PUBLIC INSPECTION COPY

Form 990
Department of the Treas

Internal Revenue Ser

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

rity numbers on this form as it may be made public. ions and the latest information.

OMB No. 1545-0047 8 **Open to Public** . Inspection

easury	
vice	Go to www.irs.gov/Form990 for instructi

AI	For th	e 2018 calendar year, or tax year beginning and ending and ending	1	
B	Check if applicab	le: C Name of organization	D Employer identified	cation number
	Addre	CHRISTOPHER COFFLAND MEMORIAL FUND, INC.		
	Name	Doing business as CATCH A LIFT FUND	27-3	901149
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite E Telephone numbe	r
	Final	2066 YORK ROAD 205A	<u> </u>	496-4838
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,238,859.
	Amer	TIMONIOM, MD 21095	H(a) Is this a group re	
	Appli tion pend	F Name and address of principal officer: DITIN FI COLL DAND	for subordinates	? Yes X No
		SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No
		tempt status: $X = 501(c)(3) = 501(c) () \checkmark$ (insert no.) $4947(a)(1)$ or		list. (see instructions)
		ite: WWW.CATCHALIFTFUND.ORG	H(c) Group exemptio	
			Year of formation: 2010	A State of legal domicile: MD
Pa	art I	Summary GEE COUL		
e	1	Briefly describe the organization's mission or most significant activities: SEE SCHE	DULE O	
Governance	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of its net as	
veri	3		3	14
ŝ	4	Number of independent voting members of the governing body (Part VI, line 1b)		13
ა ი	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		13
itie	6	Total number of volunteers (estimate if necessary)		20
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
Ā	Ь	Net unrelated business taxable income from Form 990-T, line 38		0.
			Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)	993,180.	1,019,188.
Revenue	9	Program service revenue (Part VIII, line 2g)	0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	93.	50.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-7,199.	24,827.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	986,074.	1,044,065.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	481,088.	501,188.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	248,269.	343,994.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	5,750.
ăX	b	Total fundraising expenses (Part IX, column (D), line 25) 79,662.	0.017 0.05	105 500
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	297,205.	195,508.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,026,562.	1,046,440.
	19	Revenue less expenses. Subtract line 18 from line 12	-40,488.	-2,375.
IS OF			Beginning of Current Year	End of Year
Assets (Ralanc	20	Total assets (Part X, line 16)	<u>293,838.</u> 161,747.	260,623.
Net A	1	Total liabilities (Part X, line 26)		<u>130,907.</u> 129,716.
	<u>22</u> art II	Net assets or fund balances. Subtract line 21 from line 20	132,091.	129,/10.
	ai t II	Ognatare brook		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date			
Here	LYNN M COFFLAND, PRESI	DENT					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	PHILIP H. CORNBLATT			self-employed P00252478			
Preparer	Firm's name COHNREZNICK LLP			Firm's EIN 22-1478099			
Use Only	Firm's address 500 EAST PRATT S	TREET, 4TH FLOOR					
BALTIMORE, MD 21202 Phone no. 410-783-4900							
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)						
832001 12-3	32001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)						

	990 (2018) CHRISTOPHEI			FUND,	INC.	27-3901	149 Page 2
ı aı	Check if Schedule O contains a response	•					X
1	Briefly describe the organization's mission: SEE SCHEDULE O						
2	Did the organization undertake any significant	program services du	ring the year whic	h were not lis	ted on the		
	prior Form 990 or 990-EZ?	-					Yes X No
•	If "Yes," describe these new services on Sched				·	Г	Yes X No
3	Did the organization cease conducting, or make If "Yes," describe these changes on Schedule 0		s in how it conduc	cts, any progr	am services?	L	Yes A No
4	Describe the organization's program service ac		each of its three la	rgest progran	n services, as i	measured by ex	penses.
	Section 501(c)(3) and 501(c)(4) organizations ar		the amount of gra	ants and alloc	ations to other	s, the total expe	enses, and
	revenue, if any, for each program service report (Code:) (Expenses \$903	ied. 817. including a	manta of t	501 18	88.) (Davar	¢	
40	SEE SCHEDULE O		grants of \$	501,10) (Reven	ue \$)
4b	(Code:) (Expenses \$	including g	grants of \$) (Reven	ue\$)
4c	(Code:) (Expenses \$	including g	grants of \$) (Reven	ue \$)
4d	Other program services (Describe in Schedule of	D.)					
		ng grants of \$) (Revenue \$)
4e	Total program service expenses	903,817	•				Form 990 (2018)
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Form 990 (2018)	CHRISTOPHER	COFFLAND	MEMORIAL	FUND,	INC.	27-3901149	Page 3
Part IV Checklist of F	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	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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,		77	
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		x
h	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
	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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a	х	
b	Schedule D, Parts XI and XII 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		X
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			1
	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		I
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	<u>X</u> (2018)
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 CHRISTOPHER
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 Part IV
 Checklist of Required Schedules
 (continued)
 CHRISTOPHER COFFLAND MEMORIAL FUND, INC. 27-3901149 Page 4

			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	Х	
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		
25a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			37
~-	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
28	of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	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, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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		X
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			37
0 -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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?			
		38	Х	
Par	Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1 -		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			v
	(gambling) winnings to prize winners?	1c	990	
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Form	990 (2018) CHRISTOPHER COFFLAND MEMORIAL FUND, INC. 27-3901	149	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		L
6a	Does 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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
a	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 13b			
	Enter the amount of reserves on hand	44-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			(00.10)

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Form 990	(2018)
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CHRISTOPHER COFFLAND MEMORIAL FUND, INC. 27-3901149

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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 in Schedule O. See instructions.

