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Form 990-T

AMENDED RETURN - Section 512(a)(7) Repeal
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning and ending 10/2

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions)

55-6024430

B Exempt under section X 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

THE GREATER KANAWHA VALLEY FOUNDATION

Number, street, and room or suite no. If a P.O. box, see instructions.

P.O. BOX 3041

E Unrelated business activity code (See instructions)

City or town, state or province, country, and ZIP or foreign postal code

CHARLESTON, WV 25331

900099

C Book value of all assets at end of year

F Group exemption number (See instructions.)

G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here DISALLOWED FRINGE BENEFITS. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No. If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of KRISTIN MOUNTS Telephone number 304-346-3620

Table with 4 columns: Part I: Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13.

Table with 4 columns: Part II: Deductions Not Taken Elsewhere, (A) Income, (B) Expenses, (C) Net. Rows 14-32.

AUG 5 2020 OGDIF

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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-55 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 56-58 regarding foreign activities.

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature and Preparer Information section containing fields for signature, date, title, name, address, and EIN.

FOOTNOTES

STATEMENT 1

LINE 34 CHANGED DUE TO REPEAL OF SECTION 512(A)(7).
LINE 38,39,44,46,48 CHANGED PER CALCULATION.
LINE 54 CHANGED DUE TO PAYMENT MADE ON ORIGINALLY FILED
RETURN.

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT	2
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
TAX & PENALTY PAID ON ORIGINAL FILED RETURN	1,514.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G	1,514.
