Form 990-PF

Return of Private Foundation

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

20**17**

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990PF for instructions and the latest information.

2017

Open to Public Inspection

For calendar year 2017 or tax year beginning and ending A Employer identification number Name of foundation LIEUTENANT COLONEL ORVILLE O BILL MUNSON SCHOLARSHIP FUND Number and street (or PO box number if mail is not delivered to street address) Room/suite 46-3349419 B Telephone number (see instructions) **6717 NE 113TH STREET** City or town, state or province, country, and ZIP or foreign postal code **EDMOND** OK 73013 (405) 209-1136 Foreign country name Foreign province/state/county Foreign postal code C If exemption application is pending, check here G Check all that apply Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, Name change Address change check here and attach computation H Check type of organization X Section-501(c)(3) exempt private foundation E If private foundation status was terminated under section 507(b)(1)(A), check here Accounting method X Cash Fair market value of all assets at F If the foundation is in a 60-month termination end of year (from Part II, col (c), Other (specify) under section 507(b)(1)(B), check here line 16) ▶ \$ (Part I, column (d) must be on cash basis) 45,617 (d) Disbursements Part Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily expenses per income income purposes books equal the amounts in column (a) (see instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 2 Check ► ☐ if the foundation is **not** required to attach Sch B 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 1,345 1,345 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 1,374 Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 1,981 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 2,719 12 Total. Add lines 1 through 11 3,326 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) 450 C Other professional fees (attach schedule) 17 Interest 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) Total operating and administrative expenses 2018 24 Add lines 13 through 23 . 450 450 25 14,600 Contributions, gifts, grants paid 14,600 Total expenses and disbursements. Add lines 24 and 25 26 450 0 15,050 14,600 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements . -12,331 2,876 **Net investment income** (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Adjusted net income (if negative, enter -0-)

Form **990-PF** (2017)

D	art II	Attached schedules and amounts in the description column	Beginning of year	End o	f year
	irt ii	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	1,643		
	2	Savings and temporary cash investments .			
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other		"	
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts			
Ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	49,741	46,148	45,617
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	51,384	46,148	45,617
-	17	Accounts payable and accrued expenses .			
Ś	18	Grants payable			
Ë	19	Deferred revenue			ļ
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>.e</u>	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0	0	
S		Foundations that follow SFAS 117, check here			
ances		and complete lines 24 through 26, and lines 30 and 31.			
<u>a</u>	24	Unrestricted			
Net Assets or Fund Ba	25	Temporarily restricted			1
ਬ	26	Permanently restricted			ļ
ַבּ		Foundations that do not follow SFAS 117, check here			1
둙	27	and complete lines 27 through 31.	E4 204	46 140	ļ
S	27	Capital stock, trust principal, or current funds	51,384	46,148	
set	28	Paid-in or capital surplus, or land, bldg , and equipment fund			1
Ą	29	Retained earnings, accumulated income, endowment, or other funds	E4 204	46 149	4
et	30	Total net assets or fund balances (see instructions)	51,384	46,148	ļ
ž	31	Total liabilities and net assets/fund balances (see	51 394	46 149	
p.	rt III	Analysis of Changes in Net Assets or Fund Balances	51,384	46,148	
		net assets or fund balances at beginning of year—Part II, column (a),	line 30 (must agree s	with	
'		riet assets of fund balances at beginning of year—Fart II, column (a), if-year figure reported on prior year's return)	iiile oo (iiilast agree t	^{// (1}	51,384
2		amount from Part I, line 27a		2	-12,331
		·	IS ON INVESTMENT		7,095
		nes 1, 2, and 3		3	46,148
		eases not included in line 2 (itemize)	•	5	70, 170
		net assets or fund balances at end of year (line 4 minus line 5)—Part	II, column (b), line 30		46,148

	a) List and describe the kii	nd(s) of property sold (for example, real est use, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date a		(d) Date sold (mo , day, yr)
1a							
b	· · · · · · · · · · · · · · · · · · ·						
С							
d							
е	Capital Gains Distributions	3					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale			n or (loss) (f) minus (g))
<u>a</u>							
<u>b</u>							
<u>c</u>			_				
d							
<u>e</u>							1,981
	Complete only for assets sh	lowing gain in column (h) and owned	by the foundation	n on 12/31/69	(1)	Gains (Co	I (h) gain minus
	(i) F M ∨ as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) (j), if any		(k), but no	t less than -0-) or rom col (h))
a							
<u>b</u>							
<u>C</u>							
<u>d</u>							· · · · · · · · · · · · · · · · · · ·
е							1,981
2	Capital gain net income or	(net canital ince) {	also enter in Pai , enter -0- in Pai	· •	2		1,981
3	Net short-term capital gain	or (loss) as defined in sections 1	222(5) and (6)				
	· · · · · · · · · · · · · · · · · · ·	line 8, column (c) See instruction		er -0- in 1			
	Part I, line 8	• • • • • • • • • • • • • • • • • • • •		}	3		0
Part		ler Section 4940(e) for Redu	iced Tax on N	let Investment	Income		
Was t		section 4942 tax on the distributal ialify under section 4940(e) Do n			period?		Yes X No
1	Enter the appropriate amo	unt in each column for each year,	see the instruct	ions before makin	g any ent	ries	
Cale	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value	(c) of noncharitable-use ass	sets		(d) stribution ratio divided by col (c))
	2016	10	0,800	48	,083		0 224612
	2015		stributions Net value of noncharitable-use assets 10,800 48,083 7,971 49,354				0 161507
	2014		5,184	28	,554		0 181551
	2013		1,193	21	,157		0 056388
	2012		0		0		0 000000
2	Total of line 1, column (d)				2		0 624058
3		or the 5-year base period—divide					
	the number of years the fo	undation has been in existence if	less than 5 year	rs	3	_	0 124812
4	Enter the net value of none	charitable-use assets for 2017 fro	m Part X, line 5		4	-	
5	Multiply line 4 by line 3				5	-	
6	Enter 1% of net investmen	at income (1% of Part I, line 27b)			6		29
7	Add lines 5 and 6				7		29
8	Enter qualifying distribution If line 8 is equal to or great	ns from Part XII, line 4 ter than line 7, check the box in P	art VI, line 1b, a	nd complete that p	8 art using	a 1% tax	14,600 crate See the

com.	agn.	DF.	120	171

LIEUTENANT COLONEL ORVILLE O BILL MUNSON SCHOLARSHIP FUND

46-3349419

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instruction	ons)		
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 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		29	
	here ▶ 🗵 and enter 1% 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)			ــــــــــــــــــــــــــــــــــــــ
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		o	
3	Add lines 1 and 2		29	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
5	Tax based on investment income.Subtract line 4 from line 3 If zero or less, enter -0-5		29	
6	Credits/Payments		ĺ	
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a			1
b	Exempt foreign organizations—tax withheld at source . 6b			į
C	Tax paid with application for extension of time to file (Form 8868) 6c			ļ
d	Backup withholding erroneously withheld]
7	Total credits and payments Add lines 6a through 6d		0	
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9		29	_
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Total the amount of line 40 to be Goodfeed to 2019 action to 40 to be 10 to 1		0	
11	Enter the amount of line 10 to be Credited to 2018 estimated tax Refunded 11		0	
	VII-A Statements Regarding Activities		V	Na
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	- +	Yes	No
h	participate or intervene in any political campaign? Did it append more than \$100 during the year (other directly) for political purposes? See the	1a		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1 _b	ļ	
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials	10		
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	10		
ŭ	(1) On the foundation > \$ (2) On foundation managers > \$			ļ
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	-		
·	on foundation managers >\$	i l	İ	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		
	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 incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			ĺ
	By language in the governing instrument, or		Ì	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law 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 Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions		}	!
	OK			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		- 1	
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	-	- }	
	or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If			v
40	"Yes," complete Part XIV	9		<u>~</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		~
	names and addresses	L. 10		<u> X</u>

Part	VII-A	Statements Regarding Activities (continued)			
11		ne during the year, did the foundation, directly or indirectly, own a controlled entity within the ing of section 512(b)(13)? If "Yes," attach schedule See instructions	11	Yes	No
12	Did the fo	undation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person ha	d advisory privileges? If "Yes," attach statement. See instructions	12		
13		indation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
14			209-113	36	
17		t ► 6717 NE 113TH ST EDMOND OK ZIP+4 ► 7301			
15	Section 49	947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here the amount of tax-exempt interest received or accrued during the year			▶ □
16		the during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
10	-	nk, securities, or other financial account in a foreign country?	16	1	X
		nstructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the			
		he foreign country			
Part	VII-B	Statements Regarding Activities for Which Form 4720 May Be Required			
		4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a		e year, did the foundation (either directly or indirectly)			
	•	ge in the sale or exchange, or leasing of property with a disqualified person?	No		
		w money from, lend money to, or otherwise extend credit to (or accept it from) a	"		
			No		
	-		No		
	• •	ompensation to, or pay or reimburse the expenses of, a disqualified person?	No	ĺ	
	(5) Transf	fer any income or assets to a disqualified person (or make any of either available for inefit or use of a disqualified person)?			
	founda	to pay money or property to a government official? (Exception. Check "No" if the ation agreed to make a grant to or to employ the official for a period after ation of government service, if terminating within 90 days) Yes X	No		
b	If any ans	wer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in			
	_	ns section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions in selying on a current notice regarding disaster assistance, check here	_ <u>1b</u>	N/A	
С		undation engage in a prior year in any of the acts described in 1a, other than excepted acts, that corrected before the first day of the tax year beginning in 2017?	1c		
2	Taxes on	failure to distribute income (section 4942) (does not apply for years the foundation was a private foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end	d of tax year 2017, did the foundation have any undistributed income (lines 6d and [III]) for tax year(s) beginning before 2017?	No		
	If "Yes," lis	st the years 20 , 20 , 20 , 20			
b	Are there	any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
		o incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
		isted, answer "No" and attach statement—see instructions)	2b	N/A	<u> </u>
С		visions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	ŀ		
		, 20, 20			
3a		undation hold more than a 2% direct or indirect interest in any business enterprise e during the year? Yes 🗓	No		
b		id it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or			
		ed persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
		ioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			
		, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	- <u>-</u> -	ļ	لــــا
		n had excess business holdings in 2017) .	3b	N/A	
4a		indation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	-	X
b		Indation make any investment in a prior year (but after December 31, 1969) that could jeopardize its purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	-	

Form 99	00-PF (2017) LIEUTENANT COLONEL ORVI	LLE O E	BILL MUNSOI	N SCH	DLARSHIP	FUND		46-33	49419	F	age 6
Part	VII-B Statements Regarding Activities	for W	hich Form	4720 N	lay Be Re	equire	d (contin	ued)			,
5a	During the year, did the foundation pay or incur an (1) Carry on propaganda, or otherwise attempt to			section	4945(e))?		Yes	X No		:	
	(2) Influence the outcome of any specific public el		see section 4	955), or	to carry or	١,		₩.			
	directly or indirectly, any voter registration drive		or oursilar nive				∐ Yes	X No	J		
	(3) Provide a grant to an individual for travel, stud		-	-			∐ res	[V] NO			
	(4) Provide a grant to an organization other than a section 4945(d)(4)(A)? See instructions		_				☐ Yes	X No			
	(5) Provide for any purpose other than religious, c purposes, or for the prevention of cruelty to ch			terary, o	or education	nal	Yes	X No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the Regulations section 53 4945 or in a current notice		•	-				d in	 5b	 N/A	
С	Organizations relying on a current notice regarding if the answer is "Yes" to question 5a(4), does the fibecause it maintained expenditure responsibility for	oundati	ion claim exer				☐ Yes	► □ □ No			
6a	If "Yes," attach the statement required by Regulati Did the foundation, during the year, receive any fu on a personal benefit contract?	ons sec	ction 53 4945-		pay premiui	ms	☐ Yes	_			
b	Did the foundation, during the year, pay premiums	, directl	y or indirectly,	on a p	ersonal ber	nefit cor	_		6b		X
	If "Yes" to 6b, file Form 8870	,	, , .	•							
7a	At any time during the tax year, was the foundation a pa						Yes	☐ No			
	If "Yes," did the foundation receive any proceeds of							-: F	7b	<u> </u>	<u> </u>
Part	VIII Information About Officers, Direct and Contractors	ors, II	rustees, Fo	undati	on Mana	gers, r	ilgnly Pa	aid Em	pioye	es,	
1	List all officers, directors, trustees, and founda	tion ma	anagers and	their co	mpensatio	n. See	instruction	ons.			
	(a) Name and address	(b) Tit	ie, and average urs per week ited to position	(c) Co (lf i	mpensation not paid, nter -0-)	(d) emplo	Contributions byee benefit erred compe	s to plans	(e) Expe	ense ac allowan	
CURT	MUNSON	DIREC			· · · · · · · · · · · · · · · · · · ·						
	NE 113TH ST EDMOND, OK 73013		1 00		0						
	E MUNSON	DIREC									
61 FO	NTENAY CIRCLE LITTLE ROCK, AR 72223	<u> </u>	1 00		0						
								İ			
											
								:			
2	Compensation of five highest-paid employees "NONE."	other t	than those in	cluded	on line 1—	see ins	structions	s). If no	ne, ent	er	
	(a) Name and address of each employee paid more than \$50,000)	(b) Title, and a hours per w devoted to po	/eek	(c) Comper	sation	(d) Contribi employee plans and c compens	benefit deferred	(e) Expe	ense ac allowan	
NONE											
				<u>.</u>							
	number of other employees paid over \$50,000				·		·	•			

Pa	rt VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Er and Contractors (continued)	nployees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	IE .	
Tota	I number of others receiving over \$50,000 for professional services	
Da	rt IX-A Summary of Direct Charitable Activities	
	TURNE Summary of Direct Charlable Activities	
	st the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1	N/A	
2		
-		
3		
4		
•		
Pa	rt IX-B Summary of Program-Related Investments (see instructions)	
De	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	N/A	
_		
2		
All	other program-related investments. See instructions	
3		
Tota	il. Add lines 1 through 3	0

Form **990-PF** (2017)

Part XII Qualifying Distributions (see instructions)

Distributable amount before adjustments Subtract line 2c from line 1

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,

Recoveries of amounts treated as qualifying distributions

Adjusted qualifying distributions. Subtract line 5 from line 4

Deduction from distributable amount (see instructions)

Add lines 2a and 2b

Add lines 3 and 4

line 1

3

5

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	<u> </u>	
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	14,600
b	Program-related investments—total from Part IX-B	1b	
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		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	14,600
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 See instructions .	5	29

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2017)

14,571

3

<u>4</u> 5

6

6

-29

-29

-29

w	All Gildiotributed income	(5555555	4-3	/L)	(-)	(4)
1	Distributable amount for 2017 from	Port VI	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
•	line 7	rait Ai,				-29
2		and at 2017				-23
2	Undistributed income, if any, as of the Enter amount for 2016 only	end of 2017			0	
a	•	20 , 20				
ь 3	Excess distributions carryover, if a					
	From 2012	iy, to 2017.				
a b	From 2013					
C	From 2014	2,945				
d	From 2015	5,880				
e	From 2016	8,396				
f	Total of lines 3a through e	0,390	17,221			
4	Qualifying distributions for 2017 from	m Part YII	17,221			
7	line 4 ► \$ 14,600	mir ait Aii,				
а	Applied to 2016, but not more than	line 2a				
	Applied to undistributed income of					
U	(Election required—see instruction	•				
	Treated as distributions out of corp	•				
C	required—see instructions)	us (Election				
d	Applied to 2017 distributable amou	int				
	Remaining amount distributed out		14,600			
е 5	Excess distributions carryover app		14,600			
5	(If an amount appears in column (c					 .
	amount must be shown in column					
6	Enter the net total of each colum					
U	indicated below:	iii as				
а	Corpus Add lines 3f, 4c, and 4e S	Subtract line 5	31,821			
b	Prior years' undistributed income		01,021			· · · · · · · · · · · · · · · · · · ·
~	line 4b from line 2b	Subtract	}	0		
С	Enter the amount of prior years' un	distributed				
Ŭ	income for which a notice of deficie					
	been issued, or on which the section	•				
	tax has been previously assessed	511 10 12(u)				
d	Subtract line 6c from line 6b Taxal	ole				· · · · · · · · · · · · · · · · · · ·
	amount—see instructions					
е	Undistributed income for 2016 Sul	btract line				
-	4a from line 2a Taxable amount—					
	instructions				0	
f	Undistributed income for 2017 Sul	btract lines				· · · · ·
	4d and 5 from line 1 This amount					
	distributed in 2018					O
7	Amounts treated as distributions of	ut of corpus			, , ,	
	to satisfy requirements imposed by	section				
	170(b)(1)(F) or 4942(g)(3) (Election	n may be				
	required—see instructions)					
8	Excess distributions carryover from	n 2012 not				
	applied on line 5 or line 7 (see inst	ructions) .				
9	Excess distributions carryover to	o 2018.				
	Subtract lines 7 and 8 from line 6a		31,821			
10	Analysis of line 9					
а	Excess from 2013					
b	Excess from 2014	2,945				
С	Excess from 2015	5,880				
d	Excess from 2016	8,396				
е	Excess from 2017	14,600				

LIEUTENANT COLONEL ORVILLE O BILL MUNSON SCHOLARSHIP FUND

Form 990-PF (2017)

46-3349419

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to any foundation manager Purpose of grant or status of Amount contribution recipient Name and address (home or business) or substantial contributor a Paid during the year UNRESTRICTED 3,400 **ZACHARY PAULSON PO BOX 425** WESSINGTON SPRINGS, SD 57382 **UNRESTRICTED** 1,700 WYATT STEVENS YOUNG-128-A2 **BROOKINGS, SD 57007** UNRESTRICTED 3,400 **MORGAN TEBAY** 21966 392ND AVE **ALPENA, SD 57312** KACI SCHMIKE UNRESTRICTED 3,400 **403 4TH ST NW** WESSINGTON SPRINGS, SD 57382 1,700 KATIE LUTTER UNRESTRICTED 1904 8TH ST APT67 **BROOKINGS, SD 57007** UNRESTRICTED 500 JAYCEE RAE HOHN YOUNG 357-A2 **BROOKINGS, SD 57007** UNRESTRICTED 500 WHITNEY REIDER **YOUNG 379 BROOKINGS, SD 57007** За 14,600 Total **b** Approved for future payment Total

		Analysis of income-producing Ac	T		Evaluded by seet	on 512 512 or 514	
	•	s amounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	on 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See instructions)
1	-	ram service revenue					
	a _						<u> </u>
	ь _					-	<u> </u>
	°. –						
	d _						
	e _						
	f _						
	_	ees and contracts from government agencies					
2		bership dues and assessments					
3		st on savings and temporary cash investments					
4		ends and interest from securities		1,345	14		
5		ental income or (loss) from real estate					<u> </u>
		ebt-financed property					
		lot debt-financed property					
6		ental income or (loss) from personal property					
7		r investment income					
8		or (loss) from sales of assets other than inventory		1,374	18		
9		ncome or (loss) from special events					
10		s profit or (loss) from sales of inventory					
11	Othe	r revenue a					
	b _						
	° –						
	d _						
4.0	e _						
		otal Add columns (b), (d), and (e)	i	2,719		0	
		. Add line 12, columns (b), (d), and (e)				13	2,719
		sheet in line 13 instructions to verify calculations		nt of Evament	D.,,,,		
	rt XVI e No.		•				
	T 140.	Explain below how each activity for which incom accomplishment of the foundation's exempt puri	ne is reported in co poses (other than	blumn (e) of Part A by providing funds	(VI-A contributed s for such purpos	importantly to the les) (See instructi	ons)
	<u> </u>	accompletion of the residence exempt part		-, p			
							
					· · · · · · · · · · · · · · · · · · ·		
				 			
	-						

Part	XVII	Information Exempt Org		fers to and Trans	actions and	Relations	nips Wi	h Noncharit	able		
1	Did t			ngage in any of the fol	lowing with an	other organ	ization d	escribed		Yes	No
		•	•	(3) organizations) or i	•	-					
	orga	nizations?									i
а	Tran	sfers from the rep	orting foundation to	a noncharitable exem	ot organization	of					
	(1) C		•		•				1a(1)		
	(2)	Other assets							1a(2)		
b	Othe	er transactions									
	(1) S	Sales of assets to	a noncharitable exer	npt organization					1b(1)		
	(2) F	urchases of asse	ts from a noncharital	ole exempt organization	on				1b(2)		
	(3) F	Rental of facilities,	equipment, or other	assets					1b(3)		
	(4) F	Reimbursement ar	rangements						1b(4)		
		oans or loan gua							1b(5)		
		_		p or fundraising solicit	ations				1b(6)		
С	Shar	ing of facilities, ed	quipment, mailing list	s, other assets, or par	d employees				1c		
d	If the	answer to any of t	he above is "Yes," com	plete the following sche	edule. Column (b) should alwa	ays show	the fair market			
	value value	e of the goods, other in any transaction	er assets, or services g or sharing arrangeme	iven by the reporting fo nt, show in column (d)	undation. If the the value of the	foundation red goods, other a	eived les assets, or	s than fair marke services receive	et ed		
(a) Line	no	(b) Amount involved	(c) Name of nonc	haritable exempt organization	on (d)	Description of tr	ansfers, tra	nsactions, and shar	ing aπan	gemen	ts
			<u> </u>								
2a	desc	ribed in section 5	01(c) (other than sec	ted with, or related to, tion 501(c)(3)) or in se		ax-exempt or	ganızatıc	ns	Yes [_ N(0
b	11 16	(a) Name of organ	following schedule ization	(b) Type of org	anızatıon		(c) De	scription of relation	ship		_
					. <u>.</u>						
								- db-t-r dt-t			
Sign Here				turn, including accompanying sch yer) is based on all information of		y knowledge	my knowledgi	May the IRS	parer show	vn below	v?
	Sig	nature of officer or trus	tee	Date	Title			See instruct	ions	Yes	\ N ∘
		Pnnt/Type preparer's	s name	Prepare's signature	1	Date		Check I if	TIN		
Paid		GEORGE R LO	UTHAN. III	Mad. T			/2018		201062	758	
Prepa		Firm's name	GEORGE R LOUTI	HAN III CPA PC		- /		EIN ▶ 26-174			
Use C	nly		PO BOX 6966, EDM				Phone	(405) 0		00	

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

								Totals	Gross	S	Cost or Other Basis Expenses	isis. Expenses.	Net Gan	jan
	Amount								Sales		Depreciation and Adjustments	d Adiustments	or Loss	SS
Long Term CG Distributions	1,981						J	Capital Gains/Losses		1,981		0		1,981
Short Term CG Distributions	0							Other sales		5,807		6,414		209-
				Check "X" if										
	_	Check X		Purchaser							Expense of Sale			•
	_	to include		s a	Acquisition	Date	Date	Gross Sales	Cost or	Valuation	and Cost of			Net Gam
Description	CUSIP#	in Part IV	Purchaser	Business	Method	Acquired	Sold	Рпсе	Other Basis	Method	Improvements	Depreciation	Adjustments	or Loss
1 197 SHRS LORD ABBOTT SH\$ 543912778	543912778				Ь	9/14/2012	12/15/2017	3,050	3,138					88-
2 377 SHRS LORD ABBOTT FUN	543915862				۵.	6/17/2013	2/16/2017	2,757	3,276					-519

Part I, Line 16b (990-PF) - Accounting Fees

	450	450		0 0
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1 TAX PREPARATION	450	450		0

Part II, Line 13 (990-PF) - Investments - Other

		48,74	40, 148	45,617
	Basis of	Book Value	Book Value	FMV
Asset Description	Valuation	Beg of Year	End of Year	End of Year
MUTUAL FUNDS	AT COST	49,741	46,148	45,617

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

										•	>
Name	Check "X" If Business	Street	Crty	State	Zp Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account
CURT MUNSON		6717 NE 113TH ST	EDMOND	OK 73013	73013		DIRECTOR	100			
BRUCE MUNSON		61 FONTENAY CIRCLE	ите коск	AR	72223		DIRECTOR	100	0		