Form 990-PF

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

2017

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

Open to Public Inspection

For car	endar year 2017 or tax year beginning	, 2017,	, and ending		
THE PO B	SCALLORNS FAMILY FOUNDATION		1	A Employer identification nur 81-4778012  B Telephone number (see ins	
	FORNIA, MO 65018			573-796-2981	
				C If exemption application is	pending, check here
<b>G</b> Che	eck all that apply: X Initial return	Initial return of a form	ner public charity	D 1 Foreign organizations, chec	ck here ► □
	Final return Address change	Amended return Name change		2 Foreign organizations meet	<del>-</del>
H Che		1(c)(3) exempt private for	oundation	here and attach computation	
	Section 4947(a)(1) nonexempt charitable to		# <b>/</b>	E If private foundation status	
	market value of all assets at end of year  m Part II, column (c), line 16)	counting method: XC	L.,	under section 507(b)(1)(A)	, check here
<b>►</b> \$		Other (specify) , column (d) must be on	cash basis )	F If the foundation is in a 60 under section 507(b)(1)(B)	
Part	Analysis of Revenue and	(a) Revenue and	(b) Net investment	<del></del>	(d) Disbursements
	<b>Expenses</b> (The total of amounts in columns (b), (c), and (d) may not neces-	expenses per books	ıncome	income	for charitable purposes
	sarily equal the amounts in column (a) (see instructions).)				(cash basis only)
<u></u>	1 Contributions, gifts, grants, etc., received (attach schedule)	159,245.			
.^ .c:	2 Check Lift the foundation is not required to attach Sch. B				-
<u> </u>	3 Interest on savings and temporary cash investments	4.		4.	OFCINE
<u> </u>	4 Dividends and interest from securities. 5 a Gross rents	3,772.	3,77	2.	
<u>₹</u>	b Net rental income or (loss)				100 9 6 7018
⊇ <u>B</u>	6 a Net gain or (loss) from sale of assets not on line 10			্র	Anne 20
BCANNEL	b Gross sales price for all assets on line 6a			į	
E N	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain				
ָלָ E	9 Income modifications				
0 -	10 a Gross sales less returns and allowances				ŧ
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)  11 Other income (attach schedule).				
	11 Other income (attach schedule).	[			<u> </u>
	12 Total. Add lines 1 through 11	163,021.	3,77	6. 0.	
	13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages	0.			
	15 Pension plans, employee benefits			<del></del>	
A D	16 a Legal fees (attach schedule)				
M	b Accounting fees (attach sch) c Other professional fees (attach sch)				
0	17 Interest	<del></del>		<del></del>	<del></del>
O I STRAT	18 Taxes (attach schedule)(see instrs)				
ÂÂ	19 Depreciation (attach schedule) and depletion				
N V G E	20 Occupancy				
_	21 Travel, conferences, and meetings 22 Printing and publications				
N X D P	23 Other expenses (attach schedule)			<del></del>	
E N S E S	See Statement 1	2,458.		<del>_</del>	2,458.
E S	24 Total operating and administrative expenses. Add lines 13 through 23	2,458.			2,458.
-	25 Contributions, gifts, grants paid Part XV	25,398.			25,398.
	26 Total expenses and disbursements. Add lines 24 and 25	27,856.		o. o.	27,856.
	27 Subtract line 26 from line 12:				2,,000.
	a Excess of revenue over expenses and disbursements	135,165.			<b></b>
	<b>b</b> Net investment income (if negative, enter -0-).		3,77	6.	
	C Adjusted net income (if negative, enter -0-)	L	TET A DEDAUGO	0.	Form 000 BF (2017)

Par	t II	Balance Sheets column should be for end-of-year amounts only (See instructions )	Co) Deals Value		id of year
	1	Cash — non-interest-bearing	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Savings and temporary cash investments		31,290	0. 31,290.
	3	Accounts receivable		······································	
	3	Less: allowance for doubtful accounts			•
	4	Pledges receivable			····
	7	Less: allowance for doubtful accounts			†
	5	Grants receivable		<del></del>	<del></del>
	6	Receivables due from officers, directors, trustees, and other	\	<del></del>	<del></del>
	ľ	disqualified persons (attach schedule) (see instructions).			
	7	Other notes and loans receivable (attach sch)			
Ą		Less' allowance for doubtful accounts			Ì
Š	8	Inventories for sale or use		<del></del>	<del>- </del>
A S S E T	9	Prepaid expenses and deferred charges			
Ś	10 a	n Investments – U.S. and state government obligations (attach schedule)			
	l t	Investments — corporate stock (attach schedule) Statement 2		103,875	5. 117,941.
	٠	: Investments — corporate bonds (attach schedule)			12//5111
	11	Investments – land, buildings, and equipment: basis ►		······································	
	<u> </u>	Less: accumulated depreciation (attach schedule)			
	12	Investments – mortgage Ioans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe ►	<del></del>		<del></del>
	16	Total assets (to be completed by all filers – see the instructions. Also, see page 1, item i)	0.	135,16	5. 149,231.
Ļ	17	Accounts payable and accrued expenses.			
À	18	Grants payable		·-	
В	19	Deferred revenue			
Ļ	20	Loans from officers, directors, trustees, & other disqualified persons			<b>.</b>
ť	21	Mortgages and other notes payable (attach schedule)		<del></del>	
Ī	22	Other liabilities (describe			<b>⊣</b>
E S	23	Total liabilities (add lines 17 through 22)	0.	(	0.
		Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.			
NF	24	Unrestricted			
E U	25	Temporarily restricted			_
D	26	Permanently restricted			
A B S A E L T A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
EL	27	Capital stock, trust principal, or current funds			
SNC	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
0 E	29	Retained earnings, accumulated income, endowment, or other funds		135,16	
ŘŠ	30	Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances	0.	135,169	5.
	"	(see instructions)	0.	135,16	5.
Par	EIII	Analysis of Changes in Net Assets or Fund Baland			<u></u>
1	Tota	I net assets or fund balances at beginning of year - Part II, colun	nn (a), line 30 (must agre	e with	
_	end-	of-year figure reported on prior year's return)	. 3	<u></u>	1 0.
2		r amount from Part I, line 27a			2 135,165.
3		increases not included in line 2 (itemize)			3
4		lines 1, 2, and 3 ases not included in line 2 (itemize)		<u> </u>	4 135,165.
5 6		I net assets or fund balances at end of year (line 4 minus line 5) -	- Part II. column (h) Lina		5
<u> </u>	. 010	The access of faire paralless at the of year (line 4 minus line 3)	artif, column (b), line	JU	<u>6   135,165.</u>

(a) List and des	cribe the kind(s) of property sold (for exarehouse; or common stock, 200 shares	ample, real estate,	(b) How acquired P — Purchase D — Donation	(C) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a N/A			U - Donation	<del> </del>	<u> </u>
b					
С		<del></del>			
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bar plus expense of sa		(h) Gaın or ((e) plus (f) n	
а					
b					<del></del>
<u> </u>		<del> </del>		<u></u>	, <u></u>
d		· ··-			
e Occasion and the format of the contract of t		" 100110			
(i) FMV as of 12/31/69	showing gain in column (h) and owned b (j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col. (j), if any	g	(I) Gains (Col. ain minus col. (k), t an -0-) <b>or</b> Losses (fr	ut not less
<del>a</del>		<del></del>	<del></del>		
<u> </u>		<del> </del>	+-		
d		<del> </del>			
e					
2 Capital gain net income of		enter in Part I, line 7 ter -0- in Part I, line 7	2		
3 Net short-term capital gair	n or (loss) as defined in sections 1222(5)	and (6):	<del></del> -		
If gain, also enter in Part in Part I, line 8	I, line 8, column (c). See instructions. If	(loss), enter -0-	-   <b>3</b>		
Part V Qualification U	nder Section 4940(e) for Reduc	ed Tax on Net Investi	ment Incom	e	
If 'Yes,' the foundation doesn't	e section 4942 tax on the distributable ar qualify under section 4940(e). Do not cor	nplete this part.		Yes	∏ No
	ount in each column for each year; see the		ng any entries.		<del></del>
(a) Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	(c) Net value of noncharitable-use as	sets	(d) Distribution (col. (b) divided	
2016		 			
2015					
2014				<del></del>	
2013					<del></del>
2012		<u> </u>		<del></del>	
2 Total of line 1, column (d)	)		2		
	for the 5-year base period — divide the t dation has been in existence if less than		the 3		
4 Enter the net value of nor	ncharitable-use assets for 2017 from Part	t X, line 5	4		
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		······································
8 Enter qualifying distribution			1	ì	
	ons from Part XII, line 4		8		

