#### THIS IS NOT A FILEABLE COPY \*\*\*\*\*

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning	, 2019, and ending
or calcillar year 2019, or ilscar year beginning	, 20 19, and ending

OMB No. 1545-1878

Internal Revenue Service

Form 8879-EO

▶ Do not send to the IRS. Keep for your records.

Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Employer identification number Name of exempt organization \*\*\_\*\*\*\*

CORE FOUNDATION INC Name and title of officer

DOUGLAS BUSHEE

CHAIR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here <b>X b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	1b	146,859.
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

#### Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN:	check	one	box	only
-----------	------	-------	-----	-----	------

X   authorize MILLERMUSMAR CPAS	to enter my PIN 12345
ERO firm name	Enter five numbers, b do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed return. If I have indicated is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I senter my PIN on the return's disclosure consent screen.	• •
As an officer of the organization, I will enter my PIN as my signature on the organization's tax yea indicated within this return that a copy of the return is being filed with a state agency(ies) regulation program, I will enter my PIN on the return's disclosure consent screen.	•
Officer's signature ▶ ***** THIS IS NOT A FILEABLE COPY *** Date ▶	

#### **Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54690717650 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date ► 11/13/20 ERO's signature

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

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## EXTENDED TO NOVEMBER 16, 2020

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

OMB No. 1545-0047

А	רטו נווי	e 20 19 calendar year, or tax year beginning and	a enaing		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	e Doing business as		**_***	* *
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	 r
	Final return			703-282-	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	•	G Gross receipts \$	326,996.
	Amen return	RESION, VA 20193		H(a) Is this a group re	
	Application			for subordinates	
	pendi	<sup>19</sup> 1357 TUNWELL STABLE COURT, RESTON, VA	20194	H(b) Are all subordinates in	ncluded? Yes No
T	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1)		7	list. (see instructions)
J	Websi	te: ► WWW.COREFOUNDATION.ORG		H(c) Group exemptio	
K	Form of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2007	A State of legal domicile: VA
P	art I	Summary			
_	1	Briefly describe the organization's mission or most significant activities: HELP	ING OI	HERS TO "BE	THE CHANGE
Governance		THEY WANT TO SEE IN THE WORLD" BY PROVDI	NG COU	INSELING AND	RESOUCES.
rıs	2	Check this box  if the organization discontinued its operations or disposation	osed of more	e than 25% of its net as	ssets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
ري مع	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
es &		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			1
ξĘ		Total number of volunteers (estimate if necessary)			600
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
٩		Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		60,176.	124,519.
ž	9	Program service revenue (Part VIII, line 2g)		0.	600.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		914.	234.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		49,325.	21,506.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		110,415.	146,859.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		73,684.	66,733.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	3,095.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
g	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		42,777.	45,069.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		116,461.	114,897.
	19	Revenue less expenses. Subtract line 18 from line 12		-6,046.	31,962.
Net Assets or Find Balances	3	·	Be	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		45,177.	72,444.
ASS	21	Total liabilities (Part X, line 26)		35,921.	31,226.
<u>====</u>	22	Net assets or fund balances. Subtract line 21 from line 20		9,256.	41,218.
P	art II	Signature Block			
Und	der pena	lities of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of m	y knowledge and belief, it is
true	e, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparei	has any knowledge.	
Sig	jn	Signature of officer		Date	
He		▶ DOUGLAS BUSHEE, CHAIR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	<b>I</b>	Date Check	PTIN
Pai	d	G F MUSMAR, CPA	1	1/13/20 if self-employ	ed №00176506
Pre	parer	Firm's name MILLERMUSMAR CPAS		Firm's EIN ▶	**_****
Use	Only	Firm's address 12353 SUNRISE VALLEY DR, STE A			
		RESTON, VA 20191		Phone no. 70	3-437-8877
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	till Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	WE HELP OTHERS BE THE CHANGE THEY WANT TO SEE IN THE WORLD. WE WORK
	WITH SOCIAL ENTREPRENEURS AND SMALL ORGANIZATIONS TO HELP THEM ACHIEVE
	THEIR GOALS AND OBJECTIVES. WE PROVIDE COUNSEL & RESOURCES TO HELP
	INDIVIDUALS AND ORGANIZATIONS PLAN, BUILD AND EXECUTE ON THEIR VISION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 34,972 • including grants of \$ 28,000 • ) (Revenue \$ )
	SUPPORT TO CORNERSTONES A 501(C)(3) EXEMPT ORGANIZATION TO RAISE MONEY,
	SETUP INFRASTRUCTURE AND PROVIDE LOGISTICAL SUPPORT FOR RESTON SPRINT
	TRIATHLON.
4b	(Code:) (Expenses \$15,000 • including grants of \$15,000 • ) (Revenue \$)
40	SUPPORT TO CHILDHOOD BRAIN TUMOR FOUNDATION A 501(C)(3) EXEMPT
	ORGANIZATION TO RAISE MONEY, SETUP INFRASTRUCTURE AND PROVIDE
	LOGISTICAL SUPPORT FOR RESTON YOUTH TRIATHLON.
	LOGIDITCAL DOLLOKI FOR REDION TOUTH TRIAINDON:
	C 500
4c	(Code:) (Expenses \$ 6,590 • including grants of \$ 6,590 • ) (Revenue \$)
	SUPPORT TO CORNERSTONES A 501(C)(3) EXEMPT ORGANIZATION TO RAISE MONEY,
	SETUP INFRASTRUCTURE AND PROVIDE LOGISTICAL SUPPORT FOR RU BROTHERS BY
	THE WAYSIDE.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 17,143 • including grants of \$ 17,143 •) (Revenue \$ 600 •)
4e	Total program service expenses ► 73,705.
	Form <b>990</b> (2019)

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			٠,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,.
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا ہم ا	Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	

## Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1,7
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			X
<b></b>	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			₩.
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	71	
ı aı	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Ochequie O contains a response of flote to any line in this part v		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
C	(gambling) winnings to prize winners?	1c	Х	
	(garremig) Thrillings to prize Trinitors	110	<del></del> -	

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Form **990** (2019)

# Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Inter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, led of the tocalenary are ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1 and 2a is greater than 250, you may be required to 6-fed see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes,* has it filled a Form 990-T for this year? If Ye' to line 2b, provide an explanation on Schedule 0  3c If Yes, has the filled a Form 990-T for this year? If Ye' to line 2b, provide an explanation on Schedule 0  3d If Yes, has the filled a Form 990-T for this year? If Ye' to line 2b, provide an explanation on Schedule 0  3d If Yes, has the filled a Form 990-T for this year? If Ye' to line 2b, provide an explanation on Schedule 0  3d If Yes, has the filled a Form 990-T for this year? If Ye' to line 2b, provide an explanation on Schedule 0  3d If Yes, has the filled a Form 990-T for this year?  5a If Yes to line in the name of the foreign country.  5b If Yes, has the filled a Form 990-T for this year?  5c If Yes to line is a rob, did fill year the fill year of the fill yea					Yes	No
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: If the sum of lines 14 and 26 is greater than 250, you may be required to e-file (see instructions)  3		filed for the calendar year ending with or within the year covered by this return	2a   1			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  b if 1''es', "has it filed a Form 990T for the year of "Not for line", 3b, provide an explenation on Schedule O  b if 1''es', "has it filed a Form 990T for the year of "Not for line", 3b, provide an explenation on Schedule O  b if 1''es', "has it filed a Form 990T for the year of "Not for line", 3b, provide an explenation on Schedule O  b if 1''es', "has it filed a Form 990T for the year of the organization have an interest in, or a signature or other authority over, a financial accountly and the foreign country (such as a bank account, securities account, or other financial accountly of the provided of the organization in the foreign country be such section 1970. The most of the did not any time during the tax year?  5a Was the organization party to a prohibited tax shelter transaction?  5b Was the organization that organization that it was or is a party to a prohibited tax shelter transaction?  5c If 'Yes' to line Sa or Sb, did the organization the file massaction at any time during the tax year?  5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions were not tax deductible?  6a Was the second of the organization that were not tax deductible as charitable contributions?  6a Was the organization state any receive deductible contributions under section 170(c).  a Did the organization state any receive deductible contributions under section 170(c).  b if 'Yes', "did the organization end to not lifty the donor of the value of the goods or services provided?  7b Was the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the payor?  7a X Y  7b Was the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the file organization sell of the organization file organization sell of the value of the goods or services provided?	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b		X
b If "Yes," has it filled a Form 990.T for this year? If "No" to line 3b, provide an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a X  5b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction?  5b X  c If "Yes" to line Sa or Sb, did the organization file Form 888617?  6a Does the organization annual gross necelities that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If "Yes," old the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible on the organization and explanation or the value of the goods or services provided to the payor?  7a If Wes," of the organization seller as payment in excess of Sh' made party as a contribution and party for goods and services provided to the payor?  7b If "Yes," old it the organization notity the donor of the value of the goods or services provided?  7c Did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282?  7c If If Yes, "did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 p If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 by a promium son a personal benefit contract?  7c X  7d Did the organization received an contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 by a promium s		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4b If "Yes," face the the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5a Was the organization for the foreign country to a prohibited the foreign bank and Financial Accounts (FBAR).  5b Was the organization have provided the organization file Form 888-17.  5c If "Yes" to lie Sa or 5b, did the organization file Form 888-17.  5d Dobe the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5c Uses the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Oblet the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  a bil the organization stall, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 888-2?  6d If "Yes," indicate the number of Forms 8282 filed during the year  7c If Id the organization received an contribution of organization property of which it was required?  7d If the organization received an contribution of organization property of which it was required?  7d If the organization received an contribution of organization reflect, to pay premiums on a personal benefit contract?  7d If the organization received an contribution of organization reflecting, did the organization file organization fave were the solicity of the payon organization file organization file organization	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
financial account in a foreign country   Such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any staxeble party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b Did any staxeble party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Did not staxeble party notify the organization file Form 8886-17?  6c I "Yes" to line Sa or 5b, did the organization file Form 8886-17?  6d Does the organization include with every solicitation an express statement that such contributions or glifs were not tax deductible?  7 organizations that many receive deductible contributions under section 170(c).  8 Did the organization receive a payment in sexess of 55 made party as a contribution and party for goods and services provided to the payor?  7 a Was in the organization notify the donor of the value of the goods or services provided?  8 Did the organization receive a payment in excess of 55 made party as a contribution of services provided?  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal brendft to the payor?  7 b If Yes, "indicate the number of Forms 8282 filed during the year  9 Did the organization received an contribution of cars, boats, airplanes, or other vehicles, did the organization file or payments of the payment or payments of the organization file or payments of the payments or payments of the payments or payments o				3b		
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12			•	8		
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a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10	Section 501(c)(7) organizations. Enter:				
11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  If "Yes," see instructions and file Form 4720, Schedule N.	а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X						
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
		If "Yes," complete Form 4720, Schedule O.				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>'</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		77	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	١	- V	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		Х
a	The organization's CEO, Executive Director, or top management official	15a		X
D	Other officers or key employees of the organization	15b		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	160		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
800	exempt status with respect to such arrangements?	100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ►VA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	R)s only	ı) avəil	ahle
10	for public inspection. Indicate how you made these available. Check all that apply.	,, o OHI	, avall	abic
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, as	nd fina	ncial	
13	statements available to the public during the tax year.	ıu iiild	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_0	DOUGLAS BUSHEE - 703-282-6211			
	1357 TUNWELL STABLE COURT, RESTON, VA 20194			

Form **990** (2019)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to an	v line in this Dort VII	
CHECK II SCHEUUIE O COHLAINS A TESDONSE OF HOLE LO AN	IV III IE III II IIIS FAIL VII	

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot or/trus	h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DOUG BUSHEE	10.00	X		Х				0.	0.	0
CHAIR (2) BRIAN FYOCK	0.25	┷		^				0.	0.	U
TREASURER	0.23	X		x				0.	0.	0
(3) CHERYL FYOCK	0.25	<del> </del>		<u> </u>				0.	0.	0
MEMBER	0.23	$\mathbf{x}$						0.	0.	0
(4) LEE BERGSTROM	0.25	⇈						0.0		
MEMBER		x						0.	0.	0
(5) PHIL VERA	0.25									
MEMBER		X						0.	0.	0
(6) DAVID HURLEY	0.25									
MEMBER		X						0.	0.	0
(7) JENNIFER HARPER	0.25									
MEMBER	40.00	Х						0.	0.	0
(8) TARALYN KOHLER	40.00	٠,						22 000	_	
EXECUTIVE DIRECTOR		Х						33,000.	0.	0
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Form 990 (2019)

Part VII Sect	tion A. Officers, Directors, Trus		ploy	ees			ighe	st C			—			
	(A)	(B)			(C Pos	C) ition	,		(D)	(E)		_	(F)	
	Name and title	Average hours per		not c	heck	more	than		Reportable compensation	Reportable compensation	_		timate nount	
		week					is bot or/trus		from	from related			other	JI
		(list any	ctor						the	organizations			pensa	tion
		hours for	or dire				ted		organization	(W-2/1099-MIS	SC)	fr	om the	Э
		related	stee (	trustee			bensa		(W-2/1099-MISC)			•	anizati	
		organizations below	ual tru	ional		ploye	t com						d relati anizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ai iiZati	JI 13
			=	=	0	~	工 む	-						
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									33,000.		0.			0.
	n continuation sheets to Part V								0.		0.			0.
	l lines 1b and 1c)								33,000.		0.			0.
	ber of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wr	no r	eceived more than \$100	,000 of reportable	е			0
Compensa	tion from the organization												Yes	No
3 Did the ord	ganization list any <b>former</b> officer,	director, trust	ee. I	kev e	ame	love	e. o	hio	hest compensated emo	lovee on	Γ			
	"Yes," complete Schedule J for s											3		Х
4 For any inc	dividual listed on line 1a, is the su	um of reportab												
and related	d organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual		[	4		Х
	erson listed on line 1a receive or a	•				-			ted organization or indivi	dual for services				
	o the organization? If "Yes," com	plete Schedul	e J t	or st	uch ,	pers	son .					5		X
	ependent Contractors		-1					4	N	\$4.00.000 of a com-		-41 4		
	this table for your five highest co zation. Report compensation for										pensa	ation	TOTTI	
tric organiz	(A)	tric calcridar y	Cai	Cridi	ng v	VICII	OI W		(B)	,car.		(0	<del></del>	
	Name and business	address	N	INC	3				Description of s	ervices	C		nsatio	า
								_						
								$\exists$						
	per of independent contractors (i		ot li	mite	d to		_	stec	d above) who received m	ore than				
\$100,000	of compensation from the organi	zation >					0					_	000	
												Form	<b>990</b> (2	2019)

Ра	rt v	Ш						
			Check if Schedule O contains a response	or note to any lin			(0)	
					<b>(A)</b> Total revenue	(B) Related or exempt	(C) Unrelated	( <b>D)</b> Revenue excluded
					rotarrovorido		business revenue	
S (A								sections 512 - 514
ant			Federated campaigns 1a					
J. G.			Membership dues 1b	121,019.				
fts, r Ar				121,019.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d					
Sin			Government grants (contributions) 1e					
utic		Т	All other contributions, gifts, grants, and	3,500.				
t p			similar amounts not included above 1f	3,300.				
no.		_	Noncash contributions included in lines 1a-1f		124,519.			
0 8		n	Total. Add lines 1a-1f	Business Code	124,317.			
Φ.	•	_	SALE OF T-SHIRTS	448000	600.	600.		
Program Service Revenue	2			440000	000.	000.		
Ser		b c						
ın Ve		d						
Be		e e						
Prc			All other program service revenue					
			Total. Add lines 2a-2f		600.			
	3	9	Investment income (including dividends, intere					
	_		other similar amounts)		234.			234.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	· •				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
_		b	Less: cost or other basis					
nue			and sales expenses <b>7b</b>					
Revenue			Gain or (loss)7c					
			Net gain or (loss)	<b>&gt;</b>				
Other	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See	201 642				
				201,643. 180,137.				
				·	21,506.			21,506.
					ZI, 300 •			21,500.
	9	a	Gross income from gaming activities. See Part IV, line 19 9a					
		h	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	<u>'</u>				
			Gross sales of inventory, less returns					
		_	and allowances10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
<u></u>			, , , , , , , , , , , , , , , , , , , ,	Business Code				
on a	11	а						
ane		b						
Miscellaneous Revenue		С						
Mis		d	All other revenue					
			Total. Add lines 11a-11d	<b>&gt;</b>				
	12		Total revenue. See instructions		146,859.	600.	0.	21,740.

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		1		·
	and domestic governments. See Part IV, line 21	66,733.	66,733.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,095.		3,095.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	' ' ' '				
b	Legal				
	Accounting	7,602.		7,602.	
	Lobbying				
е	D ( ' 1( 1 ' ' ' O D ' N' I' 47				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
·	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	13,439.		13,439.	
13	Office expenses	977.		977.	
14	Information technology				
15	Royalties				
16	Occupancy	3,116.		3,116.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	6,972.	6,972.		
19	Conferences, conventions, and meetings				
20	Interest	4,684.		4,684.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	TELEPHONE	3,915.		3,915.	
b	INTERNET AND WEBSITE	1,496.		1,496.	
С	COMPUTER AND SOFTWARE E	1,397.		1,397.	
d	DUE AND SUBSCRIPTIONS	826.		826.	
е	All other expenses	645.		645.	
25	Total functional expenses. Add lines 1 through 24e	114,897.	73,705.	41,192.	0
26	Joint costs. Complete this line only if the organization		_		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
93201	0 01-20-20			· · · · · · · · · · · · · · · · · · ·	Form <b>990</b> (2019

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	44,160.	1	67,413.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D  Less: accumulated depreciation  10a  3,272.  10b  3,272.			
	b	Less: accumulated depreciation 10b 3,272.	0.	10c	0.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	1,017.	12	1,032.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	3,999.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	45,177.	16	72,444.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ω	22	Loans and other payables to any current or former officer, director,			
iţi		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	10,582.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	<u> </u>	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	25,339.	25	31,226.
	26	Total liabilities. Add lines 17 through 25	35,921.	26	31,226.
		Organizations that follow FASB ASC 958, check here ▶ X	, .		- ,
Ses		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	9,256.	27	41,218.
Bal	28	Net assets with donor restrictions	7 - 2 - 2 - 2	28	
pu		Organizations that do not follow FASB ASC 958, check here			
F		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
et	32	F	9,256.	32	41,218.
Z	33	Total net assets or fund balances  Total liabilities and net assets/fund balances	45,177.	33	72,444.

Form **990** (2019)

-orm	1990 (2019) CORE FOUNDATION INC			Pag	ge IZ
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,8	
3	Revenue less expenses. Subtract line 2 from line 1	3		1,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		9,2	56.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4	1,2	<u> 18.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_ <u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	<b>990</b> (	2019)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CORE FOUNDATION INC Employer identification number \*\*\_\*\*\*\*

Pa	rt I	Re	eason for Public (	Charity Status (A	All organizations must co	mplete th	is part.) Se	ee instructions.	
The	orga				For lines 1 through 12, c				
1		7	•	,	n of churches described	•	•	I)(A)(i).	
2		7	•	•	Attach Schedule E (Form			- N- N- I	
3		7			anization described in <b>se</b>			ii)	
4		٦		1	njunction with a hospital			•	the hospital's name
7			and state:	ation operated in col	ijanotion with a nospital	described	a iii Scotio	ii iro(b)( i)(A)(iii). Liitoi	the hospital s hame,
_		¬ • • • •		ar the benefit of a co	logo or university overse	d ar anara	tad by a a	avaramantal unit dagarih	and in
5					lege or university owned	or opera	ted by a g	overnmental unit descri	Jed III
_		1	tion 170(b)(1)(A)(iv). (C	. ,					
6		7	· · · · · · · · · · · · · · · · · · ·	_	nental unit described in s				
7			-	•	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		7	ion <b>170(b)(1)(A)(vi).</b> (Co						
8		A co	mmunity trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Part	t II.)			
9		J An a	gricultural research org	ganization described	in <b>section 170(b)(1)(A)(</b>	ix) operate	ed in conju	ınction with a land-grant	college
		or ur	niversity or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	,, and state of the collec	je or
		_	ersity:						
10	X	J An o	rganization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	and gross receipts from
		activ	ities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
		incor	me and unrelated busir	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See:	section 509(a)(2). (Cor	mplete Part III.)					
11		Ano	rganization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4).	
12		Ano	rganization organized a	and operated exclusi	vely for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or
		more	publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section !	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
а		□ ту	<b>pe I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	/ giving
		the	e supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the	supporting
			ganization. <b>You must c</b>						•
b				-	or controlled in connec	tion with it	s support	ed organization(s), by ha	avina
				· ·	anization vested in the s				-
			ganization(s). <b>You mus</b>						
С	Г		•		g organization operated	in connec	tion with.	and functionally integrat	ed with.
_			-		). You must complete F				,
d	Г				orting organization oper				ization(s)
-		-	•	• • • • • • • • • • • • • • • • • • • •	ation generally must sat				* *
			•	-	plete Part IV, Sections	-		-	
е	Г			·	vritten determination fro				
			•		nally integrated supporti				
f	En		number of supported of		, , ,	5 5			
			ne following information	-	d organization(s).				
		(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi		(v) Amount of monetary	(vi) Amount of other
		org	ganization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Tota	al								

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19

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Schedule A (Form 990 or 990-EZ) 2019

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4		`,	, ,	, ,	` ,	.,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for	•	,			n 501(c)(3)	_
	organization, check this box and stop	here					
Sec	tion C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11,	column (f))		14	%
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2019. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	າ			
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization quali	ifies as a publicly s	upported organiz	ation			▶□
17a	10% -facts-and-circumstances test						or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"		•	-	•	•	
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	•				•	
	organization meets the "facts-and-circ						▶□
18	<b>Private foundation.</b> If the organizatio		-	•			s
						dula A /Earm 000	

# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	qualify under the tests listed b	elow, please comp	olete Part II.)							
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(a) 2017	(d) 2018	(a) 2010	(f) Total			
	Gifts, grants, contributions, and	(a) 2015	<b>(b)</b> 2016	(c) 2017	( <b>u)</b> 2016	<b>(e)</b> 2019	(I) IOIAI			
'	membership fees received. (Do not									
	include any "unusual grants.")	22,970.	72,731.	100,044.	60,176.	124,519.	380,440.			
_		22,970.	12,131.	100,044.	00,170.	124,319.	300,440.			
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	117,749.	111,892.	149,044.	155,596.	203,625.	737,906.			
3	Gross receipts from activities that									
	are not an unrelated trade or business under section 513									
4	Tax revenues levied for the organ-									
	ization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities									
Ŭ	furnished by a governmental unit to									
	the organization without charge									
6	Total. Add lines 1 through 5	140,719.	184,623.	249,088.	215,772.	328,144.	1,118,346.			
	Amounts included on lines 1, 2, and			213,0000	22377724	020,222	2,220,020.			
, ,	3 received from disqualified persons						0.			
k	Amounts included on lines 2 and 3 received from other than disqualified persons that									
	exceed the greater of \$5,000 or 1% of the						0			
	amount on line 13 for the year						0.			
	c Add lines 7a and 7b									
	8 Public support. (Subtract line 7c from line 6.) 1,118,346.									
	Section B. Total Support									
	endar year (or fiscal year beginning in)	(a) 2015 140,719.	(b) 2016 184,623.	(c) 2017 249, 088.	(d) 2018 215,772.	(e) 2019 328,144.	(f) Total			
	Amounts from line 6	140,/13.	104,023.	249,000.	213,772.	340,144.	1,118,346.			
IUa	a Gross income from interest, dividends, payments received on securities loans, rents, royalties,	1,872.	202.	114.	102.	234.	2,524.			
	and income from similar sources	1,072.	202•	114.	102.	234.	2,324.			
ľ	Unrelated business taxable income (less section 511 taxes) from businesses									
	acquired after June 30, 1975	1 070	202	114.	100	224	2 524			
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	1,872.	202.	114•	102.	234.	2,524.			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)									
13	Total support. (Add lines 9, 10c, 11, and 12.)	142,591.	184,825.	249,202.	215,874.	328,378.	1,120,870.			
	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,			
	check this box and stop here									
Se	ction C. Computation of Publ	ic Support Pe	rcentage							
15	Public support percentage for 2019 (I	line 8, column (f), d	livided by line 13,	column (f))		15	99.77 %			
	Public support percentage from 2018					16	99.74 %			
Se	ction D. Computation of Inves	stment Incom	e Percentage							
17	Investment income percentage for 20	19 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.23 %			
18	Investment income percentage from 2					18	.26 %			
	19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not									
	more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization									
k	b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									
00										
∠∪	Private foundation. If the organization	iii ala not check a	DOX OH IME 14, 19	a, OF 19D, CNECK th	iis dux and see ins	มเน <b>น</b> นเบทร				

\*\*\_\*\*\*\*

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
Ŀ	3a		
Ŀ	3b		
<u> </u>	3c		
	1-		
H	4a		
<u> </u>	4b		
	4c		
	5a		
	Ju		
	5b		
	5c		
	6		
	7		
	_		
	8		
	9a		
	Ja		
	9b		
	9с		
1	0a		
	01		
1_1	0b		

Par	rt IV   Supporting Organizations <sub>(continued)</sub>			
	·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u></u>
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		
Seci	tion C. Type II Supporting Organizations		V	
_	When a section to the		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	tion D. All Type III Supporting Organizations		ш	
000	tion 5.7th Type in Supporting Siguinzations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruc	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see instructions	$\overline{}$	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6	*	* _	*	* *	*	*	*	*	Page 6
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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	g Orga	anizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integr	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	<sup>₹</sup>	(a)(3) Supporting Org	anizations <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CORE FOUNDATION INC

**Employer identification number** \*\*\_\*\*\*\*

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Simil	ar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		·
		(a) Donor advised fund	ds (	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in	donor advised fun	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant fu	nds can be used o	only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any oth	er purpose confer	ring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on	Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).		
	Preservation of land for public use (for example, recreated	ation or education)	servation of a histo	orically important land area
	Protection of natural habitat	L Pres	servation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution	in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b				2b
С	Number of conservation easements on a certified historic st			2c
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or termin	nated by the orgar	nization during the tax
	year ▶			
4	Number of states where property subject to conservation ea		<del></del> _	
5	Does the organization have a written policy regarding the pe			
•	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting.	, nandling of violations, and en	forcing conservati	on easements during the year
7	Amount of avanages incurred in monitoring inspecting ben	dling of violations, and anforcin	a conconvotion of	accompanie during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcir	ig conservation ea	sements during the year
	▶ \$ Does each conservation easement reported on line 2(d) abo	vo satisfy the requirements of	nantian 170/h\/4\/E	D)(i)
8				
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservat			
3	balance sheet, and include, if applicable, the text of the foot			
	organization's accounting for conservation easements.	note to the organization 3 linar	iciai staternents ti	iat describes the
Par	t III Organizations Maintaining Collections of	of Art. Historical Treasu	res. or Other	Similar Assets.
	Complete if the organization answered "Yes" on Forn	-	,	
	If the organization elected, as permitted under FASB ASC 99	58. not to report in its revenue	statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pu	•		
	service, provide in Part XIII the text of the footnote to its fina			·
b	If the organization elected, as permitted under FASB ASC 99			e sheet works of
	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A		-	
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2019

932051 10-02-19

Pa	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, c	or Othe	r Simil	ar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, checl	k any of the	following that	t make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	· 🆳	Loan or exc	hange progra	ım					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	he organization	on's exer	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit or				•			_	_	_	_
_	to be sold to raise funds rather than to be ma								Yes		No
Pa	reported an amount on Form 990, Par	-	ete if the	organizatio	on answered "	'Yes" on	Form 990	), Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount	:	
С	Beginning balance						. 1c				
	Additions during the year										
е	Distributions during the year						. 1e				
f	Ending balance						. 1f		_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or c	ustodial acco	unt liabili	ity?	L	Yes	L	No
b	If "Yes," explain the arrangement in Part XIII.										
Pa	T V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	orm 990, Part	IV, line 1	0.				
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	s back (	<b>(d)</b> Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, column (	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	red for th	ne organiz	ation	-		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?	) 				3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Pa	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	D, Part I\	/, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		` '	t or other (other)		cumulate reciation	ed	(d) Bool	k valu	e 
1a	Land										
b	Buildings										
	Leasehold improvements										
d	Equipment										
	Other				3,272.		3,2	72.			0.
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line	10c.)						0.

Schedule D (Form 990) 2019

		11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
) Financial derivatives			
) Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes	Description	11d. See Form 990, Part X, line 15.	(b) Book value
TATIO CONTENTO / CUIODO DEDAL TO:	•		3,999
17	71A		3,333
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(7) (8)			
(7) (8) (9)	- 45)		3 000
(7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) lii	ne 15.)	<b>&gt;</b>	3,999
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		dda ay ddf. Can Farry 2000, Dayb V, lina 05	3,999
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes		11e or 11f. See Form 990, Part X, line 25.	
(7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes . (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	3 , 999 (b) Book value
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes . (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE		11e or 11f. See Form 990, Part X, line 25.	
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE (3)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE (3) (4)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE (3) (4) (5)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE (3) (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE (3) (4) (5) (6) (7) (8)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE (3) (4) (5) (6) (7) (8) (9)	" on Form 990, Part IV, line		(b) Book value 31,226
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line		(b) Book value 31,226

Par	rt XI Reconciliation of Revenue per Audited Financi		per Return.	
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.		
1	Total revenue, gains, and other support per audited financial stateme	ents	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	· · · · · · · · · · · · · · · · · · ·			
b	Donated services and use of facilities			
С	. , , ,			
d	, , , , , , , , , , , , , , , , , , , ,	2d		
е	• • • • • • • • • • • • • • • • • • • •			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1		
а	, , ,			
b	,	4b		
_	Add lines 4a and 4b			
5 Day	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XII Reconciliation of Expenses per Audited Finance			
rai	Complete if the organization answered "Yes" on Form 990, Pa	-	es per neturn.	
_				
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ءه ا		
a				
b	, , , , , , , , , , , , , , , , , , , ,			
d				
		·	2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
· a		4a		
b				
	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part			
	rt XIII Supplemental Information.		·	
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line 2; Par	t XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	ovide any additional information.		

#### **SCHEDULE G**

Department of the Treasury

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public** Inspection

Internal Revenue Service	► Go	to www.irs.gov/Form990 for instr	uction	s and	I the latest informati	ion.		Inspection
Name of the organization		UNDATION INC					Employer id	entification number * * * *
Part I Fundrais required to	ing Activities complete this par	Complete if the organization answe	ered "Y	'es" o	n Form 990, Part IV, I	ine 17	7. Form 990-E	Z filers are not
1 Indicate whether the a Mail solicitate b Internet and c Phone solicited In-person so 2 a Did the organization key employees list	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, P	sed funds through any of the following and solicitate and solicitate and solicitate are solicitated. Solicitated and solicitated are solicitated and solicitated and solicitated are solicitated and solicitated and solicitated and solicitated are solicitated and solicitated and solicitated and solicitated are solicitated and solicitat	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees,	☐ Ye	
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have con or con contrib	trol of	(iv) Gross receipts from activity	to (o	Amount paid or retained by) oundraiser oed in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
				<b></b>				
3 List all states in whi or licensing.	ch the organization	on is registered or licensed to solicit o	contrib	outions	s or has been notified	it is	exempt from	registration
-								

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

Schedule G (Form 990 or 990-EZ) 2019

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events RESTON RESTON YOUTH (add col. (a) through 5 SPRINT TRIATTRIATHLON col. (c)) (event type) (event type) (total number) 146,182. 34,491. 141,989. 322,662. 1 Gross receipts 8,904 17,107. 95,008 121,019. 2 Less: Contributions 137,278. 17,384. 46,981 201,643. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 3,682. 287. 3,969. **7** Food and beverages 8 Entertainment 9 Other direct expenses 86,825. 18,313. 71,030. 176,168. 180,137. **10** Direct expense summary. Add lines 4 through 9 in column (d) 21,506. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2019

Sch	nedule G (Form 990 or 990-EZ) 2019 CORE FOUNDATION INC	***	* * *	Page 3
	Does the organization conduct gaming activities with nonmembers?	,	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ı	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation  \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
ı	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lir	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990 or 990-F7)	CORE	FOUNDATION	INC	**_****	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Info	rmation /	continued)			. age .
i ditiv	Cupplemental into	mation (	continuca)			
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#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047 **2019** 

Open to Public Inspection

Name of the organization CORE FOUN	DATION IN	1C					Employer identification number **_******
Part I General Information on Grants a	ınd Assistance						
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pro</li> </ol>	stance?						
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	ic Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
recipient that received more than	\$5,000. Part II car	· ·	tional space is need	1	(6) Madaad of	•	1
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CORNERSTONES 11150 SUNSET HILLS ROAD SUITE 210							
RESTON, VA 20190	**_*****	501(C)(3)	28,000.	0.			PROGRAM SUPPORT
CHILDREN'S BRAIN TUMOR FOUNDATION, INC - 20312 WATKINS MEADOW DR - GERMANTOWN, MD 20876	**_*****	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in t	he line 1 table				<b>&gt;</b>
3 Enter total number of other organization	s listed in the line	1 table					

Page 2

\*\*\_\*\*\*\* CORE FOUNDATION INC Schedule I (Form 990) (2019) Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (b) Number of (d) Amount of non-(e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (c) Amount of (f) Description of noncash assistance recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

CORE FOUNDATION INC

**Employer identification number** \*\*\_\*\*\*\*

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WE WORK WITH SOCIAL ENTREPRENEURS AND SMALL ORGANIZATIONS TO HELP THEM ACHIEVE THEIR GOALS AND OBJECTIVES. WE PROVIDE COUNSEL AND RESOURCES TO HELP INDIVIDUALS AND ORGANIZATIONS PLAN, BUILD AND EXECUTE ON THEIR VISION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SUPPORT TO CORNERSTONES A 501(C)(3) EXEMPT ORGANIZATION TO RAISE MONEY, SETUP INFRASTRUCTURE AND PROVIDE LOGISTICAL SUPPORT FOR OTHER PROGRAM SERVICES.

EXPENSES \$ 17,143. INCLUDING GRANTS OF \$ 17,143. REVENUE \$ 600.

FORM 990, PART VI, SECTION B, LINE 11B:

PER THE GOVERNING BODY'S FORMAL DECISION PROCESS, A COPY OF FORM 990 WITH RELATED SCHEDULES IS PRESENTED TO THE BOARD MEMBERS FOR APPROVAL BEFORE THE RETURN IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, DIRECTORS, AND MEMBERS OF THE GOVERNING BODY ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST WHEN THEY ARISE.

FORM 990, PART VI, SECTION C, LINE 18:

POSTED ON ORGANIZATION'S WEBSITE AND AVAILABLE UPON REQUEST

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST

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

Schedule O (Form 990 or 990-EZ) (2019)

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C Lin- No v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAPTOP	04/29/10	200DB	5.00	ну17	3,272.				3,272.	3,272.		0.	3,272.
	* TOTAL 990 PAGE 10 DEPR					3,272.				3,272.	3,272.		0.	3,272.

# Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

	ts, for which an extension request must be sent to the IR his form, visit www.irs.gov/e-file-providers/e-file-for-chari			details on	the electroni	С
Autom	natic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed)			
All corpo	orations required to file an income tax return other than Fore Form 7004 to request an extension of time to file income	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts	
Type or print	Name of exempt organization or other filer, see instru	ctions.		Taxpayer		n number (TIN)
File by the due date fo filing your return. See	P.O. BOX 3631				**_**	****
instructions	RESTON, VA 20195					[0]1]
	e Return Code for the return that this application is for (file	T				01
Applicat	tion		Application			Return
Is For	0 or Form 990-EZ	Code 01	Is For Form 990-T (corporation)			<b>Code</b> 07
Form 99		02	Form 1041-A			08
	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	,	04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
Telep  If the	DOUGLAS BUSHEE  blooks are in the care of ► 1357 TUNWELL ST  chone No. ► 703-282-6211  corganization does not have an office or place of business  is for a Group Return, enter the organization's four digit  . If it is for part of the group, check this box ►	s in the Ui Group Ex	Fax No. ▶nited States, check this box	f this is fo	r the whole g	
the	equest an automatic 6-month extension of time until e organization named above. The extension is for the organization named above are considered in the extension of time until  The extension is for the organization of time until  The extension of t	anization'	s return for:	the exem	npt organizati  n	on return for
	this application is for Forms 990-BL, 990-PF, 990-T, 4720, y nonrefundable credits. See instructions.	, or 6069,	enter the tentative tax, less	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069			26	¢	0.
	timated tax payments made. Include any prior year overpalance due. Subtract line 3b from line 3a. Include your pa			3b	\$	· ·
	ing EFTPS (Electronic Federal Tax Payment System). See	•		3с	\$	0.
	: If you are going to make an electronic funds withdrawal			453-EO ar	nd Form 8879	9-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

#### 2019 DEPRECIATION AND AMORTIZATION REPORT

## - CURRENT YEAR FEDERAL - CORE FOUNDATION INC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* TOTAL 990 PAGE 10	04291	0200DE	5.00	17	3,272.			3,272.			0.
	DEPR					3,272.		0.	3,272.	3,272.		0.
		Ш										
		П										
000100 04 (												

- NEXT YEAR FEDERAL -

CORE FOUNDATION INC

Asset No.	Description		Date quired		thod	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	LAPTOP * TOTAL 990 PAGE 10 DEPR	04	291	0200	0DB	5.00	3,272. 3,272.		3,272. 3,272.	3,272. 3,272.	0. 0.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone