## FOR TAX YEAR 2018

THE FOXFIRE FUND INC

Duncan & Kitchens LLC P O Box 1330 Clarkesville, GA 30523 (706)754-5814

# Duncan & Kitchens LLC

P O Box 1330 Clarkesville, GA 30523 jduncan@duncankitchens.com Phone: (706)754-5814 | Fax: (706)754-9069

November 13, 2019

The Foxfire Fund Inc PO Box 541 Mountain City, GA 30562

Subject: Preparation of 2018 Tax Returns

The Foxfire Fund Inc:

Thank you for choosing Duncan & Kitchens LLC to assist with the 2018 taxes for The Foxfire Fund Inc. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2018 federal and state income tax returns for The Foxfire Fund Inc. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of The Foxfire Fund Inc, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, canceled checks, etc., in a secure location in case these items are needed later to prove accuracy and completeness of a return. We retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare the 2018 tax returns will conclude with the delivery of the completed returns to management (if paper-filing) or with the tax matters partner's signature and our subsequent submittal of the tax return (if e-filing). If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters partner should review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax needs, contact our office at (706) 754-5814.

Sincerely,

Joe Kitchens, CPA Duncan & Kitchens LLC

Accepted By:

Officer

Date

# Duncan & Kitchens LLC

P O Box 1330 Clarkesville, GA 30523 jduncan@duncankitchens.com Phone: (706)754-5814 | Fax: (706)754-9069

November 13, 2019

The Foxfire Fund Inc The Foxfire Fund Inc PO Box 541 Mountain City, GA 30562

The Foxfire Fund Inc:

Enclosed is the 2018 federal return for a tax-exempt organization, prepared for The Foxfire Fund Inc from the information provided. The original should be signed and dated and mailed on or before November 15, 2019, to the following address:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, contact our office at (706) 754-5814.

Sincerely,

Joe Kitchens, CPA Duncan & Kitchens LLC

	Acknowledgement and General Information for Entities That File Returns Electronically	2018
Name(s) as shown on return THE FOXFIRE	FIND INC	Employer Identification Number **-**2599
Entity address		
PO BOX 541		
	ITY, GA 30562	
Thank you for par	ticipating in IRS e-file.	
2. X 8868 an electronic sig The submission	ing services were provided by Duncan & Kitchens LLC	то тне

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Form	99	0	Rotur	n of Organization Exem	nt From Incon	no T	av			OMB No. 1545-0047
Form	33			•	•					2018
				), 527, or 4947(a)(1) of the Internal F				tion	s)	
Departr	nent of th	ne Treasury		ter social security numbers on this	-	-				Open to Public
		e Service		ww.irs.gov/Form990 for instruction			on.			Inspection
			lar year, or tax year begin		, 2018, and er	nding				, 20
_		oplicable:		FOXFIRE FUND INC						nployer identification no.
	ddress ch	-		FOXFIRE FUND INC						-7022599
	ame char	-	,	x if mail is not delivered to street address)		Room/	suite			lephone number
=	itial retur		PO BOX 541					_		06)746-5828
		n/terminated		, country, and ZIP or foreign postal code						oss receipts
	nended r		MOUNTAIN CITY,						\$	544,420 dinates? Yes X No
	oplication	n pending	F Name and address of principa	I omcer:			) Is this a group			
	ax-exemp	nt atatua: V	501(c)(3) 501(c) (	) < (insert no.) 4947(a)(1) or	527		) Are all subor			
	ebsite:		.FOXFIRE.ORG	) (insert no.) 4947(a)(1) of	527		Group exer			see instructions)
				ociation Other ►	L Year of formation: 1		M State			
Par		Summar				972	W State	UI leg	aruumi	clie. GA
I UI	T			ion or most significant activities: EI	DUCATION/ PRESE	701/27	NOT			
	•		ibe the organizations miss		DUCKIION/ IKEDI	SILVAI	100			
ce										
nan										
Activities & Governance	2	Check this bo	$\infty \triangleright \Box$ if the organization	n discontinued its operations or dispos	ed of more than 25% of	of its ne	et assets.			
ဗိ								3		11
oo v				s of the governing body (Part VI, line				4		11
tie				n calendar year 2018 (Part V, line 2a)				5		11
žİ			r of volunteers (estimate if					6		<u> </u>
Ă			•	Part VIII, column (C), line 12				7a		0
				from Form 990-T, line 38				7b		0
	U U						Prior Year	70	<b>,</b>	Current Year
	8	Contributions	s and grants (Part \/III line	1h)			150	06	0	213,924
Ð				e 2g)				,00 ,09		59,240
Revenue				A), lines 3, 4, and 7d)			137			
Sev				nes 5, 6d, 8c, 9c, 10c, and 11e)	_		111	-		77,272
-				must equal Part VIII, column (A), line 2			456	-		<u>101,828</u> 452,264
				IX, column (A), lines 1-3)	,		430	, "		452,204
			d to or for members (Part I)							0
				e benefits (Part IX, column (A), lines 5			325	0.0	7	
es				column (A), line 11e) $\ldots$			525	,90		<u> </u>
Expenses			ising expenses (Part IX, co		21,627					0
цхр				nes 11a-11d, 11f-24e)			195	47		205,657
				equal Part IX, column (A), line 25)				-		593,831
		•		18 from line 12			521			
, v	19	Revenue les	s expenses. Subilaci inte			Deelaal	(64			(141,567)
ts or ance	20	Total acceta	(Dart V line 16)			Beginnii	ng of Current			End of Year
Asse Bala							4,006			3,478,501
Net Assets or Fund Balances				line 21 from line 20			3,960	<u>,11</u>		<u>34,660</u> 3,443,841
Par			re Block				3,900	, , , ,	<u>'</u>	3,443,041
				rn, including accompanying schedules and staten	nents, and to the best of my k	nowledg	e and belief, it	is		
				icer) is based on all information of which preparer		0				
		TVDT	E J SMITH						0.	5-14-2019
Sign		<b>D</b>	re of officer					Da		5-14-2019
Here										
1.010	•	<b>D</b>	E J SMITH, CEO print name and title							
		<b>,</b>		Proparar's signature	Date		Check	:4	DTIN	
Paid	I	Print/Type pre		Preparer's signature				if	PTIN	01 2 2 7 4 2 4
Prep			chens, CPA	Vitabong IIC	11-13-2019	<b>F</b> <sup>1</sup> <b>····</b> <sup>1</sup>	self-employe	u	P	01337424
-	Only	Firm's name		Kitchens LLC						
0.26	Uniy	Firm's addres				Phone			754	E01/
Most		diogues this		ville GA 30523		1			/34-	5814
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FOR P	aperw	ork Reductio	on Act Notice, see the se	parate instructions.						Form <b>990</b> (2018)