orm 990-PF (2017) THE SCALLORNS FAMILY FOUNDATION		<u> 4778</u>			Pa	age 4	
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	– see i	nstru	ctions)				
1 a Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1	} :	1					
Date of ruling or determination letter (attach copy of letter if necessary – see instructions)	1 1						
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V,		1				76.	
check here. I and enter 1% of Part I, line 27b	1	1					
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)	¦ لـ		i				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2				^	
		3				$\frac{0.}{76.}$	
	ر ر ر	4				0.	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	0-)	5				76.	
6 Credits/Payments:						70.	
a 2017 estimated tax pmts and 2016 overpayment credited to 2017		ŧ †					
b Exempt foreign organizations — tax withheld at source  6 b							
c Tax paid with application for extension of time to file (Form 8868)							
d Backup withholding erroneously withheld  6 d		[					
7 Total credits and payments. Add lines 6a through 6d		7				0.	
8 Enter any penalty for underpayment of estimated tax. Check here  if Form 2220 is attached	1	8				<u> </u>	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶	9				76.	
10 Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<b>&gt;</b>	10				<del>, , , ,</del>	
11 Enter the amount of line 10 to be Credited to 2018 estimated tax Refunded	<b>&gt;</b>	11					
Part VII-A   Statements Regarding Activities							
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or di					Yes	No	
participate or intervene in any political campaign?	<b>.</b>			1 a		X	
<b>b</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			
	طريم ساس	امماما	ŀ				
If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materior distributed by the foundation in connection with the activities.	ais pub	iisnea	ŧ	1			
c Did the foundation file Form 1120-POL for this year?			[	1 c	1	Х	
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			İ			<del></del>	
(1) On the foundation \$\ \\$ 0. (2) On foundation managers \$\\$			0.		1		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax implementation managers ► \$ 0.	osea o	1	Į.				
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?			,	2	1	X	
If 'Yes,' attach a detailed description of the activities.			ļ				
·	adialaa		ŀ				
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change	ges			3	1	Х	
4 a 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?			- 1	4 b	N	/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?			-	5		X	
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:							
<ul> <li>By language in the governing instrument, or</li> </ul>							
<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions with the state law remain in the governing instrument?</li> </ul>	that cor	nflict		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	Х		
8 a Enter the states to which the foundation reports or with which it is registered. See instructions MO	-						
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation				8ь	Х		
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If 'Yes,' co	)(3) or 4 mplete l	1942(1) Part X	(S)	9		Х	•
							. `
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing and addresses See Stat	ıneır na ement	ames : 3		10	Х		
RAA		<u> </u>	Fo	rm <b>99</b> 0		2017)	•

ra	R VIII-A	Statements Regarding Activities (continued)					
11	At any t within th	me during the year, did the foundation, directly or indirectly, own a controlled entity is meaning of section 512(b)(13)? If 'Yes,' attach schedule. See instructions			11	Yes	No X
12	Did the advisory	foundation make a distribution to a donor advised fund over which the foundation or a disqualify privileges? If 'Yes,' attach statement. See instructions	ied persoi	n had	12		Х
13	Did the	foundation comply with the public inspection requirements for its annual returns and exemption	application	on?	13	X	
	Website	address N/A					
14		ks are in care of ► JOE W. SCALLORNS Telephor	ne no. 🟲	573-7	96-2	981	
4-	Located		<u>650</u>	18	<b>3</b> 1/7		
15		4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here	-1	1	N/A		
		er the amount of tax-exempt interest received or accrued during the year		15		V	N/A
16	At any to bank, se	me during calendar year 2017, did the foundation have an interest in or a signature or other at curities, or other financial account in a foreign country?	uthority ov	er a	16	Yes	No X
	See the	ınstructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' e name of the foreign countrγ ►					
Pa		Statements Regarding Activities for Which Form 4720 May Be Required			<u></u>		
		n 4720 if any item is checked in the 'Yes' column, unless an exception applies.			1	Yes	No
1 :		ne year, did the foundation (either directly or indirectly):					
	(1) Eng	age in the sale or exchange, or leasing of property with a disqualified person?	Yes	XNo			
	(2) Borr	ow money from, lend money to, or otherwise extend credit to (or accept it from) a ualified person?	☐Yes	XNo			
		nish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	<b>(4)</b> Pay	compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Tran for t	nsfer any income or assets to a disqualified person (or make any of either available he benefit or use of a disqualified person)?	Yes	XNo			
	(6) Agre four of g	ee to pay money or property to a government official? ( <b>Exception.</b> Check 'No' if the idation agreed to make a grant to or to employ the official for a period after termination overnment service, if terminating within 90 days.)	Yes	ΧNο			
1	<b>b</b> If any ar Regulati	nswer is 'Yes' to 1a(1)—(6), did <b>any</b> of the acts fail to qualify under the exceptions described in ons section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions			1 b	N	/A
	Organiza	ations relying on a current notice regarding disaster assistance, check here	•				
(	c Did the that wer	foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, e not corrected before the first day of the tax year beginning in 2017?			1 c		Х
2	Taxes o	n failure to distribute income (section 4942) (does not apply for years the foundation was a operating foundation defined in section 4942(j)(3) or 4942(j)(5)):					
;	a At the e and 6e,	nd of tax year 2017, did the foundation have any undistributed income (lines 6d Part XIII) for tax year(s) beginning before 2017?	Yes	XNo			
	If 'Yes,'	list the years ▶ 20 , 20 , 20 , 20					
	<b>b</b> Are ther	e any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(	a)(2)				
	(relating	to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a	a)(2) to				
	•	s listed, answer 'No' and attach statement – see instructions.)			2 b	N	/A
•	•	ovisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years h	ere.				
_	_	_ , 20 , 20 , 20					
3		foundation hold more than a 2% direct or indirect interest in any business se at any time during the year?	Yes	X No			
	or disque by the C	did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation alified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approve commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or apse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to be if the foundation had excess business holdings in 2017.)	đ		3 b	N	/A
4		foundation invest during the year any amount in a manner that would jeopardize its le purposes?			4 a		Х
	<b>b</b> Did the jeopardi	foundation make any investment in a prior year (but after December 31, 1969) that could ze its charitable purpose that had not been removed from jeopardy before the first day of year beginning in 2017?			4 b		X
BAA					orm 99	O DE	

