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Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

Forc	alen	dar year 2016 or tax year beginning AUG	18, 2016	, and ending	DEC 31, 2016	
		foundation			A Employer identification	
					1	
_T	HE	SHORES FAMILY FOUNDATION	ON		81-2988364	
Num	ber ar	d street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
P	.0	BOX 24			903-664-35	30
City	or to	wn, state or province, country, and ZIP or foreign po	ostal code		C If exemption application is p	pending, check here
_I	<u>VA</u> 1	NHOE, TX 75447				
	heck	all that apply: X Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
20		Final return	X Amended return		0 -	
62		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test, omputation
dH⊋ C	heck	type of organization: X Section 501(c)(3) ex	empt private foundation		E If private foundation sta	itus was terminated
	<u> S</u> ec	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	under section 507(b)(1	
:I⊒Fa	ır ma	rket value of all assets at end of year J Accountii	ng method: X Cash	Accrual	F If the foundation is in a	60-month termination
(fre	om F		ner (specify)		under section 507(b)(1)(B), check here 🕨 🗀
		1,016,866. (Part I, colu	mn (d) must be on cash b	oasis.)		
Pa	<u>rt I</u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
Z		necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
15	1	Contributions, gifts, grants, etc., received	997,408.		N/A	
	2	Check If the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	3.			STATEMENT 1
ĺ	4	Dividends and interest from securities	13,362.	12,713		STATEMENT 2
	5a	Gross rents		 -		
	b	Net rental income or (loss)				
e	6a	Net gain or (loss) from sale of assets not on line 10	18,323.			
nue	b	Gross sales price for all assets on line 6a 18,323.				
Revenue	7	Capital gain net income (from Part IV, line 2)		<u>59,556</u>	5.	
ш	8	Net short-term capital gain				
	9	Income modifications Gross sales less returns				-
	10a	and allowances				
	b	Less Cost of goods sold				
	C	Gross profit or (loss)				
	11	Other income				
	12	Total Add lines 1 through 11	1,029,096.	72,272		
	13	Compensation of officers, directors, trustees, etc	0.		0.	0.
	14	Other employee salaries and wages			·- 	
S	15	Pension plans, employee benefits			RECEI	VED-
nse	ì	Legal fees			H KEUE	
ĝ	ı	Accounting fees			1	0017
E E		Other professional fees			S JUL 0:	5 2017
and Administrative Expense	17	Interest			<u> @ </u>	
stra	18	Taxes			CODE	N, UT
ij	19	Depreciation and depletion			- UGUL	***
Ę	20 21	Occupancy Travel, conferences, and meetings				
Þ	21	Printing and publications	-			
jar	ı	- •				
ţi	24	Other expenses Total operating and administrative				<u> </u>
Operating	24	expenses. Add lines 13 through 23	0.]	o.	0.
o	25	Contributions, gifts, grants paid	15,000.		<u></u>	15,000.
		Total expenses and disbursements.	15,000.			13,000.
	20	Add lines 24 and 25	15,000.		o.	15,000.
_	27		13,000.		<u> </u>	13,000.
	1	Excess of revenue over expenses and disbursements	1,014,096.			
		Net investment income (if negative, enter -0-)	1,014,000.	72,27	2.	
	ł .	Adjusted net income (if negative, enter -0-)			N/A	
		The state of the s	·			600 PE 100101

<u>For</u>	n 99	0-PF (2016) THE SHORES FAMILY FOUNDA			2988364 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
	_		(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing		44,062.	44,062.
		Savings and temporary cash investments		44,002.	44,004.
	3	Accounts receivable ► Less: allowance for doubtful accounts ►			
					
	4	Pledges receivable Least allowers for doubtful assemble			
	_	Less: allowance for doubtful accounts ▶		_	
	_	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
Assets		Inventories for sale or use			
Ass		Prepaid expenses and deferred charges	-		
•		Investments - U.S. and state government obligations			
	i	Investments - corporate stock			
	_	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
		Investments - mortgage loans		070 024	070 004
	13	Investments - other STMT 3	0.	970,034.	972,804.
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
		Other assets (describe			
	16	Total assets (to be completed by all filers - see the		1 014 006	1 016 066
	4-	instructions. Also, see page 1, item 1)	0.	1,014,096.	1,016,866.
	ı	Accounts payable and accrued expenses			
	18	Grants payable			
ies	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable			
_	22	Other liabilities (describe >)			
		Tatal Sabilities (add Ipag 17 through 22)	0.	0.	
_	23	Total liabilities (add lines 17 through 22)	<u>U • </u>	<u></u>	
	ļ	Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31.			
ğ	24	Unrestricted Temporarily restricted			
ala	25	· · ·			
Assets or Fund Balances	26	Permanently restricted Foundations that do not follow SFAS 117, check here			
Ē		,			
ō	0.7	and complete lines 27 through 31. Capital stock, trust principal, or current funds	0.	0.	
ets	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Y SS	28	Retained earnings, accumulated income, endowment, or other funds	0.	1,014,096.	
Net /	30	Total net assets or fund balances	0.	1,014,096.	
Z	30	Total liet assets of fully balances		1,014,090.	
	31	Total liabilities and net assets/fund balances	0.	1,014,096.	
\equiv				1,014,020	
LP	art	III Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	0.
2	•	er amount from Part I, line 27a		2	1,014,096.
3	Othe	er increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	1,014,096.
5	Dec	reases not included in line 2 (itemize)		5	0.
6	Tota	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	1,014,096.
					Form 990-PF (2016)

1.

		RES FAMILY F						81-298	8364	Page 3
		sses for Tax on In		t Income	/h\	How acquired	Τ.,			
(a) List and desci 2-story brick wa	ribe the ki rehouse;	nd(s) of property sold (e.g. or common stock, 200 shs	, real estate, . MLC Co.)		D	How acquired - Purchase - Donation		Date acquired mo., day, yr.)	(d) Date (mo., da	
1a 82,500 VANGUAR			EXEMPT		_	D	08	3/31/16	09/0	<u>5/16</u>
b CAPITAL GAINS	DIVI	DENDS		•						
							+			
<u>u</u> e										
(e) Gross sales price	(f) [Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain or (loss e) plus (f) minus		
a 997,408.		(or anowabio)	pius c	956,17	75			o) pido (i) iiiiido		,233.
b 18,323.			-	230,17	٠.					,323.
C										, , , , ,
d										
е										
Complete only for assets showing		,,						ains (Col. (h) gain), but not less tha		
(i) F.M.V. as of 12/31/69	((j) Adjusted basis as of 12/31/69	(k) Ex over	cess of col. (i) col. (j), if any				osses (from col. (
a										<u>,233.</u>
<u>b</u>		 							18	<u>,323.</u>
<u>C</u>										
<u>d</u>										
e	_	<i>C</i> "	<u> </u>							
2 Capital gain net income or (net ca	apıtal loss	If gain, also enter $\left\{\begin{array}{l} \text{If (loss), enter -0}. \end{array}\right.$	in Part I, line - in Part I, line	/ e7	}	2			59	,556.
3 Net short-term capital gain or (lo			nd (6):		`					
If gain, also enter in Part I, line 8,	column (c).			•			N/A		
If (loss), enter -0- in Part I, line 8 Part V Qualification U	Inder S	Section 4940(e) for	Reduced	Tax on Net	t Inv	estment	Incor		<u> </u>	
(For optional use by domestic private		. ,							N/A	
		•				,			,	
If section 4940(d)(2) applies, leave t	his part bi	lank.								
Was the foundation liable for the sec	tion 4942	tax on the distributable am	nount of any y	ear in the base pe	rıod?				Yes	☐ No
If "Yes," the foundation does not qua										
1 Enter the appropriate amount in (a)	each colu	- ·	nstructions de	etore making any i					(d)	
Base period years Calendar year (or tax year beginn	ing in)	(b) Adjusted qualifying dis	tributions	Net value of no	c) oncha		sets	Dıstrı (col. (b) dı	(d) bution ratio vided by col.	(c))
2015										
2014									-	
2013									-	
2012									 ··	
2011				<u> </u>						
2 Total of line 1, column (d)								2		
3 Average distribution ratio for the	5-vear ba	se period - divide the total	on line 2 by 5	, or by the numbe	r of v	ears				
the foundation has been in existe				,,				3		
		-								
4 Enter the net value of noncharita	ble-use as	ssets for 2016 from Part X,	line 5					4		
5 Multiply line 4 by line 3								5		
6 Enter 1% of net investment inco	me (1% o	f Part I, line 27b)					,	6		<u></u>
7 Add lines 5 and 6								7		
8 Enter qualifying distributions fro	m Part XII	I, line 4						_8		
If line 8 is equal to or greater tha See the Part VI instructions.	n line 7, c	heck the box in Part VI, line	e 1b, and com	plete that part usi	ing a	1% tax rate.				
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1. . . .

	m 990-PF (2016) THE SHORES FAMILY FOUNDATION	81-	<u>-2988</u>	364		age 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	or 4948	- see i	nstru	ction	s)
1a	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.		1			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 📖 and enter 1%	1	_		1, 44	<u> 15.</u>
	of Part I, line 27b					
C	all other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	 			<u>0.</u>
	Add lines 1 and 2	3	 		1,4	<u> 45.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	 			<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	—		1,4	<u> 45.</u>
6	Credits/Payments:	1				
a	a 2016 estimated tax payments and 2015 overpayment credited to 2016					
b	b Exempt foreign organizations - tax withheld at source 6b					
C	c Tax paid with application for extension of time to file (Form 8868)					
d	d Backup withholding erroneously withheld 6d		ŀ			
7	Total credits and payments. Add lines 6a through 6d	7	 			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	 			<u>24.</u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ 9	ļ		1, 4	<u>69.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ 10				
	Enter the amount of line 10 to be: Credited to 2017 estimated tax	<u>▶ 11</u>	<u> </u>			
Pa	art VII-A Statements Regarding Activities				1	
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inter	vene in			Yes	
	any political campaign?			1a		<u>X</u>
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the defii			16		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials pu	ıblıshed o	r			
	distributed by the foundation in connection with the activities					
C	c Did the foundation file Form 1120-POL for this year?			1c		<u> </u>
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	<u>0.</u>				
6	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$O.				l	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u>X</u>
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporate	ion, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u> </u>
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	_		_4a		X
t	b If "Yes," has it filed a tax return on Form 990-T for this year?	1	N/A	4b		
5				5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T					
6						
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the	state law			37	
_	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Pa	ιπ χν		7	X	
8	a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶					
	TX					
	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			AL.	v	
	of each state as required by General Instruction G? If "No," attach explanation	vr onlander		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	n caleffuat		9		X _
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	STM	rr Δ	10	х	
10	big any persons become substantial contributors during the tax year. If tes, attach a schedule listing their names and addresses	<u> </u>	<u> </u>	100	1 42	

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X

3Ь

<u>4a</u>

Yes X No

N/A

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2016.)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

during the year?

orm 990-PF (2016) THE SHORES FAMILY FOUNDA		<u>81-2988364</u>			
Part VII-B Statements Regarding Activities for Which F	Form 4720 May Be F	Required (continu	ied)		
5a During the year did the foundation pay or incur any amount to:	<u> </u>				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	☐ Ye	s 🗶 No		
(2) Influence the outcome of any specific public election (see section 4955); o		ectly,			
any voter registration drive?		s X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes'		s X No			
(4) Provide a grant to an organization other than a charitable, etc., organization	•				
4945(d)(4)(A)? (see instructions)	ii described iii soonoii		s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or adjugational numbers or f		3 (22) 110		
the prevention of cruelty to children or animals?	or educational purposes, or r		s X No		
·	dar the avecations described i		5 <u>22</u> NO		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n negulations	N/A 5	ib	
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	10	
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi					
expenditure responsibility for the grant?		I∕A ∟ Ye	s L No		
If "Yes," attach the statement required by Regulations section 53.494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	 1			
a personal benefit contract?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		<u>_</u> 5	Sb X	
If "Yes" to 6b, file Form 8870.		المستحدا			
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu				'b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	<i>(</i>		
1 List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	/-) Evpappa	
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other	
· · · · · · · · · · · · · · · · · · ·	to position	`enter'-0-)	compensation	allowances	
	PRESIDENT				
P.O. BOX 24				•	
IVANHOE, TX 75447	2.00	0.	0.	0.	
WILLIAM B. SHORES JR	TREASURER		ļ		
1431 N. STOUT COURT]		_	_	
WICHITA, KS 67235	2.00	0.	0.	0.	
NIKKI L. SHORES	SECRETARY				
1431 N. STOUT COURT	1	_	_		
WICHITA, KS 67235	2.00	0.	0.	0.	
	<u> </u>				
	<u> </u>				
2 Compensation of five highest-paid employees (other than those in		, enter "NONE."	(d) Contributions to	(-) Eupapa	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other	
	devoted to position	(0, 1111)	compensation	allowances	
NONE					
		ļ. <u>.</u>			
	4				
	1		1		
Total number of other employees paid over \$50,000			<u> </u>	0	
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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NON	IE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
		
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical infinite number of organizations and other beneficiaries served, conferences convened, research papers produced, to	ormation such as the	Expenses
A NI/A	716.	
1N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments	- <u> </u>	_
Describe the two largest program-related investments made by the foundation during the tax year on lines 1	and 2.	Amount
1N/A		
2		
	<u></u>	
All other program-related investments. See instructions.		
3		
Total, Add lines 1 through 3		0.
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1.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	idation	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	765,260.
	Average of monthly cash balances	1b	35,699.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	800,959.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	800,959.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	12,014.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	788,945.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	14,698.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part.)	id certai	n
1	Minimum investment return from Part X, line 6	1	14,698.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,445.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	13,253.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	13,253.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	13,253.
P	art XII Qualifying Distributions (see instructions)	· · · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		1 = 000
a	, , , , , , , , , , , , , , , , , , , ,	1a	15,000.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	١. ١	
a	. 3 (tr)	3a	
b		3b	15 000
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	15,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	^
_	income. Enter 1% of Part I, line 27b	5	15 000
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	15,000.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies	for the section

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1.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				
line 7				13,253.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years:		0		
- Evene detribution correspond for to 2016:		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015	0.			
f Total of lines 3a through e	<u>U • i</u>	•		
4 Qualifying distributions for 2016 from				
Part XII, line 4. ► \$ 15,000.			0.	
a Applied to 2015, but not more than line 2a	•		0.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		U •		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	U •			13,253.
d Applied to 2016 distributable amount	1,747.			13,233.
e Remaining amount distributed out of corpus	1,747.			0.
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,747.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of			}	
deficiency has been issued, or on which the section 4942(a) tax has been previously			İ	
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.	1 747			
Subtract lines 7 and 8 from line 6a	1,747.			
10 Analysis of line 9:				
a Excess from 2012		1		
b Excess from 2013				
c Excess from 2014 d Excess from 2015				
e Excess from 2016 1,747.	<u> </u>	L	.	

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Form **990-PF** (2016)

Form 990-PF (2016) THE SHO	RES FAMILY	FOUNDATION			988364 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part V	I-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter tha	it it is a private operating			
foundation, and the ruling is effective fo		-	▶ └	· · · · · · · · · · · · · · · · · · ·	
b Check box to indicate whether the found		ing foundation described		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	41,0045	Prior 3 years	(1) 00 40	
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a				ļ	
c Qualifying distributions from Part XII,					
line 4 for each year listed			 		
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities. Subtract line 2d from line 2c		1			
3 Complete 3a, b, or c for the			 		
alternative test relied upon:					
a "Assets" alternative test - enter: (1) Value of all assets					
				 	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	n had \$5,00 0 or m	ore in assets
at any time during	the year-see inst	tructions.)			
1 Information Regarding Foundation	•				
a List any managers of the foundation wh year (but only if they have contributed it			itributions received by the	e foundation before the cl	ose of any tax
• • •	ποτο πιαπ φο,σοσ). (σοσ	30011011 307 (4)(2).)			
WILLIAM B. SHORES b List any managers of the foundation wi	an own 109/ or more of t	the stock of a corporation	· (or an equally lorge ports	on of the owner ohin of a	aartaarahia ar
other entity) of which the foundation ha			i (or an equally large porti	on of the ownership of a	partitership of
NONE	·				
2 Information Regarding Contribut	tion, Grant, Gift, Loar	o. Scholarship, etc., F)rograms:		
Check here ▶ ☐ If the foundation				not accept unsolicited red	uests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	nber or e-mail address of	the person to whom app	lications should be addre	ssed:	
WILLIAM B. SHORES, S					
P.O. BOX 24, IVANHOR		·			
b The form in which applications should	be submitted and inform	ation and materials they	should include:		
PROPOSAL FORMAT					
c Any submission deadlines:	-				
d Any restrictions or limitations on award					
PRIMARILY CHRISTIAN	CHARITY WI	TH SECONDAR	Y PURPOSE O	F MILITARY '	VETERAN
SUPPORT 623601 11-23-16		<u> </u>			Form 990-PF (2016)

11
2016.03050 THE SHORES FAMILY FOUNDATIO 812____1

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid dunng the year SEMPER FI FUND NONE ACTIVE SUPPORT WOUNDED 825 COLLEGE BLVD, SUITE 102, PMB 609 VETERANS OCEANSIDE, CA 92057 5.000. NONE WYCLIFFE ASSOCIATES ACTIVE SUPPORT BIBLE 11450 TRANSLATION WAY, JOHN WYCLIFFE TRANSLATION AND BLVD ORLANDO FL 32862 HUMANITARIAN EFFORTS 10,000, ➤ 3a Total 15,000. b Approved for future payment NONE Total

Form **990-PF** (2016)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated I	ousiness income		oy section 512, 513, or 514	(e)
	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	7,11104111	101101101111001110
a	- 				
b	-				
<u> </u>	1 1		-		
d	1 1				
e	_				
g Fees and contracts from government agencies	-		-		
2 Membership dues and assessments			-		
3 Interest on savings and temporary cash					
investments			14	3.	
4 Dividends and interest from securities			14	12,713.	649.
5 Net rental income or (loss) from real estate:		·-····		12,715.	047.
a Debt-financed property	-				
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					· - · · · · · · · · · · · · · · · · · ·
8 Gain or (loss) from sales of assets other					
than inventory			14	18,323.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e	_				
12 Subtotal. Add columns (b), (d), and (e)			0.1	31,039.	
13 Total. Add line 12, columns (b), (d), and (e)				13	31,688.
(See worksheet in line 13 instructions to verify calculations.)				

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Tille No	the foundation's ex					ourposes).	omphamhant of
4	TAX-EXEMPT	INCOME	UNDER	IRC	SECTION	105	
	<u> </u>						
	 		<u>-</u>				
	 						
							
	-						
				·			·
							
							

Form **990-PF** (2016)

623621 11-23-16

orm 990-PF (2		HORES FAMILY FO	UNDATION	81-298	<u>8364</u>	Pa	ge 13
Part XVII	Information Re Exempt Organ		and Transactions a	nd Relationships With Noncha	ritable	9	
t Did the or	ganization directly or indi	rectly engage in any of the followin	ig with any other organization	n described in section 501(c) of	1	Yes	No
)(3) organizations) or in section 52	- · · · · · · · · · · · · · · · · · · ·	zations?			
		ation to a noncharitable exempt or	ganization of:				
					1a(1)	\\	<u>X</u>
					1a(2)		X
b Other tran		hla			1		37
		ble exempt organization			1b(1)		X
-		ncharitable exempt organization			1b(2)	-	X
	al of facilities, equipment, bursement arrangements				1b(3) 1b(4)		X
	s or loan guarantees				1b(5)		X
		embership or fundraising solicitation	nns		1b(6)		X
		illing lists, other assets, or paid em			10		X
				rays show the fair market value of the goods,		ets,	
				e in any transaction or sharing arrangement,		•	
		other assets, or services received.					
a) Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions, and	shanng ar	rangeme	nts
		N/A					
							
							
			· · · · · · · · · · · · · · · · · · ·				
						····	

in section				ations described	Yes	x] No
	N/A	JANUAL LIVII	(a) the of or hauremon	(v) Description of relations)		
	IV/ FX						
	· · · · · · · · · · · · · · · · · · ·						
Sign Here		nplete Deplaration of preparer (other than	n taxpayer) is based on all informa	PRESIDENT [y the IRS our with the own below Yes	e prepare (see inst	er
Jaigi	Print/Type preparer's na		Date	Title Check if PTIN			
	Transitype preparer sila	Tiendle S Si	N	self- employed			
Paid	RONALD L.	THARP GY	(LOUIS)	ا ا ا	በፍፍማ	220	
Preparer	Firm's name RON		C	Firm's EIN ► 75-2	<u>0657</u> 6883		
Use Only	THE STIGHTS P INCH	LIMIL , E	•••	Tantisen > 75-2	0003	<i>3</i> 3	
	Firm's address ▶ 1.2	900 PRESTON RD.	SUITE 800				
		LLAS, TX 75230	,	Phone no. 972-6	61-9	928	
	·				orm 99 ((2016)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No 1545-0047

Employer identification number THE SHORES FAMILY FOUNDATION 81-2988364 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

THE SHORES FAMILY FOUNDATION

81-2988364

Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is neede	Part I
--	--------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM B. SHORES 757 COUNTY ROAD 2250 IVANHOE, TX 75447	\$ <u>997,4</u> 08.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

623452 10-18-16

Name of organization

Employer identification number

THE SHORES FAMILY FOUNDATION

81-2988364

Part II	Noncash Property (See instructions) Use duplicate copies of Part	II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		Cahadula D /Farra	00 000 E7 at 000 DEV (0016

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 4 Employer identification number THE SHORES FAMILY FOUNDATION 81-2988364 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

623454 10-18-16

•						
FORM 990-PF INTERE	ST ON SAVING	S AND TEMPOR	ARY CASH IN	VESTMENTS	STATEMENT	1
SOURCE	(A) REVENUE PER BOOK		(B) VESTMENT ICOME	(C) ADJUSTED NET INCOME	ŀ	
BANK DEPOSIT PROGRA		3.	3.			
TOTAL TO PART I, LI	NE 3		3.	3.		
FORM 990-PF	DIVIDENDS .	AND INTEREST	FROM SECUE	RITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVES MENT INCO		
WELLINGTON FUND CAPITAL GAIN DIVIDENDS WELLINGTON FUND	18,323.	18,323.	0.	•	0.	
DIVIDENDS WELLINGTON FUND TAX-EXEMPT	12,713. 649.	0.	12,713. 649.	-	0.	
TO PART I, LINE 4	31,685.	18,323.	13,362.	12,71	.3.	_
FORM 990-PF		OTHER INVEST	MENTS		STATEMENT	3
DESCRIPTION		VALUA METH		OK VALUE	FAIR MARKET VALUE	•
VANGUARD WELLINGTON	cos	COST		972,80	4.	
TOTAL TO FORM 990-F	LINE 13		970,034.	972,804.		

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS
PART VII-A, LINE 10

STATEMENT

4

NAME OF CONTRIBUTOR

WILLIAM B. SHORES

ADDRESS

757 COUNTY ROAD 2250 IVANHOE, TX 75447

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THE SHORES FAMILY FOUNDATION: 81-2988364 2016 Amended Form 990-PF General Explanation Page 1 of 2

- Page 1: Tax year changed from calendar 2016 to August 18, 2016 and ending December 31, 2016 (initial year).
- Page 1 Box I: Fair Market Value was corrected.
- Part I Columns (a) and (b): Revenue and Net Investment Income were corrected and Statements 1 & 2 were added to the tax return.
- Part II Columns (b) and (c): Book Values and Fair Market Value totals were corrected and Statement 3 was added to the tax return.
- Part III Changes in Net Assets: Corrected due to changes to Part II, above.
- Part IV Capital Gains and Losses for Tax on Investment Income: Corrected by adding "82,500 Vanguard Long Term Tax Exempt" and "Capital Gains Dividends".
- Part V Qualification for Reduced Tax: Corrected by leaving "Yes/No" boxes blank and adding "N/A" since 2016 is the first year for the Foundation.
- Part VI Excise Tax Based on Investment Income: Corrected by completing the Part.
- Part VII-A Line 10: Answer corrected to "Yes" and Statement 4 was added to the tax return.
- Part VII-B Lines 1b, 2b and 3b: Answers were corrected to "N/A".
- Part VIII Line 1b: Corrected the hours devoted per week.
- Part IX-B Line 1 and 2: Corrected to "N/A".
- Part X Minimum Investment Return: Corrected amounts in the entire Part; Adjusted Line 6 for Short Tax Period (Initial Year).
- Part XI Distributable Amount: Corrected amounts in the entire Part.
- Part XII Qualifying Distributions: Corrected amounts in the entire Part.
- Part XIII Undistributed Income: Corrected amounts in the entire Part.
- Part XV Supplementary Information Line 2a: Corrected by adding additional information.
- Part XV Supplementary Information (continued) Line 3a: Corrected the total.

THE SHORES FAMILY FOUNDATION: 81-2988364 2016 Amended Form 990-PF General Explanation Page 2 of 2

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- Part XVI-A Analysis of Income-Producing Activities: Corrected by completion of lines 3, 4, 8, 12 and 13.
- Part XVI-B: Corrected by completion of explanation for Line 4.
- Form 990-PF, Box on Page 13 "May the IRS discuss this return with the preparer shown below?": Corrected by "Yes" answer.
- Schedule B Schedule of Contributors, Part III: The organization is a 501(c)(3) and NOT a section 501(c)(7), (8) or (10) organization. Corrected by deleting all information and leaving this Part blank.