limitations on awards, s	such as by geographic	ai areas, charitable fields	, kinds of institutions, or	other factors:	

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Page 11

3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient		
a Paid during the year				
ATHOLIC CHARITIES	NONE	501(C)(3)	TO FURTHER THE	
00 N. GLEBE RD., SUITE 506			CHARITABLE PURPOSES	10.00
RLINGTON, VA 22203				10,00
	`			
ARYMOUNT UNIVERSITY	NONE	501(C)(3)	TO FURTHER THE	
807 N GLEBE RD.			CHARITABLE PURPOSES	
RLINGTON, VA 22207				40,00
EUKEMIA & LYMPHOMA SOCIETY	NONE	501(C)(3)	TO FURTHER THE	
845 RICHMOND HIGHWAY			CHARITABLE PURPOSES	
LEXANDRIA, VA 22303				50,00
ARYMOUNT UNIVERSITY	NONE	501(C)(3)	TO FURTHER THE	
807 N GLEBE RD.			CHARITABLE PURPOSES	
RLINGTON, VA 22207	-			75,00
ORGAN AMELIA FOUNDATION	NONE	501(C)(3)	TO FURTHER THE	
32 BLACK CALLA CT			CHARITABLE PURPOSES	
AN RAMON, CA 94582		1 (2)		5,00
Total SEE CO b Approved for future payment	NTINUATION SHEE	T(S)	▶ 3a	399,00
Approved for fature payment				
	VOVE	501(C)(3)	TO FURTHER THE	
EUKEMIA & LYMPHOMA SOCIETY 845 RICHMOND HIGHWAY	NONE	501(0)(3)	CHARITABLE PURPOSES	
LEXANDRIA, VA 22303				52,50
AURION A MOOD TOINING TOO	NONE	E01/C\/3\	TO EIDANED THE	
AYMOND A WOOD FOUNDATION 0034 BLUE MARLIN DRIVE	NONE	501(C)(3)	TO FURTHER THE CHARITABLE PURPOSES	
CEAN CITY, MD 21842				25,00
		E01/0\/3\	TO DIVIDAVED ATT	
HE JENNIFER BUSH LAWSON FOUNDATION	NONE	501(C)(3)	TO FURTHER THE CHARITABLE PURPOSES	
069 W BROAD ST ALLS CHURCH, VA 22046			CONTINUE FURFUSES	73,00
	NTINUATION SHEE		► 3b	262,50

Form 990-PF (2018)	FOUNDATION,	INC.	FULEN	P COARLE.	r PAMILI	54-1	1851618	Page 12
Part XVI-A	Analysis of Income-Pr	oducing	Activities					
Enter gross amounts u	nless otherwise indicated.		1	siness income		ion 512, 513, or 514	(e)	
			(a)	(b)	_(c)_	(4)	Related or ex	xemot

inter gross amounts unless otherwise indicated.	Unrelated t	usiness income		section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	711100111	code	Amount	- Idilotton moonto
a					· · · · · · · · · · · · · · · · · · ·
D					
C	 		 		
d					-
e			<u> </u>		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	1,764.	
4 Dividends and interest from securities			14	34,660.	
5 Net rental income or (loss) from real estate:			.	1	
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income		•			
8 Gain or (loss) from sales of assets other			18	52,393.	
than inventory	1		10	32,333.	
Net income or (loss) from special events Gross profit or (loss) from sales of inventory					
1 Other revenue:					
	i i		+ 1		
b					
c					
d					· · · · · · · · · · · · · · · · · · ·
e					
2 Subtotal. Add columns (b), (d), and (e)		(),	88,817.	
3 Total. Add line 12, columns (b), (d), and (e)				13	88,817
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	o the Accom	plishment of E	Exempt Pur	poses	
Line No. Explain below how each activity for which inco				importantly to the accomp	lishment of
the foundation's exempt purposes (other than	by providing funds	for such purposes).			

Part XVII	Information Re Exempt Organ	egarding Transfers to a	nd Transactions an	d Relationshi	ps With Noncharita	able		
1 Did the c		rectly engage in any of the following	no with any other organization	n described in section	on 501(c)		Yes	No
	•	izations) or in section 527, relating	•	., 000011500 111 000110	,,, oo ,(o)			
•		ation to a noncharitable exempt or						
(1) Cas	• •		-			1a(1)		X
(2) Othe	er assets					1a(2)		X
b Other tra	insactions:							لـــــا
	s of assets to a noncharital	· -				1b(1)		X
		ncharitable exempt organization				1b(2)		X
	tal of facilities, equipment,	or other assets				1b(3)		X
	mbursement arrangements					1b(4)		X
	ns or loan guarantees formance of services or me	mbership or fundraising solicitation	nne			1b(5) 1b(6)	-	X
		iling lists, other assets, or paid em				1c		X
_		"Yes," complete the following sche		vays show the fair m	arket value of the goods, ot		ets,	
	-	oundation. If the foundation receive			_		•	
column ((d) the value of the goods,	other assets, or services received.						
(a) Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description	of transfers, transactions, and sh	aring arra	ngemen	ts
		N/A						
		· · · · · · · · · · · · · · · · · · ·						
					···.			-
								
				+	· · · · · · · · · · · · · · · · · · ·			
							-	
			· - <u>-</u>					
			· · · ·					
				ļ				
		tly affiliated with, or related to, one	e or more tax-exempt organiz	ations described		Yes	T	No
	complete the following sch	n 501(c)(3)) or in section 527?				162	_ 22) NO
<u> </u>	(a) Name of org	-	(b) Type of organization	(c) Description of relationshi	D		
	N/A		(4) //***********************************	<u>`</u>	·····			
		· · · · · · · · · · · · · · · · · · ·						
			<u> </u>					
1	er penaltiès of perjury, I declare t	hat I have examined this return, including plete. Declaration of preparer (other than	(accompanying schedules and state taxpaver) is based on all informations.	tements, and to the besion of which preparer ha	■ may	he IRS di with the	scuss tr	ıls
Sign Here	// ///	m	1 11/20/10		show	n below?	See ins	ָ ל
	/ I MIN (MMM/JO~~	2 III WIII	TREASU	RER X	Yes	<u> </u>	No
510	nature of officer or trustee Print/Type preparer's na	ma Dranaris s	Date	Title Date	Check If PTIN			
	Transtype preparer s ha	me Preparer's s	12V In 11011-		self- employed			
Paid	DANIEL S.	FAGERLI DANIEL	S. FAGERLI	11/19/19	· • I	083	266	
Preparer	Firm's name ► YOU.			, -,, -,	Firm's EIN ► 54-11			
Use Only		,, w Dim.						
_		8 SOUTH KING ST	REET, SUITE 2	00			•	
		ESBURG, VA 2017			Phone no. (703)			
					For	m 99 0	-PF	2018)

54-1851618

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor 501(C)(3) TO FURTHER THE OPERATION RENEWED HOPE FOUNDATION NONE CHARITABLE PURPOSES PO BOX 10142 90,000. ALEXANDRIA, VA 22310 RAYMOND A WOOD FOUNDATION NONE 501(C)(3) TO FURTHER THE 10034 BLUE MARLIN DRIVE CHARITABLE PURPOSES 5,000. OCEAN CITY, MD 21842 THE JENNIFER BUSH LAWSON FOUNDATION NONE 501(C)(3) TO FURTHER THE CHARITABLE PURPOSES 1069 W BROAD ST FALLS CHURCH, VA 22046 100,000. WASHINGTON JESUIT ACADEMY NONE 501(C)(3) TO FURTHER THE CHARITABLE PURPOSES 900 VARNUM STREET, NE WASHINGTON, DC 20017 15,000. 501(C)(3) TO FURTHER THE NONE ALS ASSOCIATION CHARITABLE PURPOSES 1275 K STREET, NW #250 5,000. WASHINGTON, DC 20005 NONE 501(C)(3) TO FURTHER THE THE LAB SCHOOL 4759 RESERVOIR ROAD, NW CHARITABLE PURPOSES WASHINGTON, DC 20007 2,500. 501(C)(3) TO FURTHER THE THE JOHN F. KENNEDY CENTER FOR THE NONE CHARITABLE PURPOSES PERFORMING ARTS 2700 F STREET, NW 1,500. WASHINGTON, DC 20566 219,000. Total from continuation sheets

FOUNDATION, INC.