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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 1a14			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
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, or 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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		x
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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		
11a	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.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
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			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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))	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	Siny)	anak	
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
13	statements available to the public during the tax year.	manu		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	LYNN COFFLAND - (855) 496-4838			

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2066 YORK ROAD,	SUITE 205	A, TIMONIUM, MD	21093

832006 12-31-18

Form **990** (2018)

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05000 CHRISTOPHER COFFLAND MEMO 03135861

Form 990 (2	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average			(C Pos	C) itior	<u>.</u>		(D) Reportable	(E) Reportable	(F) Estimated
	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)			is both	n an	compensation	compensation	amount of	
	week (list any hours for related organizations below line)	stee or director	Institutional trustee			Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) LYNN M. COFFLAND	40.00	_		0	×	Ξæ	ш.			
PRESIDENT		х		x				75,000.	0.	0.
(2) ADAM VENGROW	10.00									
VICE PRESIDENT		х						0.	0.	0.
(3) WILLIAM D. FRANKLIN	20.00									
CHAIRMAN OF BOARD		х						0.	0.	0.
(4) TONY FERRARO	2.00									
TREASURER		х						0.	0.	0.
(5) PAT COLLIER	2.00									
CHAIR OF OPER.COMMITTEE		х						0.	0.	0.
(6) ROBERT BERLIN	2.00									
CHAIR OF ORG. COMMITTEE		Х						0.	0.	0.
(7) WILLIAM A. MCCOMAS, ESQUIRE	2.00									
DIRECTOR		Х						0.	0.	0.
(8) ANDY BERMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(9) TOM GALLOWAY	2.00									
DIRECTOR		Х						0.	0.	0.
(10) JOE HAMILTON	2.00									
DIRECTOR		Х						0.	0.	0.
(11) ARMAN TAGHIZADEH, M.D.	2.00									
DIRECTOR		Х						0.	0.	0.
(12) SHARON KROUPA, ESQUIRE	2.00									_
DIRECTOR		Х						0.	0.	0.
(13) MIKE MICCICHE	2.00									•
DIRECTOR		х						0.	0.	0.
(14) TODD M, WICKWIRE	2.00								<u> </u>	<u> </u>
DIRECTOR		X						0.	0.	0.
(15) MELANIE SAMOSKA	2.00								<u>^</u>	<u>^</u>
DIRECTOR		X						0.	0.	0.
		1								
		•		•				•	•	Gauna 000 (0010)

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Form 990 (2018)

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	st C	ompensated Employe	s (continued)				
hours per			Average Position					n an	(D) Reportable compensation from	(E) Reportable compensation from related	Reportable compensation			d of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	s	comp fro orga and	other pensation the anization relate nization	e on ed
			-											
			-											
											_			
	Sub-total								75,000.		0.			0.
	Total from continuation sheets to Part VI								75,000.		0.			0.
2	Total (add lines 1b and 1c) Total number of individuals (including but n										-			0.
2	compensation from the organization		056	IISLE	u al	000	<i>;)</i> vvii	016		,000 of reportable				0
													Yes	No
3	Did the organization list any former officer			·			• •		0			3		x
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su	um of reportabl	e co	mpe	ensa	ition	and	oth	ner compensation from t	he organization				X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue comper	‴ co ∩sati	mpie on fr	om s	any	unre	e <i>J t</i> elate	or such individual ed organization or indivi	dual for services		4		
	rendered to the organization? If "Yes," con											5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for	•	•								ensat	ion fro	m	
	(A) Name and business	address	NC	ONE	7				(B) Description of s	services	С	(C ompen		า
			110	<u>, , , , , , , , , , , , , , , , , , , </u>	-									
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lin	niteo	d to	thos (ted	above) who received m	ore than				
	· · · · · ·											Form S	990 (2	2018)

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orm 990			OFFLAND N	IEMORIAL FU	JND, INC.	27-3901	.149 Page
Part VI							
	Check if Schedule O con	tains a response (or note to any lin	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
<u>ទ</u> 1 a	Federated campaigns	1a					
	Membership dues						
c Au	Fundraising events		719,149.				
p ar	Related organizations	1d					
i <u>li</u> e	Government grants (contribu	tions) 1e					
ທ f	All other contributions, gifts, gra						
C	similar amounts not included abo		300,039.				
р 9	Noncash contributions included in lines		13,491.	1 010 100			
ōā h	Total. Add lines 1a-1f			1,019,188.			
			Business Code				
2 a b c d e f							
e b							
c d							
f	All other program service rev	enue					
	Total. Add lines 2a-2f						
3	Investment income (including						
	other similar amounts)		· ·	50.			50
4	Income from investment of ta						
5	Royalties	<u></u>	►				
		(i) Real	(ii) Personal				
6 a	Gross rents						
b	Less: rental expenses						
с	Rental income or (loss)						
d	Net rental income or (loss)		►				
7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory						
b	Less: cost or other basis						
	and sales expenses						
	Gain or (loss)						
	Net gain or (loss)		····· >				
ej 8a	Gross income from fundraisir including \$ 719,1						
Nen	contributions reported on line						
Р Ч	Part IV, line 18		212,689.				
Uther Revenue	Less: direct expenses		185,708.				
5 2	Net income or (loss) from fun		\mathbf{P}	26,981.			26,981
	Gross income from gaming a			-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Part IV, line 19						
b	Less: direct expenses						
	Net income or (loss) from gar		►				
10 a	Gross sales of inventory, less	returns					
	and allowances	а					
b	Less: cost of goods sold	b	9,086.				
с	Net income or (loss) from sale	es of inventory	►	-4,130.	-4,130.		
	Miscellaneous Revenu		Business Code				
11 a	MISCELLANEOUS F	REVENUE	999999	1,976.	1,976.		
b							
С							
d				1 000			
	Total. Add lines 11a-11d			1,976.	2 1 5 4		27 021
12	Total revenue. See instructions		▶	1,044,065.	-2,154.	0.	27,031 Form 990 (201

