Form	990-T	l E	xempt Orga	AMENDED nization Bus	RET Sine	Section - Section	512(а)(7) R Г ах Retur i	epea 1		No 1545-0687	
		(and proxy tax under section 6033(e))					1812		2	010	
		For calendar year 2018 or other tax year beginning and ending						- 1		018	
	ment of the Treasury I Revenue Service	 ▶ 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) 							501(c)(3)	Public Inspection for Organizations Only	
A	Check box if address changed		Name of organization (Check box if name changed and see instructions.)				Demployer identification number (Employees' trust, see instructions)				
B Ex	xempt under section Print THE GREATER KANAWHA					ALLEY FOUNDATION			55-6024430		
X	501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.				E Unrelated business activity code (See instructions.)				
	408(e) 220(e)	Туре	P.O. BOX 3041] ``			
	408A 530(a) City or town, state or province, country, and ZIP or foreign postal code CHARLESTON, WV 25331							900099			
C Boo	k value of all assets nd of year	-	F Group exemption number (See instructions.)								
			G Check organization type ► 🗶 501(c) corporation 501(c) trust 401(a							Other trust	
							the only (or first) ur	related			
	rade or business here DISALLOWED FRINGE BENEFITS . If only one, complete Parts I-V. If more									e,	
	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										
	isiness, then complete Parts III-V.									Tal	
	uring the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? "Yes," enter the name and identifying number of the parent corporation.									No	
			RISTIN MOUN			Telephone number ► 304-346-3620				3620	
			le or Business Inc			(A) Income	(B) Expense	_	7-0	(C) Net	
	Gross receipts or sale			1	Г	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	78 TSB 198	14		Ten office	
	Less returns and allow			c Balance	1c			F 4.75	٠, ا	4	
	Cost of goods sold (S		A. line 7)	, common	2					- (4)	
	Gross profit. Subtract				3						
	Capital gain net incom		7 7 1		4a		- 1	,			
<u>_</u> b l	Net gain (loss) (Form	4797, P	art II, line 17) (attach Forn	n 479 7)	4b		- 14 L L L L				
2020	Capital loss deduction	for trus	ts		4c		Hat is 200 1 1				
ا 5 (ع ن ع دی	ncome (loss) from a	partners	hip or an S corporation (a	ttach statement)	5		Kenga ayar	¥ 1			
	Rent income (Schedu	•			6						
	Inrelated debt-finance	ed incon	ne (Schedule E)		8						
-\	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)										
			n 501(c)(7), (9), or (17) o	rganization (Schedule G)	_						
_	Exploited exempt activ	•	` '		10		<u> </u>				
-	Advertising income (S Other income (See ins				11		- root keep				
~	Fotal, Combine lines		-		13	0.	Torral Parties on al	••••			
` Par			t Taken Elsewhe	re (See instructions fo	1		L		_		
η <u></u>	(Except for o	ontribu	itions, deductions mus	t be directly connected	d with	the unrelated busines	s, income)	7			
14			ectors, and trustees (Scho					14			
	Salaries and wages		•	,		AUG 5	*****	15			
16	Repairs and maintena	ance				AUG 5	ZUZU	16			
17	Bad debts					OCE		17			
	Interest (attach sche	dule) (se	e instructions)			OGDE		18			
	Taxes and licenses					The second second		19			
			instructions for limitation	rules)				20 2 - 15			
		(attach Form 4562)				21					
	•	imed on	Schedule A and elsewher	e on return		22a		22b 23			
	Depletion	ions to deferred compensation plans									
			npensation plans					24			
	Employee benefit pro	iit programs expenses (Schedule I)						25 26			
	• •	•	•								
	,	ss readership costs (Schedule J) r deductions (attach schedule)						27			
	otal deductions. Add lines 14 through 28							29		0.	
	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13							30		0.	
	· · · · · · · · · · · · · · · · · · ·							On to day			
								32		0.	
			vork Reduction Act Notice						Form	990-T (2018)	

Form 990 ₂ T		5-602	4430	Page 2
Part III				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
34	Amounts paid for disallowed fringes		34	0.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
1	ines 33 and 34		36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000.
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36	_	38	0.
Part IV	Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:			
[Tax rate schedule or Schedule D (Form 1041)	•	40	
41	Proxy tax. See instructions		41	
	Alternative minimum tax (trusts only)		42	
	Tax on Noncompliant Facility Income. See instructions		43	
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part V			<u> </u>	
	oreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
	Other credits (see instructions) 45b		1	
	General business credit. Attach Form 3800		1 1	
	Credit for prior year minimum tax (attach Form 8801 or 8827)		1	
	Fotal credits. Add lines 45a through 45d		45e	
	Subtract line 45e from line 44		46	0.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attack	anbodulo)	47	
	Fotal tax. Add lines 46 and 47 (see instructions)	Scriedule)	48	0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
	Payments: A 2017 overpayment credited to 2018		13	
	2018 estimated tax payments 50b		 	
	Tax deposited with Form 8868 50c		i 1	
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gı		,514.		
L		, 514.	_	1 514
			51	1,514.
	stimated tax penalty (see instructions). Check if Form 2220 is attached		52	
	ax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	1 514
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	1,514.
	inter the amount of line 54 you want. Credited to 2019 estimated tax		55	1,514.
Part VI	Statements Regarding Certain Activities and Other Information (see instruction	s)		
	at any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	ver a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	inCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	ere >			
	turing the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	trust?		
	"Yes," see instructions for other forms the organization may have to file.			
58 E	nter the amount of tax-exempt interest received or accrued during the tax year > \$			
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be correct, and complete Occlaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	st of my know	viedge and beli	er, it is true,
Here	CHIEF FINANCIAL	Ma	y the IRS discu	iss this return with
Here	OFFICER OFFICER		preparer show	K
_	Signature of officer Date Title		tructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date Chec		PTIN	
Paid		employed		
Prepare	er CPA CPA throw W. gm 05/14/20			50159
Use On	IN Firm's name ► SUTTLE & STALNAKER, PLLCFirm	's EIN 🕨	55-0	538163
	1411 VIRGINIA ST., E, STE 100	_		4400
		<u>пе по. 3 (</u>	<u>04-343</u>	
823711 01-09	9-19		For	m 990-T (2018)

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
DESCRIPTION		AMOUNT
TAX & PENALTY PAID O	N ORIGINAL FILED RETURN	1,514.
TOTAL INCLUDED ON FO	RM 990-T, PAGE 2, PART V, LINE 50G	1,514.