EXTENDED TO NOVEMBER 15, 2019 Return of Private Foundation

Form **990-PF** Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

For	calendar year 2018 or tax year beginning	SEP	1, 2018	, and ending	DEC 31, 201	<u> </u>
Na	ame of foundation	· ·			A Employer identification	n number
ī	ELINSKY FAMILY FOUNDA	זייד∩אז			84-287265	5
	umber and street (or P O box number if mail is not deli		address)	Room/suite	B Telephone number	103-
	12025 NEW DOMINION PR		•	101	267-338-1	365 847-4600
Cıt	ty or town, state or province, country, and ZIP		ostal code		C If exemption application is	pending, check here
	RESTON, VA 20190 Check all that apply: X Initial return		India to the state of a 4	former with the should	-	and the state of t
G (Check all that apply: X Initial return Final return		Amended return	former public charity	D 1 Foreign organization	is, check here
	Address cha	nne	Name change		2 Foreign organizations months there and attach of	eeting the 85% test,
H (kempt private foundation			
	Section 4947(a)(1) nonexempt charitable		Other taxable private found	lation 04	E If private foundation st under section 507(b)(
I Fa	air market value of all assets at end of year	J Accounti	ng method: X Cash	Accrual	F If the foundation is in a	
	from Part II, col. (c), line 16)	o	ther (specify)		under section 507(b)(
		Part I, colur	nn (d) must be on cash bas	sis.)		
<u>P</u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and necessarily equal the amounts in column (a)	(d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., receive	ed	508,951.		N/A	
	2 Check If the foundation is not required to a	attach Sch B				
	3 Interest on savings and temporary cash investments		792.	792.		
	4 Dividends and interest from securities		892.	892.		
	5a Gross rents				· .	
	b Net rental income or (loss)		-34,202.			
ş	52 Net gain or (loss) from sale of assets not on lin Gross sales price for all 126	875.	-34,202.			
Revenue	7 Capital gain net income (from Part IV, line 2)	013.	<u> </u>	0.	·	<u> </u>
æ	8 Net short-term capital gain					
	9 Income modifications			-		
	10a Gross sales less returns and allowances					
	b Less Cost of goods sold					
	c Gross profit or (loss)			 		<u> </u>
	11 Other income		476 422	1 604		
	12 Total Add lines 1 through 11		476,433.	1,684.		0.
	13 Compensation of officers, directors, trustees,14 Other employee salaries and wages	etc	ļ			
	15 Pension plans, employee benefits		<u></u>			
ses	16a Langlifons		5,159.	0.		0.
eus	b Accounting fees					
Ĕ	c Other professional fees		1,554.	1,554.		0.
ř	17 Interest					ļ. <u> </u>
itrai	18 Taxes					
inis	19 Depreciation				<u></u>	<u> </u>
ΨĐ	20 Occupanc		<u> </u>	RECEIVED	 	
ρĮ	21 Travel, conferences, and meetings 22 Printing and publications			CLOZ	b /	
g	22 Other expenses		1.F		Ř\	
atın	24 Total operating and administrative		10		图	
Operating and Administrative Expens	expenses_Add lines 13 through 23		6,713.	1,554.		0.
Õ	25 Contributions, gifts, grants paid		34,750.	OGDEN, UT		34,750.
	26 Total expenses and disbursements					
	Add lines:24 and 25		41,463.	1,554.		34,750.
	27 Subtractione 26 from line 12:		404.050			
	Excess of Parenue over expenses and disburs		434,970.	120		<u> </u>
	b Net investment income (if negative, enter			130.	N/A	

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions.

Part III Analysis of Changes in Net Assets or Fund Balances

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		0
2	Enter amount from Part I, line 27a	2	434,9	70
3	Other increases not included in line 2 (itemize)	3		0
4	Add lines 1, 2, and 3	4	434,9	70
5	Decreases not included in line 2 (itemize) ▶	5		0
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	434,9	70

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See the Part VI instructions.

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

Enter qualifying distributions from Part XII, line 4

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Pa	rt VI	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 -	see ins	tru	ctio	ns)	_
1a	Exempt ope	perating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1.)						
	Date of ruli	ing or determination letter: (attach copy of letter if necessary-see instructions)			_				•
b	Domestic fo	foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🛄 and enter 1%) [1				<u> </u>	<u>.</u>
	of Part I, lin	ne 27b							
C	All other do	omestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).)			-	-		١
2	Tax under s	section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2				0.	
3	Add lines 1	1 and 2		3				3.	
4	Subtitle A ((income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4				0.	
5	Tax based	on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5				3.	<u>.</u>
6	Credits/Pay	yments;	- 1		l I				
а	2018 estim	nated tax payments and 2017 overpayment credited to 2018 6a 6a	0.		ı				
b	Exempt for	reign organizations - tax withheld at source 6b	0.		ı				
C	Tax paid wi	with application for extension of time to file (Form 8868)	0.		ı				
d	Backup with	thholding erroneously withheld 6d	0.						
7	Total credit	ts and payments. Add lines 6a through 6d		7				0.	<u>.</u>
8	Enter any p	penalty for underpayment of estimated tax. Check here 🔲 if Form 2220 is attached		8				0.	<u>.</u>
9	Tax due If	f the total of lines 5 and 8 is more than line 7, enter amount owed	>	9				3.	<u>.</u>
10	Overpayme	ent If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶	10					_
11	Enter the ar	mount of line 10 to be: Credited to 2019 estimated tax	ided 🖊	11					_
Pa	rt VII-A	Statements Regarding Activities							_
1a	During the	tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or	intervene	ın	L		Yes	No	_
	any politica	al campaign?			Ŀ	la_		X	_
b	Did it spend	d more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for	the defini	tion	L.	lb		X	_
	If the answe	ver 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.			1				
C	Did the four	Indation file Form 1120-POL for this year?			Ŀ	lc		X	_
đ	Enter the ar	mount (if any) of tax on political expenditures (section 4955) imposed during the year:							
	(1) On the	e foundation 🕨 \$ (2) On foundation managers. 🕨 \$	0.						
		eimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on founda	tion		ļ	•			
	managers.	▶ \$0.							
2	Has the fou	undation engaged in any activities that have not previously been reported to the IRS?				2		Х	_
	If "Yes," atta	ach a detailed description of the activities.							
3	Has the fou	undation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorp	oration, or	r				_	
	bylaws, or o	other similar instruments? If "Yes," attach a conformed copy of the changes				3		Х	_
4a	Did the four	indation have unrelated business gross income of \$1,000 or more during the year?				la		Х	_
b	If "Yes," has	is it filed a tax return on Form 990-T for this year?		N,	/A 4	lb			_
5	Was there a	a liquidation, termination, dissolution, or substantial contraction during the year?				5		Х	_
	If "Yes," atta	tach the statement required by General Instruction T							
6	Are the requ	quirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:							,
	• By langua	age in the governing instrument, or							
	By state I	legislation that effectively amends the governing instrument so that no mandatory directions that conflict with	1 the state	law		-	_	ļ	
	remain in th	the governing instrument?			L	6		Х	_
7	Did the four	indation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Pari	t XV			7	X		_
8a	Enter the st	states to which the foundation reports or with which it is registered. See instructions. 🕨							
	VA								
b	If the answe	ver is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designat	e)						
		ate as required by General Instruction G? If "No," attach explanation			_ ε	Bb	X		_
9		dation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5)	5) for caler	ıdar	Γ_	\Box		_	٠,
	year 2018 c	or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV				9		X	_ Z
10	Did any per	rsons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and address	ses			0		Х	_
					Form 9	990	-PF	(2018))

Pa	rt VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11_		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12_		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u></u>
	Website address ► N/A			
14	The books are in care of ► ELAINE ELINSKY Telephone no. ► 70384	7 <u>460</u>	0	
	Located at ► 12025 NEW DOMINION PARKWAY SUITE 101, RESTON, VA ZIP+4 ►2	<u> 190</u>	_	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			اـــا
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16	_	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			Ì
	foreign country			<u> </u>
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disgualified person? Yes X No			
				١.
	(4)			
	A.A. and a second as a second			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No			
	for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			,
	termination of government service, if terminating within 90 days.)			,
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
•	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b	*	-
	Organizations relying on a current notice regarding disaster assistance, check here			,
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		_	l <u>.</u>
	before the first day of the tax year beginning in 2018?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	j		
	before 2018? Yes X No			
	If "Yes," list the years \blacktriangleright ,,,,			;
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			١.
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			!
	statement - see instructions.) N/A	<u>2b</u>		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			l ;
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? Yes X No			 .
b	of "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			',
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018.) N/A	3b		-
4-	Form 4720, to determine if the foundation had excess business holdings in 2018.) N/A Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation invest during the year any amount in a mainter that would jeopardize its charitable purpose that Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	u		 -
C	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	-	X
_	Fi	orm 99 0)-PF	

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Part VII-B Statements Regarding Activities for Which		Required (contin			
5a During the year, did the foundation pay or incur any amount to.				Ye	s No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es 🗓 No		
(2)' Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir				
any voter registration drive?			es X No		i
(3) Provide a grant to an individual for travel, study, or other similar purposes	ş?		es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
4945(d)(4)(A)? See instructions	,,, decombed in codiion	v	es 🗓 No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	or adjugational nurnosas, or t		50 (22) 110		i i
the prevention of cruelty to children or animals?	, or educational purposes, or		es X No		
·	d the everytime decouled		es LAJ NO		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		in Regulations	NT / 3		-
section 53.4945 or in a current notice regarding disaster assistance? See insti			N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption to					i
expenditure responsibility for the grant?	N	I/A	es L No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					-
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Y	es 🗶 No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.			1	- }	'
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Y	es 🗶 No 📙		
b If "Yes," did the foundation receive any proceeds or have any net income attrib	utable to the transaction?		N/A	7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than 3	\$1,000,000 in remuneration of	r	Ţ.		
excess parachute payment(s) during the year?			es X No		
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	v		
Paid Employees, and Contractors	,		•		
List all officers, directors, trustees, and foundation managers and t	their compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to	(e) E	xpense nt, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	accou	nt, other vances
PETER I ELINSKY		EASURER A			
12025 NEW DOMINION PKWY UNIT 101	TREBIBLIT, IN		DINEC	1011	
RESTON, VA 20190	2.00	0.	0.		0.
ELAINE G ELINSKY		CRETARY A		TOP	
	VICE PRES, SE	CREIANI A	ND DIREC	TOR	
	2 00	_	_		^
RESTON, VA 20190	2.00	0.	0.	<u> </u>	<u> </u>
LAUREN BETH ELINSKY	DIRECTOR				
L2153 TRYTON WAY	4 00				_
RESTON, VA 20190	1.00	0.	0.	ļ	
RACHEL WEANNE ELINSKY	DIRECTOR				
L500 WASHINGTON AVE APT 8X	_				
HOBOKEN, NJ 07030	1.00	0.	<u> </u>		<u>0.</u>
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(al) Contributions to		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E	xpense nt, other
	devoted to position	(C) compensation	compensation	allov	vances
NONE					
]		ĺ		
	1				
				-	
	1		İ		
					
	1				
Total number of other ampleyage paid over \$50,000		<u> </u>	<u> </u>	<u> </u>	
Total number of other employees paid over \$50,000			Farm	990-PI	
			FULL	220-1-1	(2010)

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Part VIII . Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		
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		
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 number of organizations and other beneficiaries served, conferences convened, research papers produced,		Expenses
1 <u>N/A</u>		
2		
3		
4		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines.	and 2	Amount
1N/A	aliu z.	Amount
2		
All other program-related investments. See instructions. 3		
Total. Add lines 1 through 3	>	0.
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84-2872655

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations must complete this part.	ndations	, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	<u>536,912.</u>
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	536,912.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	536,912.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	8,054.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	<u>528,858.</u>
6	Minimum investment return, Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	<u>8,838.</u>
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	8,838.
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	3.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	8,835.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	8,835.
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	8,835.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	34,750.
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	
b	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	<u>34,750.</u>
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	34,750.
	Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation (qualifies fo	or the section

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4940(e) reduction of tax in those years.

Part XIII	`Undistributed	Income	(see instructions

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI,	Corpus	100/3 prior to 2017	2017	2010
line 7				8,835.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			0.	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2018:		0.		
a From 2013				
b From 2014				
c From 2015				
d From 2016				
e From 2017				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2018 from				
Part XII, line 4: ► \$ 34,750.				
a Applied to 2017, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.1		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2018 distributable amount				8,835.
e Remaining amount distributed out of corpus	25,915.			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	25,915.			<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	_	0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		· - · ·
e Undistributed income for 2017. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				•
be distributed in 2019	· <u></u>	·		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				·
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			1
may be required - see instructions)				
8 Excess distributions carryover from 2013 not applied on line 5 or line 7	0.			1
9 Excess distributions carryover to 2019				
Subtract lines 7 and 8 from line 6a	25,915.			
10 Analysis of line 9:	23,313.			
a Excess from 2014				
b Excess from 2015	}			
c Excess from 2016				!
d Excess from 2017				, ,
e Excess from 2018 25,915.				<u></u>
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		_		

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Part XIV Private Operating F			A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo			▶	·····	
b Check box to indicate whether the found	dation is a private operatin	g foundation described ii		4942(j)(3) or 494	12(1)(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					
c Qualifying distributions from Part XII,					
line 4 for each year listed				1	
d Amounts included in line 2c not					
used directly for active conduct of	Í				
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c	1		i	1	
3 Complete 3a, b, or c for the			\ 	 	
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets	ļ	/		 	
(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		ſ			
c "Support" alternative test - enter:					
• •					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on]				
securities loans (section					
512(a)(5)), or royalties)			.	 	
(2) Support from general public and 5 or more exempt					
organizatiøns as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					`.
án exempt organization					
(4) Gross investment income				<u>l</u>	
Part XV Supplementary Info			t the foundation	had \$5,000 or mo	re in assets
at any time during t		uctions.)			
1 Information Regarding Foundation	=				
a List any managers of the foundation wh			ibutions received by the	foundation before the close	e of any tax
year (but only if they have contributed n	nore than \$5,000). (See se	ction 507(0)(2).)			
NONE					·
b List any managers of the foundation wh			or an equally large portion	on of the ownership of a par	tnership or
other entity) of which the foundation has	s a 10% or greater interest	•			
NONE					
2 Information Regarding Contributi		• • • •	-		
Check here 🕨 🗶 if the foundation o					sts for funds. If
the foundation makes gifts, grants, etc.,	to individuals or organizat	ions under other condition	ons, complete items 2a,	b, c, and d.	
a The name, address, and telephone num	ber or email address of the	person to whom applica	ations should be address	sed:	
					
b The form in which applications should b	e submitted and informati	on and materials they sh	ould include:		
c Any submission deadlines:					<u> </u>
				Al an fa al an an	
d Any restrictions or limitations on awards	s, such as by geographical	areas, charitable fields, l	kinas of institutions, or o	iner factors:	
			· · · · · · · · · · · · · · · · · · ·		

Total	<u></u>		▶ 3b	
·				
NONE				
, , and a programme				
Total SEE CON b Approved for future payment	NTINUATION SHEE	T(S)	> 3a	34,75
333 14TH STREET NW ASHINGTON DC 20005				5,00
N STREET VILLAGE	NONE	501 (C)(3)	GENERAL FUND	
VASHINGTON, DC 20024				10,00
US HOLOCAUST MUSEUM	NONE	501 (C)(3)	GENERAL FUND	
1408 PALISADES LANE DELAND, FL 32724				50
LAURA NORTON FUND	NONE	501 (C)(3)	GENERAL FUND	
9085 HAGEN RANCH ROAD BOYNTON BEACH, FL 33472				50
TEMPLE SHAAREI SHALOM	NONE	501 (C)(3)	GENERAL FUND	
3939 CAMPBELL AVE ARLINGOTN, VA 22206				50
NPR WETA	NONE	501 (C)(3)	GENERAL FUND	
3 3 3				
Name and address (home or business) a Paid during the year	any foundation manager or substantial contributor	recipient		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount

3 Grants and Contributions Paid During th				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	CONTIDUTION	
BREAD FOR THE CITY	NONE	501 (C)(3)	GENERAL FUND	
1525 7TH STREET NW NASHINGTON, DC 20001				5,00
FEMPLE RODEF SHALOM 2100 WESTMORELAND ST	NONE	501 (C)(3)	GENERAL FUND	2.00
FALLS CHURCH, VA 22043				2,00
EMANUEL SYNAGOGUE 424 25TH STREET VIRGINIA BEACH, VA 23451	NONE	501 (C)(3)	GENERAL FUND	5(
JEWISH FEDERATION OF GREATER WASHINGTON 6101 EXECUTIVE BLVD SUITE 100	NONE	501 (C)(3)	GENERAL FUND	
NORTH BETHESDA, MD 20852		 		
KPMG FOUNDATION 1676 INTERNATIONAL DR SUITE 1200 MCLEAN, VA 22102	NONE	501 (C)(3)	SCHOLARSHIP TO UCONN AND SUFFOLK UNIVERSITY	10,00
WAMU 3939 CAMPBELL AVE	NONE	501 (C)(3)	GENERAL FUND	
ARLINGOTN, VA 22206				50
Total from continuation sheets				18 25

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		led by section 512, 513, or 514	(e)	
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt	
1 Program service revenue:	code	Amount	code	Amount	function income	
a						
b	_					
c	_					
d						
e	1 1					
f	_					
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments			14	<u>7</u> 92.		
4 Dividends and interest from securities			14	892.		
5 Net rental income or (loss) from real estate:						
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						
than inventory			14	-34,202.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:		·				
a						
b					···	
c	I I					
d	1				<u> </u>	
e						
12 Subtotal Add columns (b), (d), and (e)		C).	-32,518.	0.	
13 Total. Add line 12, columns (b), (d), and (e)					-32,518.	
(See worksheet in line 13 instructions to verify calculations.)					

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

NO.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).				
\Box					
-+					
-+					

Form **990-PF** (2018)

823621 12-11-18

Pa	rt XVII				and Transactions	and Relations	nips With Non	charitable		90 10
_	D. i.u.				······································				Yes	Na
1					ng with any other organizat		ion 501(c)		res	NO
					ng to political organizations	,		ł		
а		from the reporting founda	ation to a nonchai	ritable exempt or	rganization of:					
	(1) Cash							1a(1)		<u>X</u>
	(2) Other	assets						1a(2)		X
b	Other tran	sactions:						l		
	(1) Sales	of assets to a noncharital	ble exempt organ	ıızatıon				1b(1)		_X
	(2) Purch	nases of assets from a nor	ncharitable exemp	pt organization				1b(2)		Х
	(3) Renta	il of facilities, equipment,	or other assets					1b(3)		X
	(4) Reim	bursement arrangements						1b(4)		X
	(5) Loans	s or loan guarantees						1b(5)		X
	•	rmance of services or me	mbership or fund	draisino solicitatio	ons			1b(6)		Х
С	•	f facilities, equipment, ma		-				1c		X
					edule. Column (b) should a	lways show the fair in	narket value of the or		ets	
٠				_	red less than fair market val				,	
) the value of the goods, (TOU 1033 HIGH IGH HIGHOL VE	de in any nandadion	or snaring arranger	11011t, 3110W 111		
a \		(b) Amount involved			e exempt organization	(d) Description	of transfers, transaction	- and sharing as		
۵, ۵		(b) / induit involved	(o) wante		C CACITIFE OF GATHERATION	(a) Description	of transfers, transaction	is, and snamy an	anyeme	
				N/A	· · · · · · · · · · · · · · · · · · ·					
			<u> </u>							
					<u> </u>					
	_									
				- -						
								*		
				·						
		· 								
										
		· 				·· 	*			
^-	1-45-6			-1-1-1				-		—
2 a					e or more tax-exempt organ	izations described			T .	١
		501(c) (other than section		section 52/7				Yes	X] NO
b	If "Yes," co	mplete the following sche			1 7	1				
		(a) Name of org	anization		(b) Type of organization	((c) Description of rel	ationsnip		
		N/A								
					ng accompanying schedules and			May the IRS o	liscuss ti	nis
Siç	ını 🗼	elief, it is true, correct, and com	\sim .	f preparer (other tha	in taxpayer) is based on all infor		has any knowledge	return with the shown below	prepare	er e
He	re 🕒 '	Clami C	lush		11/12/2019	DIRECT	OR	X Yes		ΪNο
	Sign	ature of officer or trustee		1	Date-	Title				
	~_ -	Print/Type preparer's na	ıme J	Preparer's s	/	Date	Check If	PTIN		
		, , ,		Mar. K	La MI PAN]	self- employed			
Pa	id	GARY P. FI'	ጥፖሬፑኮ አ፣ ፣	NEKEL ?	FITZGERAL	11/11/19		P00177	612	
	parer					171/11/13	Firm's EIN ► 54			
	e Only	Firm's name FIT	7.GEKWID	& CO//	CPAS, P.C.		PRINSEN P 34	F-T2003	J	
	- Jiny	Firm's address N 01	EO TERROT	TIDO DI	יב פוודיים 500		 			

Form **990-PF** (2018)

Phone no. (703)847-4600

VIENNA, VA 22182

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

2018

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

Name of the organization **Employer identification number** ELINSKY FAMILY FOUNDATION 84-2872655 Organization type (check one) Filers of: Section: Form 990 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 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 any one contributor, 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, or (ii) Form 990-EZ, line 1 Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on 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.

Employer identification number

ELINSKY FAMILY FOUNDATION

84-2872655

<u>entno</u>	RI FAMILI FOUNDATION		-20/2033
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PETER AND ELAINE ELINSKY 12025 NEW DOMINION PARKWAY SUITE 101 RESTON, VA 20190	\$ 508,951.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll 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 Occuplete 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 (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)

Employer identification number

ELINSKY FAMILY FOUNDATION

84-2872655

art 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	
1	PUBLICLY TRADED SHARES OF STOCK FOR VARIOUS COMPANIES - FORM 8283 ATTACHED			
		\$508,951.	09/10/18	
(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	
	3-18	Sahadula B/Farra 20	90, 990-EZ, or 990-PF) (

Name of orga	orm 990, 990-EZ, or 990-PF) (2018)		Page Employer identification number					
realite of orga	NIZAGOTI		Employor restrained and manager					
ELINSKY	FAMILY FOUNDATION		84-2872655					
4	ram anu ana antihutar Campleta selumno (s	through (a) and the following line on	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try For organizations					
0	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	charitable, etc., contributions of \$1,000 or	less for the year (Enter this info once) > \$					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-								
-								
-								
		(e) Transfer of gif	t					
			D. H. H. M.					
 	Transferee's name, address, a	ind 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, a	ind 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 gif	t					
		1710	Delete webbe of hereafour he harmfores					
	Transferee's name, address, a	ind ZIP + 4	Relationship of transferor to transferee					
_								
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-								
-								
	(e) Transfer of gift							
			D. I. C. Shin address of the boundaries					
<u> </u>	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY	CASH IN	IVESTMENTS	STATEMENT	1
SOURCE	REVE	(A) REVENUE PER BOOKS 11. 781.		(B) IVESTMENT ICOME	(C) ADJUSTE NET INCO		
RBC CAPITAL MARKETS				11. 781.			
TOTAL TO PART I, LINE 3					792.		
FORM 990-PF	DIVIDENDS	S AND INTER	EST FR	OM SECUR	RITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	R.	(A) EVENUE R BOOKS		ST- ADJUS	TED
RBC CAPITAL MARKETS LLC RBC CAPITAL	874		0.	874.		74.	
MARKETS LLC TO PART I, LINE 4	892		0. 0.	892.		92.	
FORM 990-PF		LEGAL	FEES			STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME		CHARIT	ABLE
LEGAL FEES		5,159.		0.			0.
TO FM 990-PF, PG 1,	5,159.		0.			0.	

FORM 990-PF C	THER PROFES	SIONAL FEES		STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME				
ADVISORY FEES	1,554.	1,554.			0.	
TO FORM 990-PF, PG 1, LN 16C =	1,554.	1,554.			0.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	5	
DESCRIPTION		во	OK VALUE	FAIR MARKET VALUE		
CORPORATE STOCK			433,367.	397,45	1.	
TOTAL TO FORM 990-PF, PART II	. LINE 10B		433,367.	397,45	1.	