Form 990-PF (2017) THE SCALLORNS FAM: Part VII-B Statements Regarding Activit	ILY FOUNDATION	n 1720 May Be Dec	81-47	78012	F	Page 6
- 5a During the year, did the foundation pay or incu		11 4/20 May De Net	quireu (continueu)	<del></del>	Yes	No
(1) Carry on propaganda, or otherwise attemp	•	(section 4945(e))?	☐ Yes [X]	No	165	NO
(2) Influence the outcome of any specific publion, directly or indirectly, any voter registra	ic election (see section			No		
(3) Provide a grant to an individual for travel,		urposes?		No		
(4) Provide a grant to an organization other the in section 4945(d)(4)(A)? See instructions	an a charitable, etc., or	ganization described	Yes X	No		
(5) Provide for any purpose other than religious educational purposes, or for the prevention			Yes X	No		
<b>b</b> If any answer is 'Yes' to 5a(1)—(5), did <b>any</b> of described in Regulations section 53.4945 or in Signature Signa	the transactions fail to d a current notice regardi	qualify under the except ng disaster assistance?	ions	51	b N	A
Organizations relying on a current notice regar	ding disaster assistance	e, check here	▶ []			
c If the answer is 'Yes' to question 5a(4), does t tax because it maintained expenditure respons If 'Yes,' attach the statement required by Regu	sibility for the grant?	•	N/A Yes	No		
<b>6 a</b> Did the foundation, during the year, receive ar on a personal benefit contract?	-		Yes X	No		
<b>b</b> Did the foundation, during the year, pay premilif 'Yes' to 6b, file Form 8870.	ums, directly or indirectl	y, on a personal benefi	t contract?	61	<b>o</b>	X
7 a At any time during the tax year, was the found	ation a party to a prohib	oited tax shelter transac	tion? Yes X	No		
<b>b</b> If 'Yes,' did the foundation receive any proceed				I/A 7	5	
Part VIII Information About Officers, Dire						
and Contractors						
1 List all officers, directors, trustees, and found						
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exper other	nse acc allowa	count, nces
JOE W. SCALLORNS	Director	0.	0.			0.
PO BOX 19 CALIFORNIA, MO 65018	1.00					
MARY F. SCALLORNS	Director	0.	0.			0.
PO BOX 19 CALIFORNIA, MO 65018	0					
JOSEPH R. SCALLORNS	Director	0.	0.	<u> </u>		0.
3454 SPUR STREET	0	<b>0.</b>	0.	İ		υ.
BLACKSBURG, VA 24060	Dinasta			<del> </del>		
KATRINA M. POWELL 3454 SPUR ST	Director 0	0.	0.			0.
BLACKSBURG, VA 24060	0					
2 Compensation of five highest-paid employees	(other than those inclu	ded on line 1 - see ins	tructions). If none, ente	r 'NONE.'		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Exper	nse acc allowa	count, nces
None			, compensation	<del>                                     </del>		<del></del> _
				1		
				l		
			<del>                                     </del>	<del> </del>		
				Ì		
Total number of other employees paid over \$50,000	<u> </u>		<u> </u>			0
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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	l Employees,
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	
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	Expenses
organizations and other beneficiaries served, conferences convened, research papers produced, etc	LAPCHSCS
1 <u>N/A</u>	
2	
3	
4	
Part IX-B   Summary of Program-Related Investments (see instructions)  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	2. Amount
1 17/2	Z. Amount
' N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	<u>▶</u> 0.
BAA	Form <b>990-PF</b> (2017)

see instructions.)		
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purpo a Average monthly fair market value of securities	ses:	115,516.
<b>b</b> Average of monthly cash balances	1 b	3,400.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	118,916.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	118,916.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	1,784.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	117,132.
6 Minimum investment return. Enter 5% of line 5	6	5,857.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) privand certain foreign organizations, check here ► and do not complete the		undations
1 Minimum investment return from Part X, line 6	1	5,857.
2 a Tax on investment income for 2017 from Part VI, line 5	76.	
b Income tax for 2017. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2 c	76.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	5,781.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	5,781.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	5,781.
Part XII Qualifying Distributions (see Instructions)		
<ul> <li>Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:</li> <li>Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26</li> </ul>	1 a	27,856.
<b>b</b> Program-related investments – total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purpo	oses 2	
3 Amounts set aside for specific charitable projects that satisfy the: <ul> <li>a Suitability test (prior IRS approval required)</li> </ul>	3 a	
<b>b</b> Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, I	ine 4 4	27,856.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment incom Enter 1% of Part I, line 27b. See instructions	e. <b>5</b>	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	27,856.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculate qualifies for the section 4940(e) reduction of tax in those years.	ng whether the found	ation
BAA		Form <b>990-PF</b> (2017)

# Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	<b>(c)</b> 2016	<b>(d)</b> 2017
Distributable amount for 2017 from Part XI, line 7				F. 701
2 Undistributed income, if any, as of the end of 2017				5,781.
a Enter amount for 2016 only			0.	
<b>b</b> Total for prior years 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2017.		<b>V.</b>		
a From 2012			}	
<b>b</b> From 2013			1	
<b>c</b> From 2014			1	
<b>d</b> From 2015			Ţ	
<b>e</b> From 2016			†	
f Total of lines 3a through e	0.		‡	
4 Qualifying distributions for 2017 from Part				••••••••••••
XII, line 4: ► \$ 27,856.			· ·	
a 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.		
c Treated as distributions out of corpus (Election required – see instructions)	0.		Ţ	
d Applied to 2017 distributable amount	0.			5,781.
e Remaining amount distributed out of corpus	22,075.		······································	3, 101.
5 Excess distributions carryover applied to 2017	0.		·····	0.
(If an amount appears in column (d), the				<del></del> -
same amount múst be shown in colúmn (a).)			:	
6 Enter the net total of each column as indicated below:			}	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	22 075			
	22,075.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has			-	
been issued, or on which the section 4942(a)			•	
tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount – see instructions		0.	······································	***************************************
e Undistributed income for 2016 Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2017. Subtract lines			1	
4d and 5 from line 1. This amount must be				_
distributed in 2018			·····	<u>0.</u>
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by			1	
section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)	0		‡	
· ' '	0.			······································
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)	^		1	
•	0.		<u>-</u>	
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	22,075.			
10 Analysis of line 9:	22,013.			<del></del>
a Excess from 2013			<b>‡</b>	
<b>b</b> Excess from 2014			1	
c Excess from 2015				
d Excess from 2016			1	
<b>e</b> Excess from 2017 22,075.			#	
BAA		L		Form 990-PF (2017)

Form 990-PF (2017) THE SCALLORNS FX				81-4778012	2 Page 10
Part XIV   Private Operating Found	ations (see instr	uctions and Pa	rt VII-A, question	19)	N/A
1 a If the foundation has received a ruling or is effective for 2017, enter the date of the	ruling	,		` •\	
<b>b</b> Check box to indicate whether the foundate		ating foundation de		4942(j)(3) or	4942()(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
investment return from Part X for	<b>(a)</b> 2017	<b>(b)</b> 2016	(c) 2015	<b>(d)</b> 2014	<del>_/_</del>
each year listed  b 85% of line 2a			<del> </del>		<del></del> _
c Qualifying distributions from Part XII,		-	<del></del>		<del></del>
line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed				:	
c 'Support' alternative test - enter:			1	1	
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)	<u> </u>		ļ		
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV   Supplementary Information assets at any time during	n (Complete this the year — see ir	part only if the netructions.)	e foundation ha	d \$5,000 or mor	e in
Information Regarding Foundation Mana     List any managers of the foundation who close of any tax year (but only if they have See Statement 4	have contributed mo	re than 2% of the than \$5,000). (See	otal contributions red section 507(d)(2).)	eived by the founda	ation before the
<b>b</b> List any managers of the foundation who a partnership or other entity) of which the None	own 10% or more of foundation has a 10	the stock of a corp % or greater intere	poration (or an equalist.	y large portion of th	e ownership of
2 Information Regarding Contribution, Gra Check here X if the foundation only requests for funds. If the foundation mak 2a, b, c, and d. See instructions.	makes contributions	to preselected cha	ritable organizations		
<b>a</b> The name, address, and telephone number	per or email address	of the person to wh	nom applications sho	uld be addressed:	
<b>b</b> The form in which applications should be	submitted and inform	mation and materia	ls they should includ	9:	
c Any submission deadlines:					
d Any restrictions or limitations on awards,	such as by geograph	hical areas, charita	ble fields, kinds of in	stitutions, or other f	actors:

Form 990-PF (2017) THE SCALLORNS FAMILY FOUNDATION

Recipient	If recipient is an individual show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	- Containation	
a Paid during the year				
See Statement 5				
				•
		ľ		
<del></del>				
Total		<del></del>	<u>▶</u> 3a	25,398
<b>b</b> Approved for future payment				
			]	
			1	
Total			► 3b	

	s amounts unless otherwise indicated.		usiness income	Excluded by a	ection 512, 513, or 514	
	s amounts uniess otherwise indicated. ram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
а						
<b>b</b>	<del></del>	<del>   </del>		<del></del>		
С		<del>                                     </del>	<del></del>	+		
d		<del>-  </del>		<del>  </del>		
е —		<del>                                     </del>		<del> </del>		<del></del>
f						<del> </del>
g Fees	and contracts from government agencies			<del>                                     </del>		
_	bership dues and assessments		<del></del>	<del>                                     </del>		<del> </del>
3 Interes	st on savings and temporary cash investments			14	4.	<del></del>
4 Divid	ends and interest from securities			14	3,772.	
5 Net r	ental income or (loss) from real estate:					
a Debt	-financed property		***************************************			
<b>b</b> Not c	lebt-financed property			<del> </del>		<del></del>
6 Net re	ntal income or (loss) from personal property					<del></del>
	r investment income			<del> -  -</del>		<del></del>
-	r (loss) from sales of assets other than inventory			<del></del>		
	ncome or (loss) from special events				<del></del>	<del></del>
10 Gros	s profit or (loss) from sales of inventory			23		<del></del>
	r revenue:					
а				<del>~   ~   ~   ~   ~   ~   ~   ~   ~   ~  </del>	<del></del>	
b						<del></del>
c			<del></del>			
d			<del></del>			
е						
12 Subt	otal. Add columns (b), (d), and (e)				3,776.	
	otal. Add columns (b), (d), and (e)  I. Add line 12, columns (b), (d), and (e)				3,776.	3,776.
13 Tota		ns.)				3,776.
13 Tota (See works	I. Add line 12, columns (b), (d), and (e)		nment of Exem	ıpt Purpose	13	3,776.
13 Tota (See works	<ol> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> </ol>	e Accomplish	ın column (e) of F	Part XVI-A conf	13	o the
13 Tota (See works Part XV	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.    Relationship of Activities to the Explain below how each activity for which in	e Accomplish	ın column (e) of F	Part XVI-A conf	13	o the
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.    Relationship of Activities to the Explain below how each activity for which in	e Accomplish	ın column (e) of F	Part XVI-A conf	13	o the
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.    Relationship of Activities to the Explain below how each activity for which in	e Accomplish	ın column (e) of F	Part XVI-A conf	13	o the
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.    Relationship of Activities to the Explain below how each activity for which in	e Accomplish	ın column (e) of F	Part XVI-A conf	13	o the
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.    Relationship of Activities to the Explain below how each activity for which in	e Accomplish	ın column (e) of F	Part XVI-A conf	13	o the
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.    Relationship of Activities to the Explain below how each activity for which in	e Accomplish	ın column (e) of F	Part XVI-A conf	13	o the
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.    Relationship of Activities to the Explain below how each activity for which in	e Accomplish	ın column (e) of F	Part XVI-A conf	13	o the
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.    Relationship of Activities to the Explain below how each activity for which in	e Accomplish	ın column (e) of F	Part XVI-A conf	13	o the
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.    Relationship of Activities to the Explain below how each activity for which in	e Accomplish	ın column (e) of F	Part XVI-A conf	13	o the
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.    Relationship of Activities to the Explain below how each activity for which in	e Accomplish	ın column (e) of F	Part XVI-A conf	13	o the
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.    Relationship of Activities to the Explain below how each activity for which in	e Accomplish	ın column (e) of F	Part XVI-A conf	13	o the
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.    Relationship of Activities to the Explain below how each activity for which in	e Accomplish	ın column (e) of F	Part XVI-A conf	13	o the
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.    Relationship of Activities to the Explain below how each activity for which in	e Accomplish	ın column (e) of F	Part XVI-A conf	13	o the
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.    Relationship of Activities to the Explain below how each activity for which in	e Accomplish	ın column (e) of F	Part XVI-A conf	13	o the
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.    Relationship of Activities to the Explain below how each activity for which in	e Accomplish	ın column (e) of F	Part XVI-A conf	13	o the
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.    Relationship of Activities to the Explain below how each activity for which in	e Accomplish	ın column (e) of F	Part XVI-A conf	13	o the
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.    Relationship of Activities to the Explain below how each activity for which in	e Accomplish	ın column (e) of F	Part XVI-A conf	13	o the
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.    Relationship of Activities to the Explain below how each activity for which in	e Accomplish	ın column (e) of F	Part XVI-A conf	13	o the
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.    Relationship of Activities to the Explain below how each activity for which in	e Accomplish	ın column (e) of F	Part XVI-A conf	13	o the
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.    Relationship of Activities to the Explain below how each activity for which in	e Accomplish	ın column (e) of F	Part XVI-A conf	13	o the
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.    Relationship of Activities to the Explain below how each activity for which in	e Accomplish	ın column (e) of F	Part XVI-A conf	13	o the
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.    Relationship of Activities to the Explain below how each activity for which in	e Accomplish	ın column (e) of F	Part XVI-A conf	13	o the
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.    Relationship of Activities to the Explain below how each activity for which in	e Accomplish	ın column (e) of F	Part XVI-A conf	13	o the
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.    Relationship of Activities to the Explain below how each activity for which in	e Accomplish	ın column (e) of F	Part XVI-A conf	13	o the

