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Form 990-PF

Department of the Treasury  
Internal Revenue Service

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 instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2017

Open to Public Inspection

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation B STEPHEN SCHLOSS FOUNDATION		A Employer identification number 72-1373393
Number and street (or P O box number if mail is not delivered to street address) 3572 THOMAS AVE	Room/suite	B Telephone number (see instructions) (334) 281-8354
City or town, state or province, country, and ZIP or foreign postal code MONTGOMERY, AL 36111		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>

**Part II** **Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

Beginning of year		End of year	
(a) Book Value		(b) Book Value	(c) Fair Market Value
		46,672	73,548

<b>1</b>	Cash—non-interest-bearing . . . . .
<b>2</b>	Savings and temporary cash investments . . . . .
<b>3</b>	Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____
<b>4</b>	Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____

[illegible]

**Part VI** Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

**Part VII-A**   **Statements Regarding Activities** (continued)

<b>11</b> At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule   (see instructions). . . . .	<b>11</b>		<b>No</b>
<b>12</b> Did the foundation make a distribution to a disqualified person which the foundation or a disqualified person had			

**Part VII-B**    **Statements Regarding Activities for Which Form 4720 May Be Required** (Continued)

<b>5a</b>	During the year did the foundation pay or incur any amount to			
	<b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	<b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	<b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	<b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	<b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		5b	

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
B STEPHEN SCHLOSS 3572 THOMAS AVENUE MONTGOMERY, AL 36111	TRUSTEE 0 00	0	0	0

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred	Expense account, (e) other allowances
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Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1 Enter the appropriate amount in each column for each year, see instructions before making any entries**

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	76,652	293,497	0 261168
2015	31,568	348,858	0 090490
2014	98,808	395,282	0 249968
2013	23,216	402,390	0 057695
2012	32,707	200,390	0 163217

<b>2</b> Total of line 1, column (d)	<b>2</b>	0 822538
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0 164508
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	<b>4</b>	296,737
<b>5</b> Multiply line 4 by line 3	<b>5</b>	48,816
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	58
<b>7</b> Add lines 5 and 6	<b>7</b>	48,874
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	19,577

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

NONE				

**Total** number of other employees paid over \$50,000. 0

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	241,530
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	59,726
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	301,256
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	301,256



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				14,971
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .	28,135			
<b>b</b> From 2013. . . . .	3,324			
<b>c</b> From 2014. . . . .	79,513			
<b>d</b> From 2015. . . . .	14,589			
<b>e</b> From 2016. . . . .	62,537			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	188,098			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 19,577				
<b>a</b> Applied to 2016, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2017 distributable amount. . . . .				14,971
<b>e</b> Remaining amount distributed out of corpus	4,606			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	192,704			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> 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 assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2016 Subtract line 4c from line 2c Taxable amount—see instructions . . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . . ▶					
<b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	Tax year	Prior 3 years			<b>(e) Total</b>
	<b>(a) 2017</b>	<b>(b) 2016</b>	<b>(c) 2015</b>	<b>(d) 2014</b>	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					

"Endowment" alternative test—enter 2/2

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	18,675
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	0

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .					
<b>4</b> Dividends and interest from securities. . . . .			14	5,714	
<b>5</b> Net rental income or (loss) from real estate					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	72	
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e). . . . .		0		5,786	0
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .			<b>13</b>		5,786

(See instructions for line 13 instructions to verify calculations.)

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash. . . . .	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .	<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .	<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .	<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .	<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .	<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .	<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .	<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	***** Signature of officer or trustee	2018-05-06 Date	***** Title

May the IRS discuss this return with the preparer shown below (see instr )? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--

<b>Paid Preparer Use Only</b>	Print/Type preparer's name  LUANN MABRY CPA	Preparer's Signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN  P00042385
	Firm's name <b>▶</b> LUANN MABRY CPA				Firm's EIN <b>▶</b> 58-2098191
	Firm's address <b>▶</b> 4542 FIRESTONE DR SE MARIETTA, GA 30067				Phone no (678) 419-0640

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ALABAMA SHAKESPEARE FESTIVAL 1 FESTIVAL DR MONTGOMERY, AL 36117	NONE	PC	501(C)(3) EXEMPT PURPOSES	2,000
BOY SCOUTS OF AMERICA TUKABATCHEE AREA COUNCIL 3067 CARTER HILL RD MONTGOMERY, AL 36111	NONE	PC	501(C)(3) EXEMPT PURPOSES	6,075
BRANTWOOD CHILDREN'S HOME 1309 UPPER WETUMPKA RD MONTGOMERY, AL 36107	NONE	PC	501(C)(3) EXEMPT PURPOSES	500
CAPRI COMMUNITY FILM SOCIETY INC 1045 E FAIRVIEW AVE MONTGOMERY, AL 36106	NONE	PC	501(C)(3) EXEMPT PURPOSES	250
CHILD PROTECT935 S PERRY ST MONTGOMERY, AL 36104	NONE	PC	501(C)(3) EXEMPT PURPOSES	1,000
<b>Total . . . . .</b> ► <b>3a</b>				18,675

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CLOVERDALE PLAYHOUSE 960 CLOVERDALE RD MONTGOMERY, AL 36106	NONE	PC	501(C)(3) EXEMPT PURPOSES	250
FAMILY SUNSHINE CENTERPO BOX 5160 MONTGOMERY, AL 36103	NONE	PC	501(C)(3) EXEMPT PURPOSES	1,100
GIRL SCOUTS OF SOUTHERN ALABAMA 145 COLISEUM BLVD MONTGOMERY, AL 36109	NONE	PC	501(C)(3) EXEMPT PURPOSES	500
HOSPICE OF MONTGOMERY 1111 HOLLOWAY PARK MONTGOMERY, AL 36117	NONE	PC	501(C)(3) EXEMPT PURPOSES	1,000
INTERMOUNTAIN500 S LAMBORN ST HELENA, MT 59601	NONE	PC	501(C)(3) EXEMPT PURPOSES	500
<b>Total . . . . .</b> ▶ <b>3a</b>				18,675

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JEWISH FEDERATION OF CENTRAL ALA PO BOX 20058 MONTGOMERY, AL 36120	NONE	PC	501(C)(3) EXEMPT PURPOSES	3,000
KALLISPELL REGIONAL HEALTHCARE FDNALERT 310 SUNNYVIEW LN KALLISPELL, MT 59901	NONE	PC	501(C)(3) EXEMPT PURPOSES	1,000
LIGHTHOUSE COUNSELING CENTER INC 111 COLISEUM BLVD MONTGOMERY, AL 36109	NONE	PC	501(C)(3) EXEMPT PURPOSES	500
MENTAL HEALTH AMERICA 500 MONTGOMERY ST 820 ALEXANDRIA, VA 22314	NONE	PC	501(C)(3) EXEMPT PURPOSES	100
MONTGOMERY AREA COUNCIL ON AGING 115 EAST JEFFERSON ST MONTGOMERY, AL 36104	NONE	PC	501(C)(3) EXEMPT PURPOSES	500
<b>Total . . . . .</b> ► <b>3a</b>				18,675



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
MONTGOMERY MUSEUM OF FINE ARTS 1 MUSEUM DRIVE MONTGOMERY, AL 36117	NONE	PC	501(C)(3) EXEMPT PURPOSES	250
MONTGOMERY SYMPHONYPO BOX 1864 MONTGOMERY, AL 36102	NONE	PC	501(C)(3) EXEMPT PURPOSES	150
Total . . . . . ▶ 3a				18,675

**TY 2017 Accounting Fees Schedule****Name:** B STEPHEN SCHLOSS FOUNDATION**EIN:** 72-1373393**Accounting Fees Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
PREPARATION OF FORM 990PF	902	0		902

**TY 2017 Investments Corporate Stock Schedule****Name:** B STEPHEN SCHLOSS FOUNDATION**EIN:** 72-1373393

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
MICROSOFT CORP	14,112	47,047
UNION PACIFIC	40,840	100,575
JP MORGAN CHASE	40,924	80,205
KINDER MORGAN INC	41,996	21,684

**TY 2017 Other Increases Schedule**

**Name:** B STEPHEN SCHLOSS FOUNDATION

**EIN:** 72-1373393

Description	Amount
PRIOR YEAR DONATION CHECK NEVER CLEARED	250

**TY 2017 Substantial Contributors  
Schedule****Name:** B STEPHEN SCHLOSS FOUNDATION**EIN:** 72-1373393**Name****Address**

B STEPHEN SCHLOSS

3572 THOMAS AVE  
MONTGOMERY, AL 36111432

**TY 2017 Taxes Schedule****Name:** B STEPHEN SCHLOSS FOUNDATION**EIN:** 72-1373393

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX ON NET INVESTMENT INCOME	280	0		0