Part XV Supplementary Information Grants and Contributions Approved for Fo				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Ame
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
OUTH FOR TOMORROW	NONE	501(C)(3)	TO FURTHER THE	
11835 HAZEL CIRCLE DRIVE			CHARITABLE PURPOSES	
BRISTOW, VA 20136				5,00
MARYMOUNT UNIVERSITY	NONE	501(C)(3)	TO FURTHER THE	
2807 N GLEBE RD.			CHARITABLE PURPOSES	70.00
ARLINGTON, VA 22207				70,00
OPERATION RENEWED HOPE FOUNDATION	NONE	501(C)(3)	TO FURTHER THE	
PO BOX 10142			CHARITABLE PURPOSES	20 50
ALEXANDRIA, VA 22310				30,50
LOVE QUILT PROJECT	NONE	501(C)(3)	TO FURTHER THE	
1250 N. GLEBE ROAD			CHARITABLE PURPOSES	2,70
ARLINGTON, VA 22207				2,70
ELIZABETH DOLE FOUNDATION	NONE	501(C)(3)	TO FURTHER THE	
600 NEW HAMPSHIRE AVE, NW, SUITE 1020			CHARITABLE PURPOSES	3,80
WASHINGTON, DC 20037		 		3,00
Total from continuation sheets				112,00

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number Name of the organization THE CORNELIUS J & ELLEN P COAKLEY FAMILY 54-1851618 FOUNDATION, INC. Organization type (check one):

Filers of	:	Section:
Form 990	O or 990-EZ	501(c)() (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990).PF	X 501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	-	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions
General	Rule	\
X	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions
Special I	Rules	
	sections 509(a)(1) are any one contributor,	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II
	year, total contributi	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the close of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the y to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),
	year, contributions of the checked, enter he purpose Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., inplete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year
		at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number

THE CORNELIUS J & ELLEN P COAKLEY FAMILY FOUNDATION, INC.

<u>54-1851618</u>

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARYMOUNT UNIVERSITY 2807 NORTH GLEBE ROAD ARLINGTON, VA 22207	\$35,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	C.J. COAKLEY CO. INC. 7732 LEE HIGHWAY FALLS CHURCH, VA 22042	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	OPERATION RENEWED HOPE FOUNDATION PO BOX 10142 ALEXANDRIA, VA 22310	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CBIZ, INC. 44 BALTIMORE STREET CUMBERLAND, MD 21502	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THE BOEING COMPANY 929 LONG BRIDGE DRIVE ARLINGTON, VA 22202	\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ASSOCIATED BUILDERS & CONTRACTORS 6901 MUIRKIRK MEADOWS DR BELTSVILLE, MD 20705	\$15,000.	Person X Payroll

Name of organization
THE CORNELIUS J & ELLEN P COAKLEY FAMILY
FOUNDATION, INC.

Employer identification number

54-1851618

Pàrt I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	RAYMOND A WOOD FOUNDATION 10034 BLUE MARLIN DRIVE OCEAN CITY, MD 21842	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	UNITED BANK 4230 JOHN MARR DR ANNANDALE, VA 22003	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	MICHAEL COAKLEY 7732 LEE HIGHWAY ARLINGTON, VA 22207	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	L & W SUPPLY 7100 OLD LANDOVER ROAD LANDOVER, MD 20785	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	BRANCH AND ASSOCIATES 1100 BOULDERS PKWY., SUITE 600 RICHMOND, VA 23225	\$11,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	LOLA REINSCH 2040 COLUMBIA PIKE #1 ARLINGTON, VA 22204	\$ 14 ,565.	Person X Payroll

Employer identification number

THE CORNELIUS J & ELLEN P COAKLEY FAMILY FOUNDATION, INC.

54-1851618

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	KAISER PERMANANTE 4000 GARDEN CITY DRIVE HYATTSVILLE, MD 20785	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	MARIA COAKLEY DAVID 7732 LEE HIGHWAY FALLS CHURCH, VA 22042	s	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Employer identification number

THE CORNELIUS J & ELLEN P COAKLEY FAMILY FOUNDATION, INC.

54-1851618

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

THE CORNELIUS J & ELLEN P COAKLEY FAMILY

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54	- 1	О	•	1	_	1	О	
34	- 1	O	-	1	O	.1.	a	

FOUND	ATION, INC.		54-1851618						
Part III	Exclusively religious, charitable, etc., contribute from any one contributor. Complete columns (a)	ons to organizations described in se	section 501(c)(7), (8), or (10) that total more than \$1,000 for the y						
	completing Part III, enter the total of exclusively religious,	haritable, etc., contributions of \$1,000 or	r less for the year (Enter this into once) \$						
	Use duplicate copies of Part III if additional s	pace is needed.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gif	ft						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
		(e) Transfer of gif	ft						
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee						
1									

FORM 990-PF INTERE	ST ON SAVIN	IGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT 1
	(A REVE	NUE NET	(B) INVESTMENT	(C) ADJUSTED	
SOURCE		PER BO	OOKS 	INCOME	NET INCOME
CHARLES SCHWAB UNITED BANK			16. 1,748.		
TOTAL TO PART I, LI		1,764.			
FORM 990-PF	DIVIDENDS	AND INTER	EST FROM SEC	CURITIES	STATEMENT 2
SOURCE	CAPITAL (A) GROSS GAINS REVENUE AMOUNT DIVIDENDS PER BOOKS				
SCHWAB	47,494.	12,83	4. 34,66	34,66	0.
TO PART I, LINE 4	47,494.	12,83	34,66	34,66	
FORM 990-PF		TAX	ES		STATEMENT 3
		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
FOREIGN TAX WITHHELINVESTMENT INCOME OTHER TAXES AND LIC	381. 835.	381).	0.	
TO FORM 990-PF, PG	1, LN 18	1,216.	381		0.
FORM 990-PF		OTHER E	XPENSES		STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
GALA EXPENSES BANK CHARGES INVESTMENT MANAGEMENT FEES ADMINISTRATIVE EXPENSE		109,298. 461. 8,927. 8,783.	8,927).). 7.	0. 0. 0.
TO FORM 990-PF, PG 1, LN 23		127,469.	8,927	7.	0.
	=	· · · · · · · · · · · · · · · · · · ·			

FORM 990-PF	OTHER	INCREASES	IN NET	ASSETS	OR FUN	ND BALANCES	STATEMENT 5
DESCRIPTION							AMOUNT
ADJUSTMENT TO RECORD ADDITIONAL 2017 UNREALIZED GAIN					48,966.		
TOTAL TO FORM	990-PF	', PART II	I, LINE	3			48,966.
FORM 990-PF CORPORATE STOCK				STATEMENT 6			
DESCRIPTION						BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCK UNREALIZED GAIN			_	1,021,971.	1,021,971. 3,246,330.		
TOTAL TO FORM 990-PF, PART II, LINE 10B			_	4,268,301.	4,268,301.		

FORM 990-PF PART VIII - LIST TRUSTEES AND	OF OFFICERS, DEFOUNDATION MANAGE	STATEMENT 7		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ELLEN P. COAKLEY C/O C. J. COAKLEY CO., INC., 7732 LEE HWY. FALLS CHURCH, VA 22042	PRESIDENT, SECE	RETARY, DIR		0.
MARIA COAKLEY DAVID 7790 SOLITUDE COURT MCLEAN, VA 22102	TREASURER, DIRI	ECTOR 0.	0.	0.
CORNELIUS J. COAKLEY 5810 N. 25TH ROAD ARLINGTON, VA 22207	DIRECTOR 10.00	0.	0.	0.
LIAM F. COAKLEY 2114 VIRGINIA AVENUE MCLEAN, VA 22101	DIRECTOR 10.00	0.	0.	0.
MICHAEL D. COAKLEY 5931 LITTLE FALLS ROAD ARLINGTON, VA 22207	DIRECTOR 10.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 8

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MARIA COAKLEY DAVID, C/O C. J. COAKLEY CO., INC. 7732 LEE HIGHWAY FALLS CHURCH, VA 22042

TELEPHONE NUMBER

703-573-0540

FORM AND CONTENT OF APPLICATIONS

A STATEMENT OF WHAT THE CHARITABLE PURPOSE OF THE ORGANIZATION IS AND WHAT EXPENDITURES THE CONTRIBUTION WOULD FUND.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

ONLY 501(C)(3) ORGANIZATIONS

GENERAL EXPLANATION

STATEMENT 9

DESCRIPTION/RETURN REFERENCE

FORM 990-PF: LINE 1 OF PART 1, AND STATEMENT 4

EXPLANATION:

THE TAXPAYER HOSTS AN ANNUAL FUNDRAISING GALA. THE PURPOSE OF THE GALA IS TO RAISE AWARENESS AND MONEY FOR VARIOUS CHARITABLE ORGANIZATIONS WITH THE PURPOSE OF DISTRIBUTING THE FUNDS TO ASSIST THESE VARIOUS CHARITABLE ORGANIZATIONS WITH THEIR MISSION. PROCEEDS FROM THE 2018 GALA TOTALED \$371,798 AND ARE INCLUDED ON FORM 990-PF PART 1 LINE 1. THE EXPENSES FOR THIS EVENT TOTALED \$109,298, AND ARE INCLUDED ON STATEMENT 4. NET PROCEEDS FROM THE GALA TOTALED \$262,500.