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2017

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.

Open to Public Inspection

A Employer destinification number	For	caler	ndar year 2017, or tax year beginning 01-01-2	017 , a	nd er	nding 12-31-	2017	
Variety and speet (or Fig. Dec rumber fined in not delivered to attest address) Roomfaute Roomfa						A Employer id	entification numbe	r
3 Owner Consistent Sufficient 2 Owner Consistent Sufficien						72-1612871		
3 Check all that apply Instal return Instal return of a former public chanty Address change Name change				s) Room/suite		B Telephone nu	mber (see instruction	ns)
Check type of organization Section 501/C(1)3 evempt private foundation Section 497/3(1/1) notice and antibodic stress that the section 501/C(1)3 evempt private foundation Section 497/3(1/1) notice and antibodic stress that the section 501/C(1)3 evempt private foundation Section 497/3(1/1) notice and 501/C(1)3 evempt private foundation Section 497/3(1/1) notice and 501/C(1)3 evempt private foundation Section 497/3(1/1) notice and 501/C(1)3 evempt private foundation Section 501/C(1)3 evempt private for section						C If exemption	application is pendin	g, check here
Check type of organization Section 501/C(1)3 evempt private foundation Section 497/3(1/1) notice and antibodic stress that the section 501/C(1)3 evempt private foundation Section 497/3(1/1) notice and antibodic stress that the section 501/C(1)3 evempt private foundation Section 497/3(1/1) notice and 501/C(1)3 evempt private foundation Section 497/3(1/1) notice and 501/C(1)3 evempt private foundation Section 497/3(1/1) notice and 501/C(1)3 evempt private foundation Section 501/C(1)3 evempt private for section	G CH	eck al	I that apply	a former public charity		D 1 . Foreign or	nanizations, check he	ere \Box
Address drange Name change Name change Check type of organization Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Fair market value of all assets at end Accounting method Cash Accounting free foundation Fair market value of all assets at end Accounting method Cash Accounting free foundation Fair market value of all assets at end Accounting method Cash Accounting free foundation Fair market value of all assets at end Accounting method Cash Accounting free foundation Fair foundation is an a 5-month termination Cash free foundation is an assembly of an animals in actioning (by the encounting of the fair facesbarry) Animals of the encounting and the encounting an action (by the encounting of the encounting o		iccix ai				_		▶ ⊔
Circlet Vipe of organization Section 49 (2) (1) nonexempt characterists Other taxable private foundation				•				
Section 4947(a)(1): none-wind charable trust Other tasable private foundation F This foundation is a 60-month temporary F This foundation is a 60-month temporary other (specify)	u Ch	ock tv		foundation				
Fart market value of all assets at end of vary from Part II, cod (c), inte 16, 20, 993 Decoupting method Other (specify) Other (specify) Part II, cod (c), inte 16, 20, 993 Other (specify) Part II, cod (c), inte 16, 20, 993 Other (specify) Part II, cod (c), inte 16, 20, 993 Other (specify) Part II, cod (c), inte 16, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20	_					under sectio	n 507(b)(1)(A), chec	k here 🕨 🗀
of year (from Part 12, col (c) inter 159 ≥ 20,0993 Part I Analysis of Revenue and Expenses (The load of amounts in columns (b), (c), and (c) naw not necessary qual from memorars and columns (b), (c), and (c) naw not necessary qual from memorars and columns (b), (c), and (c) naw not necessary qual from memorars and temporary cash investments Contributions, gifts, grants, etc., received (attach schedule) Contributions, gifts, grants, etc., received (attach grant and gifts) Contributions, gifts, grants, etc., received (attach grant and gifts) Contributions, gifts, grants, etc., received (attach grant and gifts) Contributions, gifts, grants, etc., received (attach grant and gifts) Contributions, gifts, grants, etc., received (attach grant and gifts) Contributions, gifts, grants, etc., received (attach grant and gifts) Contributions, gifts, grants, etc., received (attach grant and gifts) Contributions, gifts, grants, etc., received (attach grant and gifts) Contributions					ادر	F If the found:	ation is in a 60-month	termination