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Form 990 (2018) CHRISTOPHER COFFLAND MEMORIAL FUND, INC. 27-3901149 Page 10 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).

Sect	Check if Schedule O contains a respons				
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	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		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	501,188.	501,188.		
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	75,000.	56,250.	7,500.	11,250.
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	243,681.	200,607.	9,497.	33,577.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	05 010	00.400	1 050	
10	Payroll taxes	25,313.	20,402.	1,350.	3,561.
11	Fees for services (non-employees):				
	Management				
	Legal	12 000		12 000	
	Accounting	13,000.		13,000.	
	Lobbying	5,750.			E 750
	Professional fundraising services. See Part IV, line 17	5,/50.			5,750.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	17,649.			17 6/0
12	Advertising and promotion	20,230.	13,724.	4,357.	17,649. 2,149.
13	Office expenses	5,586.	4,502.	298.	786.
14 15	Information technology	5,500.	4,502.	250.	700.
15 16	Royalties	8,910.	7,181.	476.	1,253.
16 17	Occupancy Travel	26,165.	22,385.		3,780.
17	Travel Payments of travel or entertainment expenses	20,105.	22,505.		5,7001
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,345.		2,345.	
20 21	Payments to affiliates	_,		,5101	
22	Depreciation, depletion, and amortization	8,215.	6,621.	438.	1,156.
23	Insurance	8,509.	.,	8,509.	
24	Other expenses. Itemize expenses not covered	.,		.,	
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	WELCOME KITS	27,248.	27,248.		
b	VETERAN STIPENDS	24,864.	24,864.		
с	GIFTS	17,476.	17,476.		
d	BANK EXPENSES	15,100.	-	15,100.	
е	All other expenses	211.	1,369.	91.	-1,249.
25	Total functional expenses. Add lines 1 through 24e	1,046,440.	903,817.	62,961.	79,662.
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 Figure if following SOP 98-2 (ASC 958-720)				
					Eorm 990 (2018)

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Schedule D

Total liabilities. Add lines 17 through 25

and complete lines 30 through 34.

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

26

27

28 29

30

31 32

33

34

Net Assets or Fund Balances

parties, and other liabilities not included on lines 17-24). Complete Part X of

Organizations that follow SFAS 117 (ASC 958), check here **X** and

Unrestricted net assets

Temporarily restricted net assets

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here

Form	i 990 (2		UND, INC.	27-	3901149 Page 11
Pa	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	130,854.	1	128,384.
	2	Savings and temporary cash investments	117,000.	2	100,000.
	3	Pledges and grants receivable, net	5,000.	3	5,000.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ÿ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	11,802.	9	5,857.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 37,728.			
	b	Less: accumulated depreciation 16,346.	29,182.	10c	21,382.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	293,838.	16	260,623.
	17	Accounts payable and accrued expenses	161,747.	17	126,272.
	18	Grants payable		18	4,635.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
iliti		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			

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129,716.

130,907.

129,716.

0.

25

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27

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29

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33

34

161,747.

127,091.

132,091.

293,838.

5,000.

Form	990 (2018) CHRISTOPHER COFFLAND MEMORIAL FUND, INC.	27-3	901149	Pag	_{ge} 12
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	1,044		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,046	,44	40.
3	Revenue less expenses. Subtract line 2 from line 1	3			75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	132	, 0	<u>91.</u>
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	129	,71	16.
Pa	rt XII 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: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X 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,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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(Form	990	or	990-EZ))
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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.