# Form 990-PF (2017) THE SCALLORNS FAMILY FOUNDATION 81-4778012 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

Exompt Organizations			
1 Did the organization directly or indirectly described in section 501 (c) of the Code (relating to political organizations?	engage in any of the following with any other orgother than section 501(c)(3) organizations) or in	ganization section 527,	es No
a Transfers from the reporting foundation t	o a noncharitable exempt organization of		
(1) Cash		1 a (1)	X
(2) Other assets		1 a (2)	X
<b>b</b> Other transactions:			
(1) Sales of assets to a noncharitable ex	kempt organization	1 b (1)	X
(2) Purchases of assets from a nonchar	itable exempt organization	1 b (2)	X
(3) Rental of facilities, equipment, or oth	· -	1 b (3)	X
(4) Reimbursement arrangements		1 b (4)	X
(5) Loans or loan guarantees		1 b (5)	X
(6) Performance of services or members	ship or fundraising solicitations	1 b (6)	X
c Sharing of facilities, equipment, mailing l		1c	X
	and the decoration plant on projects	<u> </u>	<u> </u>
d If the answer to any of the above is 'Yes the goods, other assets, or services give any transaction or sharing arrangement.	,' complete the following schedule. Column (b) sen by the reporting foundation. If the foundation reshow in column (d) the value of the goods, othe	hould always show the fair market value o eceived less than fair market value in r assets, or services received	f
		option of transfers, transactions, and sharing arranger	nents
N/A			
		······································	<del></del>
<del></del>			
2 a Is the foundation directly or indirectly affi described in section 501(c) of the Code ( b If 'Yes,' complete the following schedule	iliated with, or related to, one or more tax-exemp (other than section 501(c)(3)) or in section 527?	ot organizations	XNo
(a) Name of organization	(b) Type of organization	(c) Description of relationship	
N/A	(b) Type of organization	(c) 2000 ip tion of relational ip	
	<del></del>		
		<del></del>	
		<del></del>	
	<del></del>		
Linder penalties of persons I declare that I have exami	med this return, including accompanying schedules and statements	and to the hest of my knowledge and helief it is true	
Sign / / // //	ined this return, including accompanying schedules and statements, ther than taxpayer) is based on all information of which prepared	has any knowledge  May the IRS this return y	
Here A W Stalle	6-20-18 Dire	ector preparer sho	wn below?
Signature of officer or trustee	Date Title	X Y	
rint/Type preparer's name	Preparer's signature 220 Date	Check If PTIN	
Paid SHAWN R DOLAN	SHAWN R DOLAN	self-employed P012677	44
• • • • • • • • • • • • • • • • • • • •	er, Simpson, Dolan & Assoc. P. C	<del></del>	
Use Only Firm's address 4010 N.	Illinois St., Ste 1	5, 15555	
Bellevil		Phone no (618) 233-8	515
BAA BEITEVIT	20, 11 0000	Form <b>990</b> -	
<del></del>		1 01111 330-	(401//

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2017

Employer identification number

THE SCALLORNS FAMILY FOUNDATI	ON	81-4778012
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	ı
	4947(a)(1) nonexempt charitable trust not tr	reated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treate	ed as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Ge	eneral Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) orga	inization can check boxes for both the General Ru	ule and a Special Rule. See instructions.
General Rule		
$\overline{\mathrm{X}}$ For an organization filing Form 990, 990-EZ property) from any one contributor. Comple	7, or 990-PF that received, during the year, contri te Parts I and II. See instructions for determining	butions totaling \$5,000 or more (in money or a contributor's total contributions.
Special Rules		
$\square$ under sections 509(a)(1) and 170(b)(1)(A)(\)	r1(c)(3) filing Form 990 or 990-EZ that met the 33- vi), that checked Schedule A (Form 990 or 990-EZ the year, total contributions of the greater of (1) \$ 0-EZ, line 1. Complete Parts I and II.	7). Part II. line 13, 16a, or 16b, and that
during the year, total contributions of more	r1(c)(7), (8), or (10) filing Form 990 or 990-EZ that than \$1,000 <i>exclusively</i> for religious, charitable, so children or animals. Complete Parts I, II, and III	scientific, literary, or educational
during the year, contributions exclusively to \$1,000. If this box is checked, enter here the charitable, etc., purpose. Don't complete as	or (c)(7), (8), or (10) filing Form 990 or 990-EZ that or religious, charitable, etc., purposes, but no such total contributions that were received during the ny of the parts unless the <b>General Rule</b> applies to ole, etc., contributions totaling \$5,000 or more during the new force of the parts unless to the new force of the parts unless the new force of the new	h contributions totaled more than e year for an <i>exclusively</i> religious, o this organization because
990-PF), but it must answer 'No' on Part IV. Iir	the General Rule and/or the Special Rules doesn' he 2, of its Form 990; or check the box on line H of filing requirements of Schedule B (Form 990, 990 uctions for Form 990, 990-EZ, or 990-PF.	of its Form 990-EZ or on its Form 990-PF.

Schedule	B (Form 990, 990-EZ, or 990-PF) (2017)	Page	1 of 1 of <b>Part</b>
Name of org	anızation	Employe	er Identification number
	CALLORNS FAMILY FOUNDATION	•	778012
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOE W. AND MARY F. SCALLORNS	_	Person X Payroll
	PO BOX 19	\$145,000.	Noncash
	CALIFORNIA, MO 65018		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP +4	(c) Total contributions	(d) Type of contribution
		   <sup>\$</sup>	Person Payroll Noncash (Complete Part II for
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		  \$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP +4	(c) Total contributions	(d) Type of contribution
		  	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		  	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash

(Complete Part II for noncash contributions)

1 of Part II

1 to 1 of Pa

Employer Identification number

THE	SCALLORNS	FAMILY	FOUND	$\mathtt{ATIC}$	1

81-4778012

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	ace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		<del></del>
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u></u>	\$	 
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	 
BAA	Sc	i hedule B (Form 990, 990-E	Z, or 990-PF) (2017

of Part III

Name of organization
THE SCALLOR

Employer Identification number

THE SCALLORNS FAMILY FOUNDATION	81-4//8012
Part III Exclusively religious, charitable, etc., contributions to organizations described in se	ection 501(c)(7), (8),
or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (	
the following line entry. For organizations completing Part III, enter the total of exclusively religious, c	harıtable, etc.,
contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)	<b>►</b> \$

NI/A

	Use duplicate copies of Part III if additional s	pace is needed.	1VA
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
		(e) Transfer of gift	
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee
(a)	(b)	(c)	(d)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee
(a)	(b)	(c)	(d)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee
(a)	(b)	(c) Use of gift	(d)
(a) No. from Part I	Purpose of gift	Use of gift	(d) Description of how gift is held
- <b></b>			
		(e) Transfer of gift	
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee
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## **Federal Statements**

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#### THE SCALLORNS FAMILY FOUNDATION

81-4778012

Statement 1 Form 990-PF, Part I, Line 23 Other Expenses

	(a)	(b) Net	(c)	(d)
	Expenses	Investment	Adjusted	Charitable
	<u>per Books</u>	<u>Income</u>	<u>Net Income</u>	<u>Purposes</u>
ARTWORK PRINTS FOR DONORS	\$ 2,458. Total \$ 2,458.	\$ 0.	\$_0.	\$ 2,458. \$ 2,458.

Statement 2 Form 990-PF, Part II, Line 10b Investments - Corporate Stocks

Corporate Stocks	Valuation	Book	Fair Market
	<u>Method</u>	Value	Value
100 SHARES BOEING CO. 100 SHARES CHEVRON CORP 100 SHARES DUKE ENERGY CORP 600 SHARES FORD MOTOR CORP 100 SHARES IBM 100 SHARES KIMBERLY CLARK 300 SHARES PFIZER INC 200 SHARES THE SOUTHERN COMPANY 200 SHARES WELLS FARGO	Cost Cost Cost Cost Cost Cost Cost Cost	\$ 16,127. 11,892. 7,960. 7,849. 17,102. 11,851. 9,850. 10,143. 11,101. \$ 103,875.	12,519. 8,411. 7,494. 15,342. 12,066. 10,866. 9,618. 12,134.

Statement 3 Form 990-PF, Part VII-A, Line 10 Substantial Contributors During the Tax Year

Name of Substantial Contributor

JOE W. AND MARY F. SCALLORNS

PO BOX 19
CALIFORNIA, MO 65018

Statement 4
Form 990-PF, Part XV, Line 1a
Foundation Managers - 2% or More Contributors

JOE W. SCALLORNS MARY F. SCALLORNS

017	Federal Sta	tements		Page
Тн	E SCALLORNS FAM	ILY FOUNDAT	TION	81-477801
Statement 5 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year				
Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	Amount
SEA TURTLE CONSERVANCY 4424 NW 13TH STREET SUITE B-11 GAINESVILLE FL 32609	NONE	501 (C) (3)	CONSERVATION AND SCIENCE	\$ 100
SHENANDOAH NATIONAL PARK TRUST 404 EIGHT STREET NE CHARLOTTESVILLE VA 22902	NONE	501(C)(3)	ENVIRONMENTAL	1,000
JEFFERSON CENTER FOUNDATION 541 LUCK AVENUE ROANOKE VA 24016	NONE	501(C)(3)	ARTS	25
RADIO IQ/WVTF PO BOX 2737 ROANOKE VA 24001	NONE	501(C)(3)	ARTS	25
VIRGINIA TECH UNIVