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2019

OMB No 1545-0052

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2019, or tax year beginning 07-01-20)19 , aı	nd ending 06-30	-2020			
		indation DUNDATION		A Employer is	dentification numbe	r		
	KEK FU	JUNDATION	31-1621660	31-1621660				
		l street (or P O box number if mail is not delivered to street address) CIRCLE	B Telephone n	B Telephone number (see instructions)				
			(505) 982-320	1				
		i, state or province, country, and ZIP or foreign postal code NM 87506	C If exemption	application is pendin	g, check here			
G Cl	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity	D 1. Foreign o	rganizations, check he	ere . \square		
		☐ Final return ☐ Amended return			rganizations meeting			
		Address change Name change		test, che	ck here and attach co	mputation 🕨 🔲		
H C	neck ty	pe of organization $\mathbf{\nabla}$ Section 501(c)(3) exempt private	foundation		oundation status was f on 507(b)(1)(A), chec			
	Section	1 4947(a)(1) nonexempt charitable trust Other taxable	e private foundation					
of	year (f	xet value of all assets at end from Part II, col (c), ▶\$ 964,076 J Accounting method □ Other (specify) (Part I, column (d) must	☑ Cash ☐ Accru		ation is in a 60-mont on 507(b)(1)(B), chec			
Pa	rt I	Analysis of Revenue and Expenses (The total	(-) B			(d) Disbursements		
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc , received (attach				,		
	2	schedule) Check ▶ ☑ If the foundation is not required to attach						
		Sch B						
	3	Interest on savings and temporary cash investments	7		7			
	4	Dividends and interest from securities	22,877	22,87	7			
	5a	Gross rents						
a	b	Net rental income or (loss)						
Ĭ	6a	Net gain or (loss) from sale of assets not on line 10	-6,239					
Revenue	b	Gross sales price for all assets on line 6a 98,164						
œ	7 8	Capital gain net income (from Part IV, line 2)						
	9	Income modifications				 		
	10a	Gross sales less returns and allowances						
	ь	Less Cost of goods sold	<u>. </u>					
	c	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)	-1,234					
	12	Total. Add lines 1 through 11	15,411	22,884	1			
	13	Compensation of officers, directors, trustees, etc						
	14	Other employee salaries and wages						
Sè	15	Pension plans, employee benefits						
1156	16a	Legal fees (attach schedule)	9 140					
and Administrative Expenses	ь	Accounting fees (attach schedule)	2,800	2,100				
E)	c	Other professional fees (attach schedule)						
Ĭ	17	Interest						
stra	18	Taxes (attach schedule) (see instructions)	1,241	1,24				
ੂ	19	Depreciation (attach schedule) and depletion						
Ę	20	Occupancy						
ďΡ	21	Travel, conferences, and meetings	13,056					
a	22	Printing and publications						
ing	23	Other expenses (attach schedule)						
Operating	24	Total operating and administrative expenses.						
g		Add lines 13 through 23	17,237	·		0		
_	25	Contributions, gifts, grants paid	40,000			40,000		
	26	Total expenses and disbursements. Add lines 24 and 25	57,237	3,34:		40,000		
	27	Subtract line 26 from line 12						
	a	Excess of revenue over expenses and disbursements	-41,826					
	ь	Net investment income (if negative, enter -0-)	,520	19,543	3			
	С	Adjusted net income (If negative, enter -0-)						
For	Paper	work Reduction Act Notice, see instructions.	1	Cat No 11289	X For	m 990-PF (2019)		

484,463

972,533

972.533

972,533

972,533

476,788

930,707

930.707

930,707

930,707

1

2

3 4

5

6

972,533

-41,826

930,707

930,707 Form **990-PF** (2019)

466,227

964,076

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow FASB ASC 958, check here 🕨 🗀

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Analysis of Changes in Net Assets or Fund Balances

Paid-in or capital surplus, or land, bldg, and equipment fund

Less accumulated depreciation (attach schedule) ▶ _____

Loans from officers, directors, trustees, and other disqualified persons

Foundations that follow FASB ASC 958, check here

Total assets (to be completed by all filers—see the

Land, buildings, and equipment basis ▶ _

instructions Also, see page 1, item I)

and complete lines 24, 25, 29 and 30.

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶.

Other increases not included in line 2 (itemize) -

Net assets without donor restrictions . . .

Net assets with donor restrictions

Other assets (describe > _

Other liabilities (describe ▶_

Grants payable

Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶ ____

Assets 6 8 10a	
e set	
e e	ts
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⋖ 10a	As
l t	

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13 14

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20 21

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28

29

30

Part III

2

3

Liabilities

Fund Balances

ŏ

Assets 27

Net

Capital Gains	and Losses for Tax on Invest	ment Income								
	pe the kınd(s) of property sold (e g , ı arehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)					
1aSee Additional Data Tab	le									
ь										
С										
d										
e										
(e) (f) (g) (h) Gross sales price (or allowable) (or allowed plus expense of sale (e) plus (f) minus (
a See Additional Data Tab	le			, , , ,						
b										
С										
d										
e										
	s showing gain in column (h) and owi	ned by the foundation	on 12/31/69	 	1)					
	(i)	<u> </u>	(k)		(I) h) gain minus					
(i) F M V as of 12/31/69	Adjusted basis as of 12/31/69	Excess	of col (I) (J), If any	col (k), but not	less than -0-) or om col (h))					
a See Additional Data Tab	le									
b										
С										
d										
e										
· ·			Part İ, line 7	3	-6,239					
Part V Qualification	Under Section 4940(e) for Re	duced Tax on Net	Investment In	icome						
(For optional use by domestic	private foundations subject to the sec	ction 4940(a) tax on ne	et investment incor	ne)						
If section 4940(d)(2) applies, l	eave this part blank									
If "Yes," the foundation does n	ne section 4942 tax on the distributab ot qualify under section 4940(e) Do	not complete this part			es 🗹 No					
	mount in each column for each year, :	see instructions before	making any entrie							
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab		(d) Distribution rat (col (b) divided by c	col (c))					
2018	14,000		943,128		0 014844					
2017	24,100		955,884	0 025212						
2016	14,061		944,570	0 014886						
2015	32,700		939,659	0 034800						
2014	65,865		1,038,317	T	0 063434					
2 Total of line 1, column (d)										
 Average distribution ration number of years the four Enter the net value of notice 		0 030635 938,298								
5 Multiply line 4 by line 3		•	4		28,745					
	ent income (1% of Part I, line 27b)		6	1	195					
				1	28,940					
				+						
	8 Enter qualifying distributions from Part XII, line 4 ,									
				F.	OOO DE /2010					

Page **6**

Pal	IT ATT-B	Statements Regard	ııng	Activities for Which	Form 4720 May Be	: Requirea (C	ontinue	ea)				
5a	During the	year did the foundation p	oay o	r incur any amount to							Yes	No
	(1) Carry	on propaganda, or otherw	ise a	ttempt to influence legisl	ation (section 4945(e))?	Г	Yes	V	No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?											
	on, dır	ectly or indirectly, any vo	ter re	egistration drive?		[Yes	✓	No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?											
		e a grant to an organizati ion 4945(d)(4)(A)? See ir		•	, -	d		_	140			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or											
				,			_ ∣Yes	✓	No			
Ь		wer is "Yes" to 5a(1)-(5),					bed in					
	-	s section 53 4945 or in a						٠		5b		
	-	ons relying on a current n										
С	c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?											
		se it maintained expenditu ttach the statement requi					Yes		No			
6a	Did the for	undation, during the year,	rece	ive any funds, directly or	indirectly, to pay premi	ums on						
	a personal	benefit contract?				. [Yes		No			
b		undation, during the year, 6b, file Form 8870	pay	premiums, directly or ind	lirectly, on a personal be	nefit contract?	res		NO	6b		No
7a		e during the tax year, wa	s the	foundation a party to a r	rohibited tax shelter tra	nsaction? [_	□				
b		d the foundation receive				L	Yes	~	No	7b		
8		idation subject to the sect		•				•				
•		achute payment during th				III Tellialierado						
	· · · · · · · · · · · · · · · · · · ·					• • •	_ Yes	_	110			
Pai		Information About (and Contractors	Offic	ers, Directors, Trust	ees, Foundation Ma	anagers, Hig	niy Pai	Ia Ei	mpio	yees,	,	
1	List all off	icers, directors, truste	es, fo	oundation managers ar	d their compensation	. See instructi	ons					
	(a) Na	me and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contril employee bend deferred cor	efit plan:	s and			nse acco	
See /	Additional D	ata Table			- /				T			
			1									
									1			
			1									
									+			
			1									
						-			+			
			-									
		ation of five highest-pa						T.C	<u> </u>		NONE	"
	Compensa	ition of five nignest-pa	ıa en	npioyees (other than ti	nose included on line .				ne, e	nter	NUNE.	
(a) Name and address of each employee paid more than \$50,000			(b) Title, and average hours per week devoted to position	(c) Compensation emp					e) Expense account, other allowances			
NON						comper						
11011	<u> </u>			1								
					+	1						
				1								
						-						
				-								
Tota	I number of	other employees paid ov	er \$5	0,000		<u> </u>	<u> </u>					
									For	m 99	0-PF (2019)

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Part VIII Information About Officers, Directors, Trust and Contractors (continued)	ees, Foundation Managers, Highly F	Paid Employees,
3 Five highest-paid independent contractors for professional s	services (see instructions). If none, ente	r "NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	-	
	1	
Total number of others receiving over \$50,000 for professional services.		<u> </u>
Part IX-A Summary of Direct Charitable Activities	de velevent statistical information such as the number	
List the foundation's four largest direct charitable activities during the tax year Inclu organizations and other beneficiaries served, conferences convened, research papers	s produced, etc	Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments	•	A
Describe the two largest program-related investments made by the foundation do 1 N/A	uring the tax year on lines 1 and 2	Amount
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		•
		Form 990-PF (2019)

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

3a 3h

4

5

40,000

39.805

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195

Amounts set aside for specific charitable projects that satisfy the

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

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

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

3

4

5

b Total for prior years

(b)

Years prior to 2018

2,533

2.533

2,533

(c)

2018

46.675

40,000

6,675

Page 9

46,720

46,720

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Par	t X	4#1	

a Enter amo

2

n 990-PF (20)19)	
art XIII	Undistributed Income (see instruc	tions)
		(a) Corpus
Distributab	le amount for 2019 from Part XI, line 7	

2015 , 20____ , 20____

Distributable amount for 2019 from Part XI, line 7	Ī
Undistributed income, if any, as of the end of 2019	
Enter amount for 2018 only	

a From 2014. **b** From 2015. . . .

Excess distributions carryover, if any, to 2019

- c From 2016. . . **d** From 2017. . . .
- e From 2018. f Total of lines 3a through e. 4 Qualifying distributions for 2019 from Part XII, line 4 🕨 \$

 - (Election required—see instructions).
- a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years c Treated as distributions out of corpus (Election
 - required—see instructions).

same amount must be shown in column (a))

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the

6 Enter the net total of each column as

instructions f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020

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 2014 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9 a Excess from 2015. . **b** Excess from 2016. . c Excess from 2017. . . . d Excess from 2018. . e Excess from 2019. .

Subtract lines 7 and 8 from line 6a

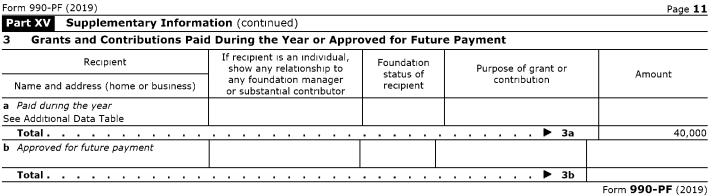
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract

c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a)

tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see

indicated below:

NONE



Part XVI-A Analysis of Income-Producing	,				T
nter gross amounts unless otherwise indicated		siness income	Excluded by section		(e) Related or exempt function income
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See instructions
a					
b					
d					
e					
f g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
Investments Dividends and interest from securities			14 14		
Net rental income or (loss) from real estate			14	22,677	
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property Other investment income.					
Gain or (loss) from sales of assets other than					
inventory			14	-6,239	
Net income or (loss) from special events Gross profit or (loss) from sales of inventory					
Other revenue					
a WESLAKE CHEMICAL PARTNERS			14	-1,234	
b					
d					
e					
2 Subtotal Add columns (b), (d), and (e)				15,411	
3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcu	lations)		1	3	15,411
Part XVI-B Relationship of Activities to the		ment of Exem	pt Purposes		
Explain below how each activity for which the accomplishment of the foundation's explain instructions)					
mistractions /					
+					

Form 990-PF (2019) Page **13** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 Yes (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? No a Transfers from the reporting foundation to a noncharitable exempt organization of 1a(1) No 1a(2) (2) Other assets. No **b** Other transactions (1) Sales of assets to a noncharitable exempt organization. . 1b(1) No (2) Purchases of assets from a noncharitable exempt organization. 1b(2) No (3) Rental of facilities, equipment, or other assets. . 1b(3) No (4) Reimbursement arrangements. . . 1b(4) No 1b(5) (5) Loans or loan guarantees. No 1b(6) (6) Performance of services or membership or fundraising solicitations. No c. Sharing of facilities, equipment, mailing lists, other assets, or paid employees 10 Nο

of the go	ods, other assets, or se	rvices given by the	reporting foundation If the	foundation	hould always show the fair market value i received less than fair market value her assets, or services received
(a) Line No	(b) Amount involved	(c) Name of nonch	arıtable exempt organization	(d) Desc	ription of transfers, transactions, and sharing arrangements
described	•	er than section 501	, or related to, one or more $(c)(3)$ or in section 527? .		ot organizations Yes 🗹 No
D II Tes,	(a) Name of organizat		(b) Type of organizat	ion I	(c) Description of relationship
	,		(-) ./p- :: :/gammaa		, -,

205 DAVIS RD STE 200

AUGUSTA, GA 30907

Firm's address ▶

2a Is th	e foun	dation directly or indirectly affil	liated with	or relate	d to, one or n	nore ta	ax-exen	npt organ	ızatıons	
desc	rıbed ı	n section 501(c) (other than se	ction 501(c)(3)) or ı	n section 527	'? . .			\square	Yes 🔽 No
b If "Y	es," co	emplete the following schedule								
		(a) Name of organization		(E) Type of organ	nization	1		(c) Descripti	on of relationship
	of my	er penalties of perjury, I declare y knowledge and belief, it is tru h preparer has any knowledge								
ign Iere	*	*****			2020-08-05 **		*****		May the IRS discuss this return with the preparer shown	
	Signature of officer or trustee				Date		Title			below (see instr) 🗹 Yes 🗆 No
		Print/Type preparer's name	Prepa	arer's Sıgr	nature		Date		Check if self-	PTIN P00536842
Paid		R BATES MCCUTCHEON					2020-08-06		employed ▶ ☐	P00530042
Prepa Use C		Firm's name ▶ BEDINGFIEL	о мсситс	HEON & P	ERRY					Firm's EIN ▶58-1259294

Phone no (706) 724-8085

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (d) (b) (c) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation Р 400SH SPDR SER TR OIL & GAS 2019-08-12 500SH WESTLAKE CHEMICAL Ρ 2019-08-12 250SH PHILLIP MORRIS INT'L Ρ 2020-03-03 220SH A O SMITH CORP Р 2020-03-03 Ρ 140SH UNITED TECH CORP 2020-03-03 Ρ 220SH MEDTRONIC, PLC 2020-06-08 500SH WILLIAMS COMPANIES, INC 2020-06-08 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Depreciation allowed Gain or (loss) (e) Gross sales price Cost or other basis (g) plus expense of sale (f) (or allowable) (h) (e) plus (f) minus (g) 8,925 17.659 -8,734 11,261 9,499 1,762 19.855 20,716 -861 8.688 10,394 -1.70617.802 17,247 555 21,362 18,130 3,232 10.271 10.758 -487 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -8,734 1,762 -861 -1.706555 3,232 -487

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, Contributions to (e) other allowances hours per week not paid, enter (b) devoted to position -0-) employee benefit plans and deferred compensation NEWTON J COKER CHAIRMAN OF 0 5 00 DE ALOE CIDCLE

SANTE FE, NM 87506				
JOSEPHINE R COKER	TRUSTEE	0	0	0
2 CALLE PLAZUELA SANTE FE NM 87507	1 00			

JOSEPHINE R CORER	IRUSTEE		١	
2 CALLE PLAZUELA SANTE FE, NM 87507	1 00			
ESTHER G COKER	TRUSTEE	0	0	
SE ALOE CIRCLE	1 00			

SANTE FE, NM 87507				
ESTHER G COKER	TRUSTEE	0	0	0
25 ALOE CIRCLE SANTE FE, NM 87506	1 00			
WALTER G COKER	TRUSTEE	0	0	0

	INOSTEL			· · · · · · · · · · · · · · · · · · ·
25 ALOE CIRCLE SANTE FE, NM 87506	1 00			
WALTER G COKER	TRUSTEE	0	0	0
3419 NORTH RANDOLPH ST	1 00			

SANTE FE, NM 87506				
WALTER G COKER	TRUSTEE	0	0	0
3419 NORTH RANDOLPH ST ARLINGTON, VA 22207	1 00			

WALTER G COKER	TRUSTEE	l o	l o	l o
3419 NORTH RANDOLPH ST ARLINGTON, VA 22207	1 00			

LEYLA PLAN COKER	TRUSTEE		
3419 NORTH RANDOLPH ST ARLINGTON, VA 22207	1 00		

1 00

3419 NORTH RANDOLPH ST ARLINGTON, VA 22207

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
BOYS GIRLS CLUBS OF GREATER 4103 BENNING RD NE WASHINGTON, DC 20019	NONE	501(C)3	YOUTH SERVICES	5,000
DECERT MONTESCORI SCHOOL	NONE	E01/C\2	EDUCATIONAL INSTITUTTION	E 000

DESERT MONTESSORI SCHOOL 316 CAMINO DELORA SANTE FE, NM 87505	NONE	501(C)3	EDUCATIONAL INSTITUITION	5,000
STEM FOR HER 200 LITTLE FALLS ST STE	NONE	501(C)3	EDUCATIONAL FOUNDATION	2,000

316 CAMINO DELORA SANTE FE, NM 87505				,
STEM FOR HER 200 LITTLE FALLS ST STE FALLS CHURCH, VA 22046	NONE	501(C)3	EDUCATIONAL FOUNDATION	2,000
Total			▶ 3a	40,000

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

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

a Paid during the year				
THE LANDON FUND6101 WILSON LANE BETHESDA, MD 20817	NONE	501(C)3	EDUCATIONAL INSTITUTION	2,000

BETHESDA, MD 20817				,
THE LANGLEY SCHOOL 1411 BALLS HILL RD MCLEAN, VA 22101	NONE	501(C)3	EDUCATIONAL INSTITUTION	1,000
SANTE FE ANIMAL SHELTER	NONE	501(C)3	ANIMAL RESCUE	1,000

MCLEAN, VA 22101				
SANTE FE ANIMAL SHELTER 100 CAJA DEL RIO RD SANTE FE, NM 87507	NONE	501(C)3	ANIMAL RESCUE	1,000

MCLLAN, VA ZZIOI				
SANTE FE ANIMAL SHELTER 100 CAJA DEL RIO RD SANTE FE, NM 87507	NONE	501(C)3	ANIMAL RESCUE	1,000
Total			▶ 3a	40,000

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

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

a Paid during the year				
FOOD DEPOT1222-A SILER RD SANTE FE, NM 87507	NONE	501(C)3	FOOD BANK	5,000
TUDICAL MATCHAGE THIRD OF CW	NONE	E04/C\2	BURLES COCKETY DENIETE	1 000

SANTE FE, NM 87507				
JUDICAL WATCH425 THIRD ST SW WASHINGTON, DC 20024	NONE	501(C)3	PUBLIC, SOCIETY BENEFIT	1,000
ADAPTIVE SPORTS PROGRAM OF NM 1595 CAMINO LA CANADA	NONO	501(C)3	ACTIVITES FOR THE DISABLED	1,000

WASHINGTON, DC 20024	NONE	501(C)3	PUBLIC, SOCIETY BENEFIT	1,000
ADAPTIVE SPORTS PROGRAM OF NM 1595 CAMINO LA CANADA SANTE FE, NM 87501	NONO	501(C)3	ACTIVITES FOR THE DISABLED	1,000

ADAPTIVE SPORTS PROGRAM OF NM 1595 CAMINO LA CANADA SANTE FE, NM 87501	NONO	501(C)3	ACTIVITES FOR THE DISABLED	1,000
Total			▶ 3a	40,000

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

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

or substantial contributor

a Paid during the year				
ARTSMART SANTE FE GALLERY	NONE	501(C)3	SUPPORT FOR LOCAL ARTISTS	5,000

SANTE FE, NM 87507				
GEORGIA HEALTH SCIENCES FDN 1120 15TH ST AUGUSTA GA 30912	NONE	501(C)3	SUPPORT FOR AUGUSTA UNIVERSITY	5,000

GEORGIA HEALTH SCIENCES FDN 1120 15TH ST AUGUSTA, GA 30912	NONE	501(C)3	SUPPORT FOR AUGUSTA UNIVERSITY	5,000
THE POTOMAC SCHOOL 1301 POTOMAC SCHOOL RD	NONE	501(C)3	EDUCATIONAL INSTITUTION	2,000

GEORGIA HEALTH SCIENCES FDN 1120 15TH ST AUGUSTA, GA 30912	NONE	501(C)3	SUPPORT FOR AUGUSTA UNIVERSITY	5,000
THE POTOMAC SCHOOL 1301 POTOMAC SCHOOL RD MCLEAN, VA 22101	NONE	501(C)3	EDUCATIONAL INSTITUTION	2,000

7,0003177,077 30312				
THE POTOMAC SCHOOL 1301 POTOMAC SCHOOL RD MCLEAN, VA 22101	NONE	501(C)3	EDUCATIONAL INSTITUTION	2,000
Total			▶ 3a	40,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

Name and address (home or husiness)

Nume and address (nome or business)	or substantial contributor			
a Paid during the year				
ARLINGTON FREE CLINIC	NONE	501(C)3	HEALTH CARE CLINIC	5,000

recipient

ARLINGTON FREE CLINIC 2921 11TH ST SOUTH ARLINGTON. VA 22204	NONE	501(C)3	HEALTH CARE CLINIC	5,
ARLINGTON, VA 22204				

2921 11TH ST SOUTH ARLINGTON, VA 22204			,,,
Total	 	▶ 3a	40,000

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Da	ta -			DLN: 93491237003650
TY 2019 Accounting Fees Schedule						
	Name:	COKER FO	DUND	ATION		
	EIN:	31-16216	60			
Category	Amo	ount		Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING & TAX PREPARATION		2,800		2,100		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491237003650
TY 2019 Investments Corpora	te Bonds Schedule	
Name:	COKER FOUNDATION	
EIN:	31-1621660	

Investments Corporate Bonds Schedule				
Name of Bond	End of Year Book Value	End of Year Fair Market Value		
MUTUAL FUND/ETF PORTFOLIO	476,788	466,227		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491237003650
TY 2019 Investments Corpora	ite Stock Sched	lule
Name:	COKER FOUNDATION	NC
EIN:	31-1621660	

Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
COMMON STOCK PORTFOLIO	248,662	285,774

24,018

30,836

SPDR S&P 500 ETF

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLI	N: 93491237003650
TY 2019 Legal Fees Schedule	e			
Name	e: COKER FOUN	NDATION		
EIN	N: 31-1621660			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INDIRECT LEGAL FEES	140			

DLN: 93491237003650

Name: COKER FOUNDATION

EIN: 31-1621660

WESLAKE CHEMICAL PARTNERS

Other Income Schedule			
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income

-1,234

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLI	N: 93491237003650
TY 2019 Taxes Schedule				_
Name:	COKER FOU	NDATION		
EIN:	31-1621660			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL INCOME TAX EXPENSE	1,241	1,241		