OMB No. 1545-0047
2018
Open to Public Inspection

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Department of the Treasu Internal Revenue Service		 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. 								
Name of the orga	,	- do to www.ii3.go			ie latest li	normation.	Employer	Inspection dentification number		
itanie er tile er ga		STOPHER CO	FFLAND MEMORI	гат. Бт	ר מאד	INC		7-3901149		
Part I Rea	son for Public	Charity Status	All organizations must co	molete th	is part) Se	e instruction		7 5501145		
			For lines 1 through 12, cl							
			on of churches described			(/ 				
						,(~,(י)•				
			(Attach Schedule E (Form anization described in se							
	•					•	Viii) Entor	the beenital's name		
	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the city and state:									
	city, and state:									
	-		lege of university owned	i or operat	eu by a gu	veninentaru				
	n 170(b)(1)(A)(iv). ((nontal unit described in	anation 1	70/6//4//4/	(.)				
	· · · ·	-	nental unit described in							
-		-	ntial part of its support fr	om a gove	ernmental	unit or from ti	ne general p	public described in		
	170(b)(1)(A)(vi). (C									
	-		(1)(A)(vi). (Complete Part				المعروب والمعروبة			
			in section 170(b)(1)(A)(°,	•		
	•	grant college of agric	ulture (see instructions).	Enterthe	name, city	, and state of	the college	eor		
univers			than 22 1/20/ of its sure	and from	ontributio	na mambara	hin face or	d areas respirts from		
			than 33 1/3% of its supp							
			ct to certain exceptions,					-		
			(less section 511 tax) fro	m busines	sses acqui	rea by the org	janization a	atter June 30, 1975.		
	ction 509(a)(2). (Co					O(-)(A)				
	-	-	ively to test for public sat	•			www.outtho	numpered of one or		
	-	-	ively for the benefit of, to	-			•			
-	• • • •	-	ed in section 509(a)(1) o							
	-		f supporting organization				-	aivina		
		-	supervised, or controlled	•	-		•••••			
			gularly appoint or elect a	majority c	or the direc	cors or truste	es or the st	pporting		
·		complete Part IV, Se					va (a) huu hau	i a a		
			l or controlled in connect			-		-		
	-		anization vested in the sa	ame perso	ns that co	ntroi or mana	ge the supp	Joned		
<u> </u>	. ,	st complete Part IV,						- al itala		
	-	• • • •	g organization operated				ly integrate	a with,		
). You must complete I							
			porting organization oper				-			
			zation generally must sat				an attentiv	veness		
· · ·	,	,	nplete Part IV, Sections							
	•		written determination from			Type I, Type	II, Type III			
			nally integrated supporting	ng organiz	ation.			[
	mber of supported of	•								
	ollowing information	n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	fmonetary	(vi) Amount of other		
.,	ization	(,	(described on lines 1-10		ing document?	support (see in		support (see instructions		
			above (see instructions))	Yes	No		,			
Tatal										
Total						1		1		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

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Schedule A (Form 990 or 990 EZ) 2018 CHRISTOPHER COFFLAND MEMORIAL FUND, INC. 27-3901149 Page 2 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	ction A. Public Support	-					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	446,996.	701,498.	965,563.	1008001.	1019188.	4141246.
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	446,996.	701,498.	965,563.	1008001.	1019188.	4141246.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						92,133.
	Public support. Subtract line 5 from line 4.						4049113.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	446,996.	701,498.	965,563.	1008001.	1019188.	4141246.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots				93.	50.	143.
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.)					1,976.	1,976.
11	Total support. Add lines 7 through 10						4143365.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	269,670.
13	First five years. If the Form 990 is for	r the organization's	first, second, thire	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
_	organization, check this box and stop	<u>o here</u>					
Sec	ction C. Computation of Publi	c Support Per	centage			r - 1	
	Public support percentage for 2018 (I		•	.,,		14	<u>97.73 %</u>
	Public support percentage from 2017						100.00 %
1 6a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	iere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	-					
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the)
	organization meets the "facts-and-circ		-	-	• • • •		
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 CHRISTOPHER COFFLAND MEMORIAL FUND, INC. 27-3901149 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support				1	-	
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	8 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness 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						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	8 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) or	ganization,
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2018 (ine 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2017					16	100.00 %
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 2018 Investment income percentage from		'	ine 13, column (f))		17 18	• 00 %
19a 33 1/3% support tests - 2018. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2017. If the	-					/3%, and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
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		15	5			,

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Schedule A (Form 990 or 990-EZ) 2018 CHRISTOPHER COFFLAND MEMORIAL FUND, INC. 27-3901149 Page 4 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")? // "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 disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2018

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2018 CHRISTOPHER COFFLAND MEMORIAL FUND, INC. 27-3901149 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
h	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. tion B. Type I Supporting Organizations	11c		
000			Vee	Ne
			Yes	No
1	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		
2	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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI 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		
b	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 Part VI 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		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Form 99	90 or 99	0-EZ)	2018

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	dule A (Form 990 or 990-EZ) 2018 CHRISTOPHER COFFLAND ME			27-3901149 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Dart VII) See instructions Al
•	other Type III non-functionally integrated supporting organizations must co	-		
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 integrat	ed Type III supporting orga	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 CHRISTOPHER COFFLAND MEMORIAL FUND, INC. 27-3901149 Page 7

Par	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations (continued)				
Secti	ction D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of supported organizations						
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is responsive)				
	(provide details in Part VI). See instructions.	-					
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
		(i)	(ii)	(iii)			
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2018						
a	From 2013						
b	From 2014						
C	From 2015						
d	From 2016						
e	From 2017						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
i	Carryover from 2013 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
с	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2018. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j						
-	and 4c.						
8	Breakdown of line 7:						
	Excess from 2014						
	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
	Excess from 2018						

Schedule A (Form 990 or 990-EZ) 2018

Part VI	(Form 990 or 990-EZ) 2018 CHRISTOPHER COFFLAND MEMORIAL FUND, INC. 27-3901149 Page & Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
32028 10-11-1	s Schedule A (Form 990 or 990-EZ) 201 20

SCHEDULE [)
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Department of the Treasury

Internal Revenue Service

(Form	990)
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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.





Name of the organization

Employer identification number TNC 27 - 3901149

	CHRISTOPHER COFFLA	ND MEMORIAL FUND, INC.	27-3901149
Par			
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
-	for charitable purposes and not for the benefit of the donor of		
			ľ m m
Par			
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (e.g., recreation or e		prically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
2	day of the tax year.		Held at the End of the Tax Year
-			
h			
c	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
u			
2	listed in the National Register Number of conservation easements modified, transferred, re		
3		leased, extinguished, or terminated by the	organization during the tax
4	year ► Number of states where property subject to conservation ea		
4			
5	Does the organization have a written policy regarding the pe		
~	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	fianding of violations, and emorcing conse	ervation easements during the year
-			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
•	► \$	a actisfy the many improved of a action 170/h	
8	Does each conservation easement reported on line 2(d) above and each conservation (2001) (2001)		
•			
9	In Part XIII, describe how the organization reports conservati	-	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	ne organization's accounting for
Dai	t III Organizations Maintaining Collections o	f Art Historical Treasures or Oth	or Similar Assots
1 4	Complete if the organization answered "Yes" on Form		
		, ,	
па	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2018
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									,	
3	Using the organization's acquisition, accessi	on, and other record	s, checł	k any of the	following that	t are a sigi	nificant use of i	its collection	1 Item	S
	(check all that apply):		. —							
a										
b										
С	Preservation for future generations									
4	Provide a description of the organization's co							Part XIII.		
5	During the year, did the organization solicit of							_	_	_
D	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered	"Yes" on F	Form 990, Part	IV, line 9, o	r	
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for	contribution	s or other as	sets not in	cluded			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amour	nt	
с	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F						/?	Yes		No
b	If "Yes," explain the arrangement in Part XIII.								. [
Par	t V Endowment Funds. Complete	if the organization ar	swered	"Yes" on Fo	orm 990, Part	IV, line 10).			
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	d) Three years b	ack (e) Fol	ır years	s back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur		e (line 1)	g, column (a)) held as:					
а	Board designated or quasi-endowment	,	%		,,					
	Permanent endowment	%								
	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	•	ation tha	at are held a	nd administer	red for the	organization			
	by:	5					5		Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations									
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on S	chedule R?				3b		
4	Describe in Part XIII the intended uses of the							······		1
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV	/, line 11a. S	See Form 990), Part X, li	ne 10.			
	Description of property	(a) Cost or c	other	(b) Cos	t or other	(c) Ac	cumulated	(d) Boo	ok valu	Je
		basis (investr	nent)	basis	(other)	dep	reciation			
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment				5,774.		2,846.		2,9	28.
	Other			3	1,954.		13,500.	1		54.
	Add lines 1a through 1e. (Column (d) must e		X. colur		-		►		-	82.
	<u>,</u>				,		Schee	dule D (For		
								-		

	(Form 990) 2018	CHRISTOPHER	COFFLAND	MEMORIAL	FUND,	INC.	27-3901149	Page 3
Part VII	Investments -	Other Securities.						

Complete if the organization answered "Yes" on Form 990, Part IV, line 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

832053 10-29-18

Sche	dule D (Form 990) 2018 CHRISTOPHER COFFLAND MEMORIAL FUND, INC.	27-	3901149 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,053,151.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,053,151.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b9 , 086	•	
с	Add lines 4a and 4b	4c	-9,086.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	5	1,044,065.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,055,526.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,055,526.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b9,086	•	
b c	Other (Describe in Part XIII.) 4b -9,086 Add lines 4a and 4b -9	• 4c	-9,086.
b c <u>5</u>		4c	-9,086. 1,046,440.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORG	ANIZATION IS EXEMPT FROM FEDERAL TAX UNDER THE PROVISIONS OF
SECTION	501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, THE
ACCOMPA	NYING FINANCIAL STATEMENTS DO NOT INCLUDE A PROVISION FOR FEDERAL
AND STA	FE INCOME TAXES. THE ORGANIZATION DID NOT HAVE ANY UNRELATED
BUSINES	S INCOME FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017. THE
ORGANIZ	ATION RECOGNIZES INTEREST EXPENSE AND PENALTIES ON INCOME TAXES
RELATED	TO UNCERTAIN TAX POSITIONS IN GENERAL AND ADMINISTRATION EXPENSES
ON THE	STATEMENTS OF ACTIVITIES AND CHANGE IN NET ASSETS AND ACCOUNTS
PAYABLE	AND ACCRUED EXPENSES ON THE STATEMENTS OF FINANCIAL POSITION.
THERE I	S NO PROVISION IN THESE FINANCIAL STATEMENTS FOR PENALTIES AND
INTERES	I ON INCOME TAXES RELATED TO UNCERTAIN TAX POSITIONS FOR THE YEARS
832054 10-29-18	Schedule D (Form 990) 20 29
21114 1	47227 0313586-0315266.0990 2018.05000 CHRISTOPHER COFFLAND MEMO 0313

Schedule D (Form 990) 2018 CHRISTOPHER COFFLAND MEMORIAL FUND, INC. 27-3901149 Page 5
Part XIII Supplemental Information (continued)

ENDED DECEMBER 31, 2018 AND 2017. TAX YEARS PRIOR TO 2015 ARE NO LONGER

SUBJECT TO EXAMINATION BY THE IRS OR THE TAX JURISDICTION OF MARYLAND.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SELLING EXPENSE RELATED TO MERCHANDISE SALES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SELLING EXPENSE RELATED TO MERCHANDISE SALES

Schedule D (Form 990) 2018

832055 10-29-18

SCHEDULE G	EDULE G Supplemental Information Regarding Fundraising or Gaming Activities OMB No. 1545-0047									
(Form 990 or 990-EZ)	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.									
Department of the Treasury		Attach to Form 990	or Fo	rm 99	0-EZ.			Open to Public		
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instruction	uction	s and	the latest informati	on.	Employer id	Inspection entification number		
Nume of the organization		PHER COFFLAND MEMO	RIAI	. FU	JND, INC.		27-3901			
		Complete if the organization answe				ine 1	7. Form 990-E	Z filers are not		
· · ·		ed funds through any of the followin	g activ	rities. (Check all that apply.					
a 📃 Mail solicitat	-	· · _	-		overnment grants					
	email solicitations			-	nment grants					
c Phone solici d In-person so		g X Special	fundra	lising	events					
		or oral agreement with any individual	(includ	lina of	ficers. directors. trus	tees.	or			
		art VII) or entity in connection with p				,	Ye	s 🗌 No		
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursus organization.	ant to a	agreei	ments under which th	ne fur	ndraiser is to b	e		
	e		(iii) fundr	Did	(1) Q	(v)	Amount paid	(vi) Amount paid		
(i) Name and addres or entity (func		(ii) Activity	fundr have c or con contrib	ustody itrol of	(iv) Gross receipts from activity	,	or retained by) fundraiser ted in col. (i)	to (or retained by) organization		
			Yes	No						
Total										
 List all states in whit or licensing. 	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from r	egistration		
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form 9	90 or	990-E	Z. S	Sche	dule G (Form	990 or 990-EZ) 2018		
832081 10-03-18										

18021114 147227 0313586-0315266.0990

31 2018.05000 CHRISTOPHER COFFLAND MEMO 03135861

 Schedule G (Form 990 or 990-EZ) 2018 CHRISTOPHER COFFLAND MEMORIAL FUND, INC. 27-3901149 Page 2

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

T			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
				WESTPORT	14	col. (c)
ų l			(event type)	(event type)	(total number)	
ויבאבווחב	1	Gross receipts	280,934.	125,325.	525,579.	931,838
	2	Less: Contributions	248,584.	61,884.	408,681.	719,149
	3	Gross income (line 1 minus line 2)	32,350.	63,441.	116,898.	212,689
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs			8,125.	8,125
	7	Food and beverages			16,978.	16,978
5	8	Entertainment	8 509.		600.	9 1 0 9
	9	Other direct expenses		18,465.	94,302.	9,109 151,496
	10	Direct expense summary. Add lines 4 through		2071001		185,708
T		. , ,	.,			26,981
		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (
	1	Gross revenue				
		Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
1	5	Other direct expenses				
	6	Volunteer labor	Yes %	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	0	Not coming income our many Subtract line	from line 1 column (-1)		•	
T	8	Net gaming income summary. Subtract line 7	nom ine 1, column (d)		····· P	1
a	ls t	ter the state(s) in which the organization conducted the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes N
D	If "I	No," explain:				
	We	re any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax ye	ear?	Yes N
а		· · · · · · · · · · · · · · · · · · ·				
	lf "`	Yes," explain:				

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Schedule G (Form 990 or 990-EZ) 2018

32

	dule G (Form 990 or 990 EZ) 2018 CHRISTOPHER COFFLAND MEMORIAL FUND, INC. 27-3			
12	Does the organization conduct gaming activities with nonmembers?	Ye	es 🔛	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?	Ye	es 📃	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		
b	An outside facility	13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address 🕨			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗔 Ye	es 🗌	N
	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation			
	5 · · · · · · · · · · · · · · · · · · ·			
	Director/officer Employee Independent contractor			
47				
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Γ Ye	es 🗌	N
	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 > \$			
		rt III lines	9 9h 10	١
		rt III, lines	9, 9b, 10),
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, lines	9, 9b, 10),
		rt III, lines	9, 9b, 10	D,
		rt III, lines	9, 9b, 10	D,
		rt III, lines	9, 9b, 10	D,
		rt III, lines	9, 9b, 10	D,
		rt III, lines	9, 9b, 10	D,
		rt III, lines	9, 9b, 10	D,
		rt III, lines	9, 9b, 10	D,
		rt III, lines	9, 9b, 10	D,
		rt III, lines	9, 9b, 10	D,
		rt III, lines	9, 9b, 10	D,
		rt III, lines	9, 9b, 10l	D,
		rt III, lines	9, 9b, 10l	D,
		rt III, lines	9, 9b, 10l	D,
		rt III, lines	9, 9b, 10l	D,
		rt III, lines	9, 9b, 10l	D,
Par		rt III, lines	9, 9b, 10	>,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
Par				

Schedule G	(Form 990 or 990-EZ) Supplemental Infor	CHRISTOPHER	COFFLAND	MEMORIAL	FUND,	INC.	27-3901149	Page 4
Part IV	Supplemental Infor	rmation (continued)						
						Sch	edule G (Form 990 o	r 990-EZ)
832084 04-01-	18		34					

SCHEDULE I		G	arants and Oth	ner Assistan	ce to Organ	izations,		OMB No. 1545-0047
(Form 990)			vernments, an ete if the organizatio					2018
Department of the Treasury		Compi		Attach to For		rt iv, inte 21 or 22.		Open to Public
Internal Revenue Service			Go to www.ir	rs.gov/Form990 fo	or the latest inforn	nation.		Inspection
Name of the organizat		ER COFFLA	ND MEMORIAL	FUND, INC	2.			Employer identification number 27-3901149
Part I General I	nformation on Grants a	nd Assistance						
	zation maintain records t award the grants or assis							
2 Describe in Part	IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.			
	nd Other Assistance to I that received more than \$					anization answered "א	res" on Form 990, Par	t IV, line 21, for any
1 (a) Name and a	ddress of organization wernment	(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
2 Enter total numb	per of section 501(c)(3) a	l nd government org	l ganizations listed in the	l e line 1 table	l	<u> </u>	L	>
	ber of other organizations							

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

INC. CHRISTOPHER COFFLAND MEMORIAL FUND, Schedule I (Form 990) (2018)

27-3901149

Page 2

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 recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
327	227,563.	0.	соят	GYM MEMBERSHIPS
125	132,612.	0.	Cost	IN-HOUSE FITNESS EQUIPMENT
	327	recipients cash grant	recipients cash grant cash assistance	327 227,563. 0.COST

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE I, PART III

THE ORGANIZATION HIRED A COMPANY TO TRACK VETERAN BENEFITS AND PROGRESS

INCLUDING QUARTERLY SURVEYS THAT ARE TAKEN AFTER COMPLETION OF ONE YEAR

OF BENEFITS. VETERANS NEED TO REAPPLY FOR AN EXTENSION OF BENEFITS FOR

AN ADDITIONAL YEAR AT WHICH POINT DATA IS UPDATED AND FREQUENCY OF

ATTENDANCE IS CHECKED TO SEE IF VETERAN QUALIFIES FOR FURTHER BENEFITS.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



Employer identification number 27 - 3901149

INC.

CHRISTOPHER COFFLAND MEMORIAL FUND FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOUNDED IN THE MEMORY OF ARMY CPL. CHRISTOPHER COFFLAND (KIA

AFGHANISTAN 2009) AND HIS LIFELONG PERSONAL PHILOSOPHY, THROUGH

ONE CAN REACH THEIR HIGHEST POTENTIAL BOTH MENTALLY AND FITNESS,

THE CATCH A LIFT FUND'S MISSION IS TO PROVIDE COMBAT PHYSICALLY,

WOUNDED VETERANS WITH PERSONALIZED FITNESS, NUTRITION, AND WELLNESS

ENABLING THEM TO HEAL THROUGH PHYSICAL FITNESS AND MENTAL WELL GRANTS,

BEING. CHANGING BODIES, HEALING MINDS AND SAVING LIVES

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR MISSION IS TO HELP WOUNDED VETERANS OF THE ARMED FORCES START AND

MAINTAIN THEIR HEALING PROCESS, MENTALLY AND PHYSICALLY, BY PROVIDING

ACCESS TO PHYSICAL FITNESS CENTERS NATIONWIDE OR IN-HOUSE GYM EQUIPMENT

ALONG WITH SUPPORT IN REACHING THEIR PERSONAL HEALTH GOALS.

FORM 990 PART III LINE 4A

WE PROVIDE VETERANS WITH GRANTS THAT INCLUDE, BUT ARE NOT LIMITED TO YEARLY GYM MEMBERSHIPS, ADAPTIVE AND PERSONALIZED HOME GYM EQUIPMENT FITNESS PROGRAMS, NUTRITION PLANS AND ONE ON ONE COACHING; ALL THE TOOLS NEEDED TO HEAL THROUGH WELLNESS, POST MILITARY SERVICE. VETERANS ARE RENEWED ON A 12 MONTH TIME-LINE BASED ON THEIR COMPLETION OF OUR FITNESS AND HEALTH SURVEYS, COMMITMENT TO THE PROGRAM, AND GOALS MET TO DATE VETERANS IN OUR PROGRAM HAVE LOST THROUGH OUT THE YEAR. LIFE-CHANGING AMOUNTS OF WEIGHT, DROPPED MEDICATIONS, RUN MARATHONS LEARNED TO WALK AGAIN, WON BODYBUILDING COMPETITIONS, PARTICIPATED IN THE CROSSFIT GAMES, AND RE-CONNECTED WITH THEIR FRIENDS FAMILIES AND LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018) 832211 10-10-18 37

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Name of the organization CHRISTOPHER COFFLAND MEMORIAL FUND, INC.	Employer identification number 27-3901149
COMMUNITIES THROUGH FITNESS.	
RENEWALS OF GRANTS ARE SUBJECTIVE AND BASED UPON THE VETER	AN'S
PARTICIPATION NOT ONLY IN THEIR FITNESS REGIMENT BUT ALSO	IN
ACCOUNTABILITY. WHILE FITNESS GOALS REACHED WILL BE ACCES	SED, THEY ARE
NOT THE SOLE DECIDING FACTOR. ANSWERING CALLS, EMAILS AND	BEING
ACTIVELY PART OF THE CAL REQUIREMENTS ARE LOOKED AT AS WEL	L. ALL

RENEWALS ARE CONTINGENT UPON FUNDS AVAILABLE.

TESTIMONIAL FROM GRANT RECIPIENT HENRY V. US ARMY- SAN ANTONIO TX, " I CANNOT BEGIN TO EXPRESS THE GRATITUDE I HAVE FOR THE CAL PROGRAM. IN THE PAST 12 MONTHS I HAVE MADE SUBSTANTIAL GAINS PHYSICALLY AND MENTALLY TO MY OVERALL WELL BEING. MY OVERALL FITNESS LEVEL HAS IMPROVED DRASTICALLY SINCE I HAVE BEEN A PART OF THE CAL PROGRAM. WHEN I FIRST STARTED I COULD BARELY MOVE MY RIGHT ELBOW 40 DEGREES NOW I CAN ALMOST BEND AND EXTEND THE ELBOW ENTIRELY. MY LEG WOULD GET SWOLLEN TO THE POINT WHERE I WOULD HAVE TO ELEVATE IT FOR HOURS FOR THE SWELLING TO SUBSIDE AND ALTHOUGH IT STILL GETS SWOLLEN IT NO LONGER TAKES HOURS TO REDUCE THE SWELLING. I NO LONGER TAKE PRESCRIPTION PAIN MEDICATION AND HAVE NOT DONE SO FOR OVER A YEAR. MENTALLY, I STILL DEAL WITH INNER DEMONS AND EMOTIONS BUT IT ISN'T REMOTELY CLOSE TO WHAT I DEALT WITH BEFORE STARTING THIS PROGRAM. I AM ABLE TO HELP COPE WITH THOSE FEELING WHENEVER THEY ARISE BECAUSE OF THE ACCESS TO THE GYM AND DAILY EXERCISE ROUTINE. I AM ACTIVE, CONFIDENT AND MOST IMPORTANTLY INVOLVED IN THE DAY TO DAY LIVES OF MY WIFE WHO HAS STOOD BY ME THROUGH THICK AND THIN AND MY CHILDREN WHO BECAUSE OF THEM, I DECIDED TO TAKE PART IN THIS PROGRAM. CAL HAS DONE SO MUCH FOR ME AND MY FAMILY AND FOR THAT I AM FOREVER GRATEFUL."

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832212 10-10-18

FORM 990, PART VI, SECTION A, LINE 8B:

MEETING NOTES ARE TAKEN BY WILLIE FRANKLIN, CHAIRMAN OF THE BOARD. ONCE

MEETING NOTES ARE COMPILED, THEY ARE DISTRIBUTED VIA EMAIL TO ALL OF THE

MEMBERS OF THE BOARD.

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

THE 990 IS REVIEWED BY MEMBERS OF THE BOARD PRIOR TO FILING.

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

TO ENSURE THAT EACH CAL ENTITY OPERATES IN A MANNER CONSISTENT WITH

CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE

ITS TAX EXEMPT STATUS, THE BOARD MEMBERS OF EACH CAL ENTITY CONDUCT

PERIODIC REVIEWS OF THE CAL ENTITY'S OPERATIONS. THE PERIODIC REVIEWS, AT A

MINIMUM, INCLUDE A REVIEW OF WHETHER ANY PARTNERSHIPS, JOINT VENTURES, AND

OTHER ARRANGEMENTS WITH BOARD MEMBERS, OFFICERS, OR KEY EMPLOYEES OF THAT

CAL ENTITY CONFORM TO THE CAL ENTITY'S WRITTEN POLICIES, ARE PROPERLY

RECORDED, REFLECT REASONABLE INVESTMENTS OR PAYMENTS FOR GOODS AND

SERVICES, THE CHARITABLE PURPOSES OF THE CAL ENTITY AND DO NOT RESULT IN

IMPERMISSIBLE PRIVATE INCREMENT OR AN EXCESS BENEFIT TRANSACTION.

SPECIFICALLY, ANNUALLY, OR MORE FREQUENTLY, IF DIRECTED BY THE BOARD

MEMBERS OF THE APPLICABLE CAL ENTITY, THERE SHALL BE: (1) A REVIEW BY THE

BOARD MEMBERS (OR A COMMITTEE DESIGNED BY THE BOARD CHAIRPERSON) OF THE

CONFLICT OF INTEREST DISCLOSURE STATEMENTS SUBMITTED BY BOARD MEMBERS,

OFFICERS AND KEY EMPLOYEES; (2) A DETAILED LISTING AND ANALYSIS BY THE

BOARD MEMBERS (OR A COMMITTEE DESIGNATED BY THE BOARD CHAIRPERSON) OF ALL

SITUATIONS WHERE A CONFLICT OF INTEREST MAY EXIST; AND (3) A DETAILED

LISTING OF BY THE BOARD MEMBERS (OR A COMMITTEE DESIGNED BY THE BOARD 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018) 39

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SELECT DOCUMENTS ARE AVAILAE	LE UPON REQUEST.	
FORM 990, PART VI, SECTION C		
THE BOARD OF DIRECTORS APPRO	VES COMPENSATION WITH A VO	
	TEG CONDENGARTON LITRU A VO	mm

CHRISTOPHER COFFLAND MEMORIAL FUND, INC.

CHAIRPERSON) OF ALL SITUATIONS FOUND TO BE A CONFLICT OF INTEREST.