or amounts in columns (b), (c), and (g) may not necessarily each five amounts in columns (b), (c), and (g) may not necessarily each five amounts in columns (g) (get instructions) 1 Centributions, gifts, grants, etc., received (attach schedule) 2 Check	of y	year <i>(f</i>	from Part II, col (c),					
of smourism columns (b), (c), and (d) may not necessarily coals the amounts in columns (b), (c), and (d) may not necessarily coals the amounts in columns (d) (see sincercons) 1 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 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 3 Interest on savings and interest from securities 4 Dividends and interest from securities 3 Interest on savings and interest from securities 4 Dividends and interest from secur	Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and		l		
Schedule) 2 Check				expenses per	(b)			purposes
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 5a Gross rents 5 Net rental income or (loss) 6 Net gan or (loss) from sale of assets not on line 10 5 Gross sales price for all assets on line 6a 7 Capital gan net income (from Part IV, line 2) 8 Net short-term capital gan 9 Income modifications 10a Gross sales less returns and allowances 5 b Less Cost of goods sold 6 Gross prift or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 . 200,013 13 13 Compensation of officers, directors, trustees, etc 14 Other employee salents and wages 15 Pension plans, employee benefits 16 Acquain fees (attach schedule) 17 Interest 18 Taxes (attach schedule) . 200,013 13 18 Taxes (attach schedule) . 200,013 13 19 Depreciation (attach schedule) . 200,013 13 10 Compensation of officers, directors, trustees, etc 20 Other professional fees (attach schedule) . 200,013 13 21 Taxes (attach schedule) . 200,013 13 22 Printing and publications . 200,000 10 10 10 10 10 10 10 10 10 10 10 10		1		200,000				
1		2	Check ▶ ☐ if the foundation is not required to attach					
1000000000000000000000000000000000000	rkie	_						
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10		-		13		13		
100 September								
8 Net short-term capital gain				-				
8 Net short-term capital gain		6a	Net gain or (loss) from sale of assets not on line 10					
8 Net short-term capital gain	eve		·	_				
9 Income modifications	~							
10a Gross sales less returns and allowances			· -					
b Less Cost of goods sold		_	İ					
C Gross profit or (loss) (attach schedule)								
11 Other income (attach schedule) 12 Total. Add lines 1 through 11 200,013 13 13 13 13 14 14 15 15 15 15 15 15			-	<u>-</u>				
12 Total. Add lines 1 through 11			Other was a control of the short of the shor					
Total expenses and disbursements. Add lines 12 through 23 to Contributions, gifts, grants paid 25 Contributions, gifts, grants paid 25 Contributions, gifts, grants paid 25 Captured Total expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0				200.013		13		
14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 17 Interest 18 Taxes (attach schedule) 19 Legal fees (attach schedule) 19 Lega			<u> </u>	<u>'</u>				
15 Pension plans, employee benefits 16a Legal fees (attach schedule)				42,300				
16a Legal fees (attach schedule)			· ·					
Other expenses (attach schedule)	Ses							
Other expenses (attach schedule)	E E		,	ab. 1 2.000				
Other expenses (attach schedule)	Exp			2,000				
Other expenses (attach schedule)	Ve							
Other expenses (attach schedule)	rati			96-1 2.050				
Other expenses (attach schedule)	ist.			3,050				
Other expenses (attach schedule)	Ξ							
Other expenses (attach schedule)	a							
Other expenses (attach schedule)	פ							
26 Total expenses and disbursements. Add lines 24 and 25	ਰ		• ,					
26 Total expenses and disbursements. Add lines 24 and 25	Ď:			502				
26 Total expenses and disbursements. Add lines 24 and 25	rat	24	· · ·					
26 Total expenses and disbursements. Add lines 24 and 25	<u>g</u>		•	<u> </u>		0		
25 240,178 0 192,120 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	ں	25	Contributions, gifts, grants paid	192,120				192,120
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)		26	•	240,178		0		192,120
disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-) 0		27	Subtract line 26 from line 12					
b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)		а		-40,165				
c Adjusted net income(if negative, enter -0-) 0		h				12		
	For				<u> </u>	Cat No. 11300		m QQ0-PE (2017)

	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 ▶
2	8	Inventories for sale or use
sets	9	Prepaid expenses and deferred charges
As	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)
	14	Land, buildings, and equipment basis ▶
		Less accumulated depreciation (attach schedule) ▶

15

16

17

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19

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21 22

23

24

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26

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30

31

Part III

2

Liabilities

Net Assets or Fund Balances

Other assets (describe > _

Deferred revenue .

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other liabilities (describe >_

instructions Also, see page 1, item I)

Grants payable.

Accounts payable and accrued expenses .

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Capital stock, trust principal, or current funds

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

320,159

1,626

1,626

318,533

318,533

320,159

279,993

1,625

1,625

278,368

278,368

279,993

5

6

318,533

278,368 Form **990-PF** (2017)

280,993

Page **3**

	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(mo day yr)	(d) Date sold (mo , day, yr)
1a					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or d	g) other basis ense of sale	Gain	(h) or (loss) f) minus (g)
b					
С					
d					
e					
Complete only for asset	s showing gain in column (h) and ow	ned by the foundation of	on 12/31/69		(I)
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col(ı) (յ), ıf any	col (k), but no	(h) gain minus t less than -0-) or rom col (h))
a					
b					
d e					
•	gain or (loss) as defined in sections :		art İ, line 7	} 2	
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net	Investment	Income	
(For optional use by domestic	private foundations subject to the sec	ction 4940(a) tax on ne	t investment ind	come)	
If "Yes," the foundation does n	eave this part blank ne section 4942 tax on the distributal ot qualify under section 4940(e) Do nount in each column for each year,	not complete this part			Yes 🗹 No
(a)			Thaking any en	(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	(c) Net value of noncharitabl		Distribution ra (col (b) divided by	col (c))
2016	209,333		292,894		0 714706 1 110665
2015	249,623 249,623		224,751		1 110665
2013	81,877		119,554		0 684854
2012	109,611		91,551		1 197267
2 Total of line 1, column (· · ·			2	4 818156
number of years the fou	o for the 5-year base period—divide indation has been in existence if less sincharitable-use assets for 2017 from	than 5 years n Part X, line 5	: : : : 崖	3 4 5	0 963631 211,621
	ent income (1% of Part I, line 27b)		· · · · · · -	6	203,925
	ent income (1% or Part 1, line 27b)		· · · · · —	7	203,925
8 Enter qualifying distribut If line 8 is equal to or gr	ions from Part XII, line 4 , eater than line 7, check the box in Pa		–	8	192,120
Instructions					Form 990-PF (2017)

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

	•	<u>, </u>
		Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,
Down WITT		Thiormation About Officers, Directors, Trustees, Foundation Managers, mgmy Faid Employees,
Part VIII		and Contractors

and Contractors					
1 List all officers, directors, trustee	es, fo			(see instructions). (d)	
(a) Name and address		Title, and average hours per week b) devoted to position	(c) Compensation (If not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
LINDSAY H HARLANDER		SIDENT	42,500	(0
1 DIAMOND CAUSEWAY SUITE 21 SAVANNAH, GA 31406	30 0	U			
KEITH COX	TRE/	ASURER	0	(0
12498 S 71 HIGHWAY	1 00		ľ	`	΄
GRANDVIEW, MO 64030					
DAVID HANCOCK 12498 S 71 HIGHWAY	DIRE 1 00	CTOR	0	(0
GRANDVIEW, MO 64030					
2 Compensation of five highest-pa	id er	nployees (other than th	nose included on line 1		ne, enter "NONE."
(a) Name and address of each employee pa more than \$50,000	nd	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE				,	
		_			
		-			
		-			
Total number of other employees paid over	er \$5	50,000			0
3 Five highest-paid independent co					
(a) Name and address of each persor				e of service	(c) Compensation
NONE			_		
			_		
			-		
			1		
			1		
Total number of others receiving over \$50	,000	for professional services.			
Part IX-A Summary of Direct (har	itable Activities		'	
List the foundation's four largest direct charitable				nation such as the number of	Expenses
organizations and other beneficiaries served, con 1 NA	reren	ces convened, research papers	s produced, etc		. 0
2					
-					
3					
4					
Part IX-B Summary of Program			· · · · · · · · · · · · · · · · · · ·		
Describe the two largest program-related inve	estme	nts made by the foundation d	uring the tax year on lines 1	and 2	Amount
1 NA					0
2					
All other program-related investments	Sec	Instructions			
3	J2 2	mod dedolla			
Total. Add lines 1 through 3 .					_
				L	Form 990-PF (2017)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1b

2

3a 3h

4

5

192,120

192,120

Form **990-PF** (2017)

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

b Total for prior years

a From 2012.

b From 2013. c From 2014. . . .

d From 2015.

e From 2016.

Page 9

10,581

10,581

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Part XII

Distributable amount for 2017 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only.

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e.

d Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . .

c Excess from 2015. . . .

d Excess from 2016. . .

e Excess from 2017. . .

b Excess from 2014. .

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b 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 assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 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) 8 Excess distributions carryover from 2012 not

indicated below:

4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election

(20	317)		
I	Undistributed Income (see instruc	tions)	
			(2)

ncome (see instructions)					
	(a) Corpus				

105.033 75,899

149 192

238.385 194,688

75.899 149,192

238.385

194.688

181.539

(b)

Years prior to 2016

763.197

181,539

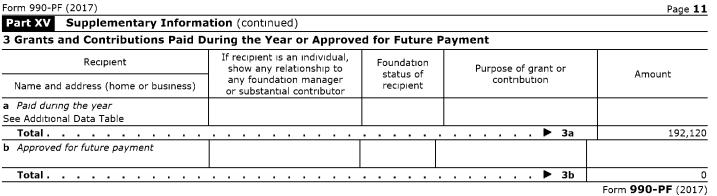
944,736

105.033

839.703

(c)

2016



nter gross amounts unless otherwise indicated		Unrelated bus	siness income	Excluded by section	(e) Related or exempt	
	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
	and contracts from government agencies					
	ship dues and assessments st on savings and temporary cash					
ınvestr	ments			14	13	
	ds and interest from securities tal income or (loss) from real estate					
	inanced property					
b Not de	ebt-financed property					
Net re	ntal income or (loss) from personal property					
	vestment income					
	r (loss) from sales of assets other than					
	ome or (loss) from special events					
Gross p	rofit or (loss) from sales of inventory					
Other re	evenue a					
D						
_						
d						
d e Subtota Total. / (See wo	Il Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcul	lations)			13	
d Subtota Total. / (See wo	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplishr income is reported	ment of Exem	pt Purposes If Part XVI-A contribut	ed importantly to	
d Subtota Total. A (See wo rt XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which	lations) e Accomplishr income is reported	ment of Exem	pt Purposes If Part XVI-A contribut	ed importantly to	
Subtota Total. A (See wo rt XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplishr income is reported	ment of Exem	pt Purposes If Part XVI-A contribut	ed importantly to	
Subtota Total. A (See wo rt XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplishr income is reported	ment of Exem	pt Purposes If Part XVI-A contribut	ed importantly to	
d Subtota Total. A (See wo rt XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplishr income is reported	ment of Exem	pt Purposes If Part XVI-A contribut	ed importantly to	
Subtota Total. A (See wo rt XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplishr income is reported	ment of Exem	pt Purposes If Part XVI-A contribut	ed importantly to	
Subtota Total. A (See wo rt XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplishr income is reported	ment of Exem	pt Purposes If Part XVI-A contribut	ed importantly to	
Subtota Total. A (See wo rt XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplishr income is reported	ment of Exem	pt Purposes If Part XVI-A contribut	ed importantly to	
Subtota Total. A (See wo rt XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplishr income is reported	ment of Exem	pt Purposes If Part XVI-A contribut	ed importantly to	
d e Subtota Total. A (See wo Irt XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplishr income is reported	ment of Exem	pt Purposes If Part XVI-A contribut	ed importantly to	
Subtota Total. A (See wo rt XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplishr income is reported	ment of Exem	pt Purposes If Part XVI-A contribut	ed importantly to	
d e Subtota Total. A (See wo Irt XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplishr income is reported	ment of Exem	pt Purposes If Part XVI-A contribut	ed importantly to	
de Subtota Total. / (See wo	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplishr income is reported	ment of Exem	pt Purposes If Part XVI-A contribut	ed importantly to	
d e Subtota Total. A (See wo Irt XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplishr income is reported	ment of Exem	pt Purposes If Part XVI-A contribut	ed importantly to	
d e Subtota Total. A (See wo Irt XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplishr income is reported	ment of Exem	pt Purposes If Part XVI-A contribut	ed importantly to	
d Subtota Total. A (See wo rt XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplishr income is reported	ment of Exem	pt Purposes If Part XVI-A contribut	ed importantly to	
de Subtota Total. / (See wo	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplishr income is reported	ment of Exem	pt Purposes If Part XVI-A contribut	ed importantly to	
de Subtota Total. / (See wo	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplishr income is reported	ment of Exem	pt Purposes If Part XVI-A contribut	ed importantly to	

orm 9	90-PF (2017)										Pa	ge 13
Part	XVII	Information Re Exempt Organi		ransf	ers To a	ind Transac	tions	and Relatio	nships With No	ncharita	ble		
		ganization directly or in Code (other than sectio								ion 501		Yes	No
a Tra	nsfers t	rom the reporting foun	dation to a r	nonchai	ntable exe	empt organizat	on of						
(1)	Cash.									. 1	.a(1)		No
(2)	Other	assets								. 1	.a(2)		No
b Oth	er tran	sactions											
(1)	Sales	of assets to a nonchar	ıtable exemp	ot organ	nization.					<u> 1</u>	b(1)		No
(2)	Purch	ases of assets from a r	noncharitable	exem	ot organiz	ation				1	b(2)		No
(3)	Renta	l of facilities, equipmer	nt, or other a	ssets.						1	b(3)		No
(4)	Reim	oursement arrangemen	ts							. 1	b(4)		No
		or loan guarantees.								_	b(5)		No
(6)	Perfor	mance of services or m	embership o	r fundr	aısıng sol	icitations				. 1	b(6)		No
	-	facilities, equipment, neer to any of the above									1c		No
	ny trar	ds, other assets, or ser saction or sharing arra	ngement, sh	iow in d	column (d		the goo	ds, other asse		ived	ıg arraı	ngemen	ıts
							4						
							-						
							+						
							+						
	_												
des	cribed	dation directly or indire in section 501(c) of the amplete the following si (a) Name of organization	Code (other		section 50		section				Yes	✓	No
		(2) Harne or organization			()	., .,pe or organi			(S) Description	. J. Folderons	P		
										·			
Sign Here	of m whic	er penalties of perjury, y knowledge and belief h preparer has any kno	, it is true, c							May the return	l infor	mation	n of
	 7 −	Signature of officer or t	ignature of officer or trustee			Date		Title		with the below (see inst	· · _	_	
Paid	•	Print/Type preparer's William B Whitfield		Prepa	irer's Sign	aature	Da	te 2018-05-15	Check if self- employed ▶ □	PTIN P0	01286	875	
Dron	aror												

Preparer Use Only Firm's name ➤ Coastal Consulting Management Group Firm's address ▶ 33 Bull Street Suite 201 Savannah, GA 31401

Phone no (912) 495-8686

Fırm's EIN ▶45-3787065

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more

than \$5,000). DAVID HANCOCK

200000

orr	orm 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:						
а	The name, address, and telephone number of the person to whom applications should be addressed						
	HANCOCK FAMILY FOUNDATION 1 DIAMOND CAUSEWAY STE 21 NUM 282 SAVANNAH, GA 31406 (912) 856-1484						
b	The form in which applications should be submitted and information and materials they should include						
	SEE WEBSITE AT WWW HANCOCKFAMILYFOUNDATION ORG FOR APPLICATION FORM						

c Any submission deadlines
GRANTS - NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

SEE WEBSITE FOR ADDITIONAL INFORMATION

F	rm 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs
Γ	a The name, address, and telephone number of the person to whom applications should be addressed
	HANCOCK FAMILY FOUNDATION 1 DIAMOND CAUSEWAY STE 21 NUM 282 SAVANNAH, GA 31406 (912) 856-1484
Γ	b The form in which applications should be submitted and information and materials they should include
	SEE WEBSITE AT WWW HANCOCKFAMILYFOUNDATION ORG FOR APPLICATION FORM
Г	o. Any submission deadlines

c Any submission deadlines
 SCHOLARSHIPS - MARCH 31ST
 d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

factors

SEE WEBSITE FOR ADDITIONAL INFORMATION

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
NEWHOUSEPO BOX 240019 KANSAS CITY, MO 641240019	NONE		CHILDRENS SERVICES IN DOMESTIC ABUSE SHELTER	50,000
		1		

NONE	CHILDRENS : DOMESTIC A
NONE	91ST DAY PR REFUGEES

DELLA LAMB COMMUNITY SERVICES 500 WOODLAND AVENUE KANSAS CITY, MO 641069908	NONE	91ST DAY PROGRAM FOR REFUGEES	50,000
AMERICAS 2ND HARVEST OF COASTAL GA 2501 F PRESIDENT STREET	NONE	KIDS CAFE - CHILD SUMMER FEEDING PROGRAM	20,000

500 WOODLAND AVENUE KANSAS CITY, MO 641069908		REFUGEES	·
AMERICAS 2ND HARVEST OF COASTAL GA 2501 E PRESIDENT STREET SAVANNAH, GA 31404	NONE	KIDS CAFE - CHILD SUMMER FEEDING PROGRAM	20,000
THE BARROW NEUROLOGICAL INSTITUTE	NONE	NEUROLOGICAL HOSPITAL SUPPORT	25,000

GA 2501 E PRESIDENT STREET SAVANNAH, GA 31404	NONE	FEEDING PROGRAM	20,000
THE BARROW NEUROLOGICAL INSTITUTE 350 WEST THOMAS ROAD PHOENIX, AZ 85013	NONE	NEUROLOGICAL HOSPITAL SUPPORT	25,000
DELLA LAMB COMMUNITY CEDVICES	NONE	JACKET BURCHASE BROCKAM	7.035

THE BARROW NEUROLOGICAL INSTITUTE 350 WEST THOMAS ROAD PHOENIX, AZ 85013	NONE	NEUROLOGICAL HOSPITAL SUPPORT	25,000
DELLA LAMB COMMUNITY SERVICES 500 WOODLAND AVE	NONE	JACKET PURCHASE PROGRAM	7,925

Total				192,120
500 WOODLAND AVE KANSAS CITY, MO 641069908				
DELLA LAMB COMMUNITY SERVICES	NONE	1	JACKET PURCHASE PROGRAM	. ,

3a

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	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
SOCIAL APOSTOLATEPO BOX 8703 SAVANNAH, GA 31401	NONE		SCHOOL UNIFORM PROGRAM	7,500
METRO LUTHERAN MINISTRIES 3031 HOLMES STREET KANSAS CITY, MO 64109	NONE		DENTAL PROGRAM - LEARNING TO EARNING	5,095
KANSAS STATE UNIVERSITY 919 MID-CAMPUS DRIVE NORTH MANHATTAN, KS 66506	NONE		SCHOLARSHIPS	7,250
WICHITA STATE UNIVERSITY 1845 FAIRMONT STREET WICHITA, KS 67260	NONE		SCHOLARSHIPS	6,250
NORTHWEST MISSOURI STATE	NONE		SCHOLARSHIPS	6,500

919 MID-CAMPUS DRIVE NORTH MANHATTAN, KS 66506	NONE	SCHOLARSHIPS	7,230
WICHITA STATE UNIVERSITY 1845 FAIRMONT STREET WICHITA, KS 67260	NONE	SCHOLARSHIPS	6,250
NORTHWEST MISSOURI STATE UNIVERSITY	NONE	SCHOLARSHIPS	6,500

800 UNIVERSITY DR

192,120 Total . . За

MARYVILLE, MO 64468

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

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

		l		
KANSAS CITY KANSAS COMM COLLEGE 7250 STATE AVENUE KANSAS CITY, KS 66112	NONE		SCHOLARSHIPS	2,750
UNIVERSITY OF MISSOURI-KANSAS CITY 319 JESSE HALL COLUMBIA, MO 65211	NONE		SCHOLARSHIPS	3,500

KANSAS CITT, KS 66112			
UNIVERSITY OF MISSOURI-KANSAS CITY 319 JESSE HALL COLUMBIA, MO 65211	NONE	SCHOLARSHIPS	3,500
UNIVERSITY OF MISSOURI 230 JESSE HALL COLUMBIA, MO 65211	NONE	SCHOLARSHIPS	350

319 JESSE HALL COLUMBIA, MO 65211			
UNIVERSITY OF MISSOURI 230 JESSE HALL COLUMBIA, MO 65211	NONE	SCHOLARSHIPS	350
Total		 	192,120

PROCESS As Fi	led Data -		D	LN: 93491135020418		
es Schedule	e					
				1		
Name: HANCOCK FAMILY FOUNDATION						
EIN: 72-1612871						
Amount	Net	t Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
-	Name: HANGEIN: 72-1	Name: HANCOCK FAN	Name: HANCOCK FAMILY FOUNDAT EIN: 72-1612871 Amount Net Investment	Name: HANCOCK FAMILY FOUNDATION EIN: 72-1612871 Amount Net Investment Adjusted Net		

2,000

ACCOUNTING

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	93491135020418
TY 2017 Other Expenses Schedule				
Name:	: HANCOCK FAMILY FOUNDATION			
EIN:	72-1612871			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

502

PO BOX RENTAL

efile GRAPHIC print - DO NOT PR	OCESS As Filed Data	3 -	DLN	N: 93491135020418
TY 2017 Taxes Schedule	е			
Name: HANCOCK FAMILY FOUNDATION				
	EIN: 72-161287	1		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	3,056	0	0	0

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -				DLN: 93491135020418
Schedule B		Schedu	ıle of Contributo	rs		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information a	► Attach to Form 990, 990-EZ, or 990-PF prmation about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990		ons is at	2017	
Name of the organization					Employer id	dentification number
Organization type (che	ak ana)				72-1612871	
Organization type (che	ck one)					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)() (enter number) o	rganization			
	☐ 4947(a)(4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	☐ 527 politi	☐ 527 political organization				
Form 990-PF	✓ 501(c)(3)	☑ 501(c)(3) exempt private foundation				
	☐ 4947(a)(4947(a)(1) nonexempt charitable trust treated as a private foundation				
	☐ 501(c)(3)	501(c)(3) taxable private foundation				
			PF that received, during t omplete Parts I and II So			
Special Rules						
under sections 5 received from an	09(a)(1) and 170(b)	(1)(A)(vi), that che luring the year, tota	g Form 990 or 990-EZ the cked Schedule A (Form s al contributions of the gre plete Parts I and II	990 or 990-EZ), P	art II, line 13,	, 16a, or 16b, and that
during the year, t	total contributions o	f more than \$1,000	or (10) filing Form 990 o Dexclusively for religious animals Complete Parts	, charitable, scien		
during the year, of If this box is check purpose Don't co	contributions <i>exclus</i> cked, enter here the omplete any of the p	cively for religious, total contributions parts unless the G o	or (10) filing Form 990 of charitable, etc., purposes that were received during eneral Rule applies to the or more during the year.	s, but no such cor ng the year for an is organization be	ntributions tota exclusively re ecause it rece	aled more than \$1,000 eligious, charitable, etc , elived <i>nonexclusively</i>
990-EZ, or 990-PF), but	ıt must answer "No	o" on Part IV, line 2	le and/or the Special Rul , of its Form 990, or chec t it doesn't meet the filing	k the box on line	H of its	
For Paperwork Reduction A for Form 990, 990-EZ, or 990		tructions	Cat No 30613X	Sched	ule B (Form 990	0, 990-EZ, or 990-PF) (2017)

Schedule B (Fo	rm 990, 990-EZ, or 990-PF) (2017)		Page 2	
Name of organ HANCOCK FAMIL		Employer identification 72-1612871	number	
Part I	Contributors (See instructions) Use duplicate copies of Part I if a	additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	DAVID H HANCOCK 12498 S 71 HIGHWAY GRANDVIEW, MO64030	\$ 200,000	Person Payroll Noncash (Complete Part II for noncash	
(0)	(6)	(a)	contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
-		\$	Person	
			(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	
			(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)	
		Schedule B (F	orm 990, 990-EZ, or 990-PF) (2017)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)