Form	n 990 (2018) THE FOXFIRE FUND INC	23-7022599	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part II		🗌
1	Briefly describe the organization's mission:		
	EDUCATION/ PRESERVATION		
2	Did the organization undertake any significant program services during the year wh	ich were not listed on the	
-	prior Form 990 or 990-EZ?		x No
	If "Yes," describe these new services on Schedule O.		<u></u>
3	Did the organization cease conducting, or make significant changes in how it condu	icts, any program	
	services?		x No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three	argest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the	amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$550,577 including grants of		)
	PROGRAM EXPENDITURES ARE MADE TO EDUCATE STUDENTS US		-
	SCHOLARSHIP, AND ASSIST TEACHERS IN IMPLEMENTING THE	METHODOLOGY.	
4b	(Code:) (Expenses \$ including grants of	\$) (Revenue \$	)
	· · · · · · · · · · · · · · · · · · ·		
4c	(Code:) (Expenses \$ including grants of	\$) (Revenue \$	)
			-
_			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$	) (Revenue \$ )	
4e	Total program service expenses      550,577		
EEA		Forn	n <b>990</b> (2018)

Forn	1 990 (2018) THE FOXFIRE FUND INC 23-7022	599	P	age 3
Pa	rt IV Checklist of Required Schedules			1
			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 (see instructions)?	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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIL	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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 (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form	990 (2018)         THE FOXFIRE FUND INC         23-70225	99	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
2-10	\$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		Х
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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 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," 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	07		37
20	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>	200		
~	Schedule L, Part IV	28b		Х
с	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		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
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,			37
05-	or IV, and Part V, line 1	34		<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b		25h		
36	controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u> .	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
EEA		Form	990 (2	2018)

Form **990** (2018)

Form	990 (2018)         THE FOXFIRE FUND INC         23-70225	99	F	Page 5
Par	Tt 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 1'		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
20	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		Х
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	30		
<del>4</del> a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country:	-+a		<u></u>
	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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		Х
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		Х
b	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 to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a L	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	-		
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders	-		
5	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand	-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2018)

Form	990 (2018) THE FOXFIRE FUND INC 23-70225	99	Р	age 6
Pa	rt 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 instruction			
	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 <b>1a 11</b>			
	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 11	-		
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		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:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			37
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule 0	9		_X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
10-	Did the experimetion have level shortery breaches as officience?	40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	120		v
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b		X
U C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	120		
С	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	120		X
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	1-7	21	
10	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	
b	Other officers or key employees of the organization	15b	X	
-	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			
17	List the states with which a copy of this Form 990 is required to be filed   Georgia			
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)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website I 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			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			

EEA

Form 990 (20	018) THE FOXFIRE FUND INC	23-7022599	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	npensated Employe	es, 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		
<b>1a</b> Complete organization	e this table for all persons required to be listed. Report compensation for the calendar year ending with or wit s tax year.	hin the	
	of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless on . Enter -0- in columns (D), (E), and (F) if no compensation was paid.	of amount of	
<ul> <li>List all</li> </ul>	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.

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

			1150					
					<b>C)</b> sition			
(A)	(B)	(do n	ot che		ore than one	(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	s per	son is both an rector/trustee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) JOHN BOLAND		v		x				
TREASURER (2) BURGESS STONE	8.00	X	$\neg$	Λ		(	0	(
CHAIRMAN		X					o o	
(3) DOUG BOYD	8.00							
BOARD MEMBER		Х					o o	
(4) KAYE COLLINS VICE CHAIR	8.00	x					0 0	
(5) JOHN_ERBELE	8.00							
BOARD MEMBER		Х				(	0	
6) JAMES HASSON SR. BOARD MEMBER	8.00	x					0	
(7) NICOLE QUEEN	8.00	X						
BOARD MEMBER (8) LECKIE STACK	8.00	Λ	_			(	0	
SECRETARY		х		Х			o o	
(9) LAURA WEST	8.00							
BOARD MEMBER		Х					o o	
(10)								
(11)	·							
(12)								
(13)								
(14)	·							
								Form 000 (201)

	90 (2018) <b>THE FOXFIRE</b>										23-702	2599	P	age <b>8</b>
Part	VII Section A. Officers, Directors,	Trustees	, Key Emplo	yees,	and	Hig	hes	st Com	pen	sated Employee	s (continued)			
	(A) Name and title		(B) Average hours per week (list any hours for related organizations below dotted line)	box, ι	unless r and	pers	tion ore th on is ector/	aan one both an trustee) Highest compensated	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	a cor or a	(F) stimated mount of other npensatio from the ganization nd related ganization	n 1
<u>(15)</u>														
(16)														
<u>(17)</u>														
<u>(18)</u>														
(19)														
(20)														
(21)														
(22)														
(23)														
<u>(24)</u>														
(25)														
1b c	Sub-total	 /II, Sectio	 n A	 	 	•••	 	•••						
d	Total (add lines 1b and 1c)									C		)		0
2	Total number of individuals (including but		d to those list	ed abc	ove)	who	rec	eived r	nore	e than \$100,000 of				
	reportable compensation from the organiz										(	)	Yes	No
3	Did the organization list any former offic	er. directo	r. or trustee.	kev er	olan	vee.	or l	hiahest	t cor	mpensated			100	110
	employee on line 1a? If "Yes," complete			-				-				3		Х
4	For any individual listed on line 1a, is the s	sum of rep	ortable comp	pensati	on a	nd o	ther	compe	ensa	tion from the				
	organization and related organizations g													
_	individual											4		X
5	Did any person listed on line 1a receive or				-			-				E		v
Secti	for services rendered to the organization on B. Independent Contractors	<u>e 11 168,</u>	complete St	Jileaui	ejn	or si	JCH	person				5		<u>X</u>
1	Complete this table for your five highest co	mpensate	d independer	nt conti	racto	ors th	nat r	eceive	d m	ore than \$100.000	of			
	compensation from the organization. Reported													
	(A	)								(B)			(C)	
	Name and busin	ess address								Description of	services	Com	pensatior	1

2	Total number of independent contractors (including but not limited to those listed above) who	
	received more than \$100,000 of compensation from the organization	

	90 (2018	,	2			23-702259	Page
Part	VIII	Statement of Revenue					_
		Check if Schedule O contains a response or no	ote to any line in thi				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
N N	1a	Federated campaigns 1a					
ount	b	Membership dues 1b	8,948				
°,G Ano	c	Fundraising events					
ar ,	d	Related organizations					
ns, o Simi	е	Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,					
ēĐ	;	and similar amounts not included above 1f	204,976				
Con		Noncash contributions included in lines 1a-1f: \$	3,981				
<u> </u>	<u>h</u>	Total. Add lines 1a-1f		213,924			
0			Business Code				
Program Service Revenue		CONTRACT SERVICES	900099	5,723	5,723		
		USEUM ADMISSION	900099	43,787	43,787		
	CA	DMISSION	900099	9,730	9,730		
l Ser	d_						
gram	e _						
Pro		All other program service revenue					
		Total. Add lines 2a-2f	••••	59,240			
		nvestment income (including dividends, interest,					
		Ind other similar amounts)		77,272	77,272		
		Royalties		95,367	95,367		
	J \	(i) Real	(ii) Personal	95,307	95,307		
	62 (		(II) Feisonai				
		ess: rental expenses					
		Rental income or (loss)					
		Vet rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		issets other than inventory					
	b L	.ess: cost or other basis					
		and sales expenses					
	<b>c</b> G	Sain or (loss)					
		Vet gain or (loss)					
anı	<b>8a</b> G	Gross income from fundraising					
ver		events (not including \$					
Å		of contributions reported on line 1c).					
Other Revenue		See Part IV, line 18 a					
0							
			••••				
		Bross income from gaming activities.					
		See Part IV, line 19 a .ess: direct expenses b					
		Vet income or (loss) from gaming activities	<b>`</b>				
			· · · · · · · · •				
		Bross sales of inventory, less etums and allowancesa	90,731				
		ess: cost of goods sold b	90,731	1			
		Net income or (loss) from sales of inventory		(1,425)	(1,425)	)	
		Miscellaneous Revenue	Business Code	(1,12)	(1)123	·	
	11a O	THER INCOME	900099	7,306	7,306		
		GAIN ON SALE	900099	580	580		
	c						
	-						
	ет	<b>Total.</b> Add lines 11a-11d		7,886			

**Statement of Functional Expenses** 

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

Check if Schedule O contains a response or note to any line in this Part IX

. . . . . . . . . . . . . . . . . . .

<b>D</b>	Check in Schedule O contains a response of hote to	,		· · · · · · · · · · · · · · · · · · ·	(D)
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	Fundraising
8b, 9	b, and 10b of Part VIII.		expenses	general expenses	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				
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	82,000	75,440	3,280	3,280
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	206,010	189,530	8,240	8,240
8	Pension plan accruals and contributions (include	,		.,	
•	section 401(k) and 403(b) employer contributions)	76,670	70,536	3,067	3,067
9	Other employee benefits	1,340	1,232	54	54
10		22,154	20,382	886	886
11	Fees for services (non-employees):	227131	207302	000	
a	Management				
b					
c	Accounting	8,500	7,820	340	340
		8,500	7,020	340	340
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .	0 500	<b>F</b> 000	240	
f	Investment management fees	8,508	7,828	340	340
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	581	581		
12	Advertising and promotion	20,131	18,521	805	805
13	Office expenses	20,471	18,833	819	819
14	Information technology				
15	Royalties				
16	Occupancy	37,464	34,468	1,498	1,498
17		21,084	19,398	843	843
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,281	4,859	211	211
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,881	7,881		
23		22,292	20,510	891	891
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 O.)				
а	DUES	1,466	1,348	59	59
b	SCHOLARSHIPS	44,644	44,644		
		<u> </u>			

437

6,917

593,831

403

6,363

550,577

17

277

21,627

17

277

21,627

С

d

е

25

26

POSTAGE

MERCHANT FEES

All other expenses

Total functional expenses. Add lines 1 through 24e

▶ 🗌 if

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

following SOP 98-2 (ASC 958-720)

Form 990	(2018)	THE	FOXFIRE	FUND	INC
Part X	Balance Sh	eet			

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X		<u></u>	
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	97,278	1	33,708
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	41,156	4	46,72
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 employees' beneficiary			
	organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	49,448	8	E1 65
0			0 9	51,65
	Prepaid expenses and deferred charges	10,336	9	28,81
10				
	other basis. Complete Part VI of Schedule D 10a 990,601		40-	
	b     Less: accumulated depreciation     10b     754,865	231,863	10c	235,73
11	Investments - publicly traded securities	3,576,025	11	3,081,87
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)	4,006,106	16	3,478,50
17	Accounts payable and accrued expenses	39,282	17	28,82
18	Grants payable		18	
19	Deferred revenue	5,833	19	5,83
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
	disqualified persons. 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			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	45,115	26	34,66
	Organizations that follow SFAS 117 (ASC 958), check here 🕞 🔀 and			
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	1,823,998	27	1,166,39
28	Temporarily restricted net assets	336,993	28	477,44
29	Permanently restricted net assets	1,800,000	29	1,800,00
	Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🔲 and			
	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
	Total net assets or fund balances	3,960,991	33	3,443,84
33				-,

Form 990 (2018)

Form	990 (2018) THE FOXFIRE FUND INC	23-702259	9	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			$\cdot$
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	4	152 <b>,</b> 2	264
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	5	593,	831
3	Revenue less expenses. Subtract line 2 from line 1	. 3	(1	41,	567)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	3,9	960,9	991
5	Net unrealized gains (losses) on investments	. 5	(3	875,	583)
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	3,4	43,8	841
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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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:				
	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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
_	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?	••••	3a		
b					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	<b>990</b> (1	2018)

Internal Revenue Service

## **Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047 2018

**Open to Public** 

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

► Attach to Form 990 or Form 990-EZ.

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

Inspection

Employer identification number
00 8000500

Name	e of th	e organization					Employer identific	ation number	
THE	FC	XFIRE FUND INC					23-70225	99	
	rt I		/ Status (All or	ganizations must co	omplete	this part			
The	orga	anization is not a private foundation beca	ause it is: (For lines	s 1 through 12, check on	y one box.	)			
1		A church, convention of churches, or	association of chu	irches described in sect	ion 170(b)	(1)(A)(i).			
2	$\Box$	A school described in section 170(b)							
3	Π	A hospital or a cooperative hospital s							
4	Π	A medical research organization oper	-				(1)(A)(iii). Enter the		
•		hospital's name, city, and state:							
5	П	An organization operated for the bene	fit of a college or u	iniversity owned or oper	ated by a c	overnmen	tal unit described in		
3		section 170(b)(1)(A)(iv). (Complete	•	inversity owned or opera	aleu by a g	joverninen	la unit described in		
c			,	nit described in <b>cention</b>	470/6//4/	( • ) ()			
6		A federal, state, or local government	0						
7		An organization that normally receives	•		/ernmental	unit of froi	m the general public		
~		described in section 170(b)(1)(A)(vi)							
8	Н	A community trust described in section							
9		An agricultural research organization					-	ege	
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions). Enter the	e name, ci	iy, and stat	e of the college or		
40	र न	university:	- (4)	4/00/ -11:					
10	Χ	An organization that normally receives						S	
		receipts from activities related to its e							
		support from gross investment income					rom businesses		
		acquired by the organization after Ju							
11	Ц	An organization organized and opera							
12		An organization organized and operat	•						
		of one or more publicly supported org	ganizations describ	oed in section 509(a)(1)	or section	າ 509(a)(2)	). See <b>section 509(a</b>	)(3).	
		Check the box in lines 12a through 12	d that describes th	e type of supporting orga	anization a	nd comple	te lines 12e, 12f, and	12g.	
	а	<b>Type I.</b> A supporting organization	n operated, superv	ised, or controlled by its	supported	organizat	ion(s), typically by given the second s	ving	
		the supported organization(s) the	power to regularly	appoint or elect a major	rity of the c	lirectors or	trustees of the		
		supporting organization. You mu	st complete Part	IV, Sections A and B.					
	b	<b>Type II.</b> A supporting organizatio	n supervised or co	ntrolled in connection w	ith its supp	orted orga	anization(s), by havin	g	
		control or management of the sup	porting organizatio	on vested in the same pe	rsons that o	control or r	manage the supporte	d	
		organization(s). You must comp	lete Part IV, Sect	ions A and C.					
	С	Type III functionally integrated	A supporting orga	anization operated in cor	nnection w	ith, and fu	nctionally integrated	with,	
		its supported organization(s) (see	e instructions). You	u must complete Part I	V, Section	is A, D, ar	nd E.		
	d	Type III non-functionally integr	ated. A supporting	organization operated i	n connecti	on with its	supported organizat	ion(s)	
		that is not functionally integrated.	The organization g	enerally must satisfy a d	istribution I	equiremer	nt and an attentivenes	S	
		requirement (see instructions). Y							
	е	Check this box if the organization					Type II. Type III		
		functionally integrated, or Type III				,	· ) [, · ) [		
	f	Enter the number of supported organi	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · ·				[	
	g	Provide the following information about						••••	
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	ragnization	(v) Amount of monetary	(vi) Amou	nt of
	(		(1) 2.11	(described on lines 1-10	listed in you	•	support (see	other suppo	
				above (see instructions))	docum	ent?	instructions)	instructi	ons)
					Yes	No			
					163	110			
(A)									
(B)									
(C)									
(D)									
• •					1	1		1	

(E) Total

		FOXFIRE FUND				23-7022599	
Pa	rt II Support Schedule for Org						
	(Complete only if you checl						under
	Part III. If the organization f	ails to qualify ι	under the tests	listed below, p	lease complete	e Part III.)	
	tion A. Public Support		T	1			
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization'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						
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)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support		1				
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		C				
9	Net income from unrelated business activities, whether or not the business is regularly carried on			5			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						
Sec	tion C. Computation of Public Su		-				
14	Public support percentage for 2018 (line 6, c						%
15	Public support percentage from 2017 Sched	· · · ·					%
16a	33 1/3% support test - 2018. If the organiz	· · · · · · · · · · · · · · · · · · ·					
-	box and <b>stop here.</b> The organization qualif						▶ ∐
b	33 1/3% support test - 2017. If the organiz						
47-	this box and <b>stop here.</b> The organization q						▶ □
17a	10%-facts-and-circumstances test - 2018	-					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac organization		•				
h	•						••••
b	<b>10%-facts-and-circumstances test - 2017</b> 15 is 10% or more, and if the organization i	-					
	Explain in Part VI how the organization mee				-		
	supported organization			•		•	► □
18	Private foundation. If the organization did						•••••
	instructions						► 🗆
EEA		<b> • • • • •</b>					m 990 or 990-EZ) 2018

		FOXFIRE FUND				23-7022599	Page 3
Pa	rt III Support Schedule for Org						
	(Complete only if you chec						Part II.
	If the organization fails to o	ualify under the	e tests listed be	elow, please co	mplete Part II.	)	
Sec	ction A. Public Support		1				
Cale	endar year (or fiscal year beginning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	70,103	85,973	74,867	150,869	213,924	595,736
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	171,019	154,742	118,287	152,892	154,607	751,547
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization'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	241,122	240,715	193,154	303,761	368,531	1,347,283
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
h	Amounts included on lines 2 and 3						
b	received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from           line 6.)						1,347,283
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	(e) 2018	(f) Total
9	Amounts from line 6	241,122	240,715	193,154	303,761	368,531	1,347,283
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources	150,648	90,606	290,569	227,447	77,272	836,542
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b	150,648	90,606	290,569	227,447	77,272	836,542
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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	391,770	331,321	483,723	531,208	445,803	2,183,825
14	First five years. If the Form 990 is for the o organization, check this box and stop here						► 🗌
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2018 (line 8, co	olumn (f), divided by	y line 13, column (f)	))		15	61.69 %
16	Public support percentage from 2017 Schedu			<u>.</u>	<u>.</u>	16	60.44 %
Sec	ction D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2018 (line	.,	•	.,,		17	38.00 %
18	Investment income percentage from 2017 S	chedule A, Part III,	line 1.7			18	40.00 %
19a	<b>33 1/3% support tests - 2018.</b> If the organization 17 is not more than 33 1/3%, check this box						► 🗌
b	<b>33 1/3% support tests - 2017.</b> If the organiline 18 is not more than 33 1/3%, check this						► 🗌
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	and see instruction	NS	🕨 🛛

	A (Form 990 or 990-EZ) 2018 THE FOXFIRE FUND INC 23-70225	99	P	age
Part				
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete			
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co	•	;	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Pa	art V.)		
ectio	on A. All Supporting Organizations			
	<b>A H F H H H H H H H H H H</b>		Yes	N
	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		_
	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 <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
	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 <b>Part VI</b> when and how the	_		
	organization made the determination.	3b		
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
	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 <b>Part VI</b> 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.	4c		
	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 <b>Part VI</b> , 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).	5a		_
	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?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5C		
	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? <i>If "Yes," provide detail in <b>Part VI.</b></i>	6		
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section $4059(a)(2)(2)$ ), a family member of a substantial contributor, or a $259(a)(2)(2)(2)$ a family member of a substantial contributor.			
	(as defined in section $4958(c)(3)(C)$ ), a family member of a substantial contributor, or a 35% controlled entity with respect to a substantial contributor? If "Vec " complete Det Lef Schedule L (Form 000 or 000 FZ)	7		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
	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).	0		
		8		
	Was the organization controlled directly or indirectly at any time during the tax year by one or more discussified persons as defined in section 4946 (other than foundation managers and organizations described			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 500(a)(1) or (2))2 If "Yes," provide detail in <b>Part VI</b>	00		
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		_
	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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	9b		
	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	an		
		9c		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	ac		
	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 pop-functionally integrated			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	100		
	supporting organizations)? If "Yes," answer 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		
	determine whether the organization had excess business holdings.)	10b		
	uetermine whether the organization had excess business holdings.			

Sched	Iule A (Form 990 or 990-EZ) 2018         THE FOXFIRE FUND INC         23-702259	9	F	Page 5
Pa	rt IV Supporting Organizations (continued)		_	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			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			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
		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	instruc	tions	).
а				
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	' (see ir	struc	tions)
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		
EEA	Schedule A (I	orm 990 c	or 990-E2	Z) 2018

Schedule A (Form 990 or 990-EZ) 2018 THE FOXFIRE FUND INC		23-70	<b>22599</b> Pag
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
<b>1</b> Check here if the organization satisfied the Integral Part Test as a qualifying			-
instructions. All other Type III non-functionally integrated supporting organiz	zation	s must complete Section	ons A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
ection 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		
	integr	ated Type III supportin	g organization (see
instructions).			
emergency temporary reduction (see instructions).		ated Type III supportin	g organization (see

Schedule A (Form 990 or 990-EZ) 2018

Schedu Par	t V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	23-70: zations (continued)	22599 Page 7
	tion D - Distributions	<u>) oupporting organiz</u>		Current Year
-4	Amounto poid to supported organizations to accomplish over			
<u>1</u> 2	Amounts paid to supported organizations to accomplish exem Amounts paid to perform activity that directly furthers exempt	· · · ·		
2	organizations, in excess of income from activity	purposes or supported		
3	Administrative expenses paid to accomplish exempt purposes	of supported organizati	ione	
4	Amounts paid to acquire exempt-use assets	s of supported organizati	10115	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons		
U	(provide details in <b>Part VI</b> ). See instructions.	organization is respons		
9	Distributable amount for 2018 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	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			
	Applied to 2018 distributable amount			
-	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			
8	and 4c. Breakdown of line 7:			
	Evenes from 2014			
	Evenes from 2015			
	Evenes from 2016			
	Evenes from 2017			
	Evenes from 2019			
EEA			Colord	ule A (Form 990 or 990-EZ) 2018
LLA			Sched	ale A (1 0111 330 01 330"EZ) 2018

Schedule A (For	n 990 or 990-EZ) 2018 Page 8
Part VI	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.)

SCHEDULE D (Form 990)       Supplemental Financial Statements         > Complete if the organization answered "Yes" on Form 9 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or > Attach to Form 990.         Department of the Treasury Internal Revenue Service       > Go to www.irs.gov/Form990 for instructions and the latest info				OMB No. 1545-0047
				2018
				Open to Public
		Go to www.irs.gov/Form990 for instructions and the latest information	on.	Inspection
	of the organization		Employer identifie	
	<u>FOXFIRE</u>		23-702	2599
Par		tions Maintaining Donor Advised Funds or Other Similar Funds or Accour if the organization answered "Yes" on Form 990, Part IV, line 6.	its.	
	Complete	(a) Donor advised funds	(b) Funds and c	ther accounts
1	Total number at er	d of year		
2		f contributions to (during year) .		
3	Aggregate value o	f grants from (during year)		
4	Aggregate value a	tend of year		
5	-	on inform all donors and donor advisors in writing that the assets held in donor advised		<b>—</b> —
~	•	nization's property, subject to the organization's exclusive legal control?		🗌 Yes 📋 No
6	-	on inform all grantees, donors, and donor advisors in writing that grant funds can be used purposes and not for the benefit of the donor or donor advisor, or for any other purpose		
		ssible private benefit?		🗌 Yes 🗌 No
Par		vation Easements.		
	Complete	e if the organization answered "Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of cons	servation easements held by the organization (check all that apply).		
	Preservation c	of land for public use (e.g., recreation or education)		ea
	Protection of r	_	istoric structure	
•	Preservation o			
2		through 2d if the organization held a qualified conservation contribution in the form of a con ast day of the tax year.		e End of the Tax Year
а		onservation easements	2a	
b		ricted by conservation easements	2b	
с	•	vation easements on a certified historic structure included in (a)	2c	
d	Number of conserv	vation easements included in (c) acquired after 7/25/06, and not on a		
	historic structure lis	sted in the National Register	2d	
3	Number of conserv	vation easements modified, transferred, released, extinguished, or terminated by the organ	zation during the	
	tax year ►			
4 5		where property subject to conservation easement is located		
3	•	procement of the conservation easements it holds?		🗌 Yes 🗌 No
6		hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation		
	•			<b>j</b> · · · <b>j</b> - · ·
7	Amount of expense	es incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	ements during the	e year
	►\$			
8		vation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(f	, . ,	
•	and section 170(h)			🗌 Yes 📋 No
9		be how the organization reports conservation easements in its revenue and expense staten include, if applicable, the text of the footnote to the organization's financial statements that		
		bunting for conservation easements.	describes the	
Par		zations Maintaining Collections of Art, Historical Treasures, or Oth	ner Similar As	sets.
		te if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization	elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement ar	d balance sheet	
		ical treasures, or other similar assets held for public exhibition, education, or research in fu		
_		vide, in Part XIII, the text of the footnote to its financial statements that describes these item		
b	-	elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be		
		ical treasures, or other similar assets held for public exhibition, education, or research in fu vide the following amounts relating to these items:	innerance of	
		ded on Form 990, Part VIII, line 1		53,518
		d in Form 990, Part X		
2		received or held works of art, historical treasures, or other similar assets for financial gain,		
	-	required to be reported under SFAS 116 (ASC 958) relating to these items:		
а		on Form 990, Part VIII, line 1		
		Form 990, Part X		
For P	aperwork Reducti	on Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2018

Sched	ule D (Form 990) 2018 THE FOXFIRE FUND II			23-70		Page 2
Par	rt III Organizations Maintaining Collect	ctions of Art, Histo	orical Treasures,	or Other Similar As	ssets (con	ntinued)
3	Using the organization's acquisition, accession, and ot	her records, check any o	f the following that are	a significant use of its		
	collection items (check all that apply):					
а	X Public exhibition	d 🗌 Loan or excha	inge programs			
b	Scholarly research	e 🗌 Other	0 1 0			
c	Preservation for future generations					
4	Provide a description of the organization's collections	and avalain how they fur	that the organization's	wompt purpose in Part		
4	XIII.	and explain now they full	iner the organizations e	exempt pulpose in Fait		
-		dependience of out bistories	l tura a cura a cura tha cura 'n			
5	During the year, did the organization solicit or receive of					
Der	assets to be sold to raise funds rather than to be main	· · · · · · · · · · · · · · · · · · ·	anization's collection?		🗌 Y	es 🗌 No
Par	t IV Escrow and Custodial Arrangeme					
	Complete if the organization answer	ed res on Forms	990, Part IV, line 9	, or reported an amo	ount on FC	orm
	990, Part X, line 21.					
1a	Is the organization an agent, trustee, custodian or othe				_	
					🗆 Y	'es 📋 No
b	If "Yes," explain the arrangement in Part XIII and comp	plete the following table:		r		
				ŀ	Amount	
С	Beginning balance			1c		
d	Additions during the year			. 1d		
е	Distributions during the year			1e		
f	Ending balance			1f		
2a	Did the organization include an amount on Form 990, I	Part X, line 21, for escrov	v or custodial account li	ability?	🗌 Y	es 🗌 No
b	If "Yes," explain the arrangement in Part XIII. Check h					🗖
Par	rt V Endowment Funds.	·				
	Complete if the organization answer	ed "Yes" on Form 9	990. Part IV. line 1	0.		
	· •		or year (c) Two year		ck (e) Four	years back
1a	Beginning of year balance					jouro buon
b	Contributions					
	Net investment earnings, gains, and					
С	<b>3</b> • <b>3</b> • •			Ť		
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the current year e	nd balance (line 1g, colu	ımn (a)) held as:			
а	Board designated or quasi-endowment	%				
b	Permanent endowment  %					
С	Temporarily restricted endowment ►	%				
	The percentages on lines 2a, 2b, and 2c should equal	100%.				
3a	Are there endowment funds not in the possession of t	he organization that are h	neld and administered f	or the		
	organization by:	-				Yes No
	(i) unrelated organizations				3a(i)	
	() 0				3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations liste				3b	
4	Describe in Part XIII the intended uses of the organization					
	rt VI Land, Buildings, and Equipment.		•			
1 0	Complete if the organization answer	ed "Yes" on Form (	00 Part IV line 1	1a See Form 990	Part X line	<u>1</u> 0 د
	·					
	Description of property	<ul> <li>(a) Cost or other basis         <ul> <li>(investment)</li> </ul> </li> </ul>	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Bool	value
12	Land	······,			-	09 065
1a ⊾			108,065	400 100		L08,065
b			548,219	492,172		56,047
C	Leasehold improvements	<u> </u>				
d			258,371	247,632		10,739
e	OtherSTMD1E		75,946	15,061		60,885
Tota	I. Add lines 1a through 1e. (Column (d) must equal Fo	orm 990, Part X, column	(B), line 10c.)	<u></u>	2	235,736

Schedule D (Form 990) 2018

Part VII	Investments - Other Securities.	rad "Vas" on Form 000 P	Part IV line 11h See Form 000 Part V line 12
	· · ·		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
Financial c			
•	eld equity interests	•	
Other			
A)			
B)			
C)			
D)			
E)			
F)			
<u>G)</u> H)			
al. (Column (b)	must equal Form 990, Part X, col. (B) line 12.)		
art VIII	Investments - Program Related. Complete if the organization answer	red "Yes" on Form 990, P	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)			
(4)		Description	Part IV, line 11d. See Form 990, Part X, line 15
(1)			
(2)			
(3)			
(4) (5)			
( <u>5)</u> (6)			
(7)			
7) 8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line	15.)	
Part X	Other Liabilities.		
		red "Yes" on Form 990, P	Part IV, line 11e or 11f. See Form 990, Part X,
	(a) Description of liability	(b) Book value	
1) Federal i	ncome taxes		
(2)			
3)			
- /			
4)			
(4) (5)			
4) 5) 6)			_
(4) (5) (6) (7)			
(4) (5) (6) (7) (8)			
4) (5) (6) (7) (8) (9)	must anual Form 900 Port V col /Pilico 95 1		
(4) (5) (6) (7) (8) (9) (9) (al. (Column (b)	must equal Form 990, Part X, col. (B) line 25.)	text of the footnote to the organi	ization's financial statements that reports the
(4) (5) (6) (7) (8) (9) tal. (Column (b) Liability for	uncertain tax positions. In Part XIII, provide the	-	ization's financial statements that reports the ext of the footnote has been provided in Part XIII

Sched	ule D (Form 990) 2018 THE FOXFIRE FUND INC	23-7022599	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r 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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
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.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
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.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	rt XIII Supplemental Information.		

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.

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. OMB No. 1545-0047
2018
Open to Public

Employer identification number

bioyer identification num

23-7022599

#### THE FOXFIRE FUND INC

#### 01. Form 990 governing body review (Part VI, line 11)

FORM 990 IS REVIEWED BY THE CFO PRIOR TO FILING. IT IS REVIEWED BY THE REMAINDER OF THE

GOVERNING BODY AFTER FILING.

#### 02. CEO, executive director, top management comp (Part VI, line 15a)

AN ANNUAL REVIEW OF EMPLOYEE SALARIES IS PERFORMED. ACCORDING OT THAT EVALUATION AND THE

OVERALL FINANCIAL CONDITION OF THE ORGANIZATION, A RECOMMENDATION OF ANY SALARY INCREASE

IS MADE.

#### 03. Other officer or key employee compensation (Part VI, line 15b

AN ANNUAL REVIEW OF EMPLOYEE SALARIES IS PERFORMED. ACCORDING OT THAT EVALUATION AND THE

OVERALL FINANCIAL CONDITION OF THE ORGANIZATION, A RECOMMENDATION OF ANY SALARY INCREASE

IS MADE.

#### 04. Governing documents, etc, available to public (Part VI, line 19)

ALL GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST

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

Form <b>8868</b>	
(Rev. January 2019)	
Department of the Treasury	

Internal Revenue Service

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

OMB No. 1545-1709

01

File a separate application for each re	turn.
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► Go to www.irs.gov/Form8868 for the latest information.

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

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filerle islentifisi

	Ente	er filer's identifying number, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	THE FOXFIRE FUND INC	23-7022599
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
due date for	PO BOX 541	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	MOUNTAIN CITY, GA 30562	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . . . . . . . . .

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

#### • The books are in the care of TYRIE SMITH, PO BOX 541, MOUNTAIN CITY, GA 30562

Т	elephone No. ► 706-746-5828 FAX No. ►		
● If	the organization does not have an office or place of business in the United States, check this box		
● If	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If the	is is	
or th	he whole group, check this box $\ldots$ $\ldots$ $\vdash$ $\Box$ . If it is for part of the group, check this box $\ldots$ $\vdash$ $\Box$ and the group is the set of the group is the group is the set of the group is the set of the group is the	attach	
	with the names and EINs of all members the extension is for.		
1	I request an automatic 6-month extension of time until $11-15$ , $2019$ , to file the exempt organization for the organization's return for:	on retu	m
	► 🔀 calendar year 20 18 or		
	► Lax year beginning , 20 , and ending	, 20	
2	If the tax year entered in line 1 is for less than 12 months, check reason:		
	Change in accounting period		
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less		
	any nonrefundable credits. See instructions.	3a	\$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by		
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$
Cau	tion: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO	and Fo	orm 8879-EO for payment
nstr	uctions.		

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

Form 8868 (Rev. 1-2019)

Form	8879-	EO
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### IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning , and ending

OMB No. 1545-1878

2018

Department of the Treasury
Internal Revenue Service
Name of exempt organization

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

► Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

23-7022599

THE FOXFIRE FUND INC

Name and title of officer

#### TYRIE J SMITH, CEO

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

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

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

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic retum and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic retum. I consent to allow my intermediate service provider, transmitter, or electronic retum originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and electronic return and, if applicable, the organization's consent to electronic funds withdrawal. **Officer's PIN: check one box only** 

X lauthorize Duncan & Kitchens LLC	to enter my PIN	12345	as my signature
ERO firm name		Enter five numbers, but	
		do not enter all zeros	
on the organization's tax year 2018 electronically filed return. If I	have indicated within	n this return that a cop	by of the return is
being filed with a state agency(ies) regulating charities as part of	of the IRS Fed/State	program, I also autho	rize the aforementioned
ERO to enter my PIN on the return's disclosure consent screen.			
As an officer of the organization, I will enter my PIN as my signa	ature on the organizat	ion's tay year 2018 el	lectronically filed return
If I have indicated within this return that a copy of the return is be	eing filed with a state	agency(ies) regulatir	ng charities as part of
the IRS Fed/State program, I will enter my PIN on the retum's di	isclosure consent scr	een.	

Dfficer's signature	Date > 05-14-2019			
Part III Certification and Authentication				
ERO's EFIN/PIN. Enter your six-digit electronic filing identification				
number (EFIN) followed by your five-digit self-selected PIN.	618981 02112			
	Do not enter all zeros			
ndicated above. I confirm that I am submitting this return in accordance v nformation for Authorized IRS <i>e-file</i> Providers for Business Returns.				
RO's signature	Date  11-13-2019			
ERO Must Retain This	s Form - See Instructions			
Do Not Submit This Form to the IRS Unless Requested To Do So				

For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2018)

EEA

	F	FOR YOUR RECO	RDS ONLY	2018	PG01
Name(s) as shown on return	•			Tax ID Numbe	
THE FOXFIRE	FUND INC			2	23-7022599
	FORM 990	- SCHEDULE D - INVESTMENTS -	<b>PART VI - LINE</b> OTHER	1 <b>E</b> ST	ATEMENT #D1E
DESCRIPTION OF INVESTMEN		<b>COST/BASIS</b> (INVESTMENT)	COST/BASIS (OTHER)	DEPR	<b>BOOK</b> VALUE
MUSEUM ARTIFACTS CONSTRUCTION IN		0 0	67,694 8,252	15,061 0	52,633 8,252
TOTAL		0	75,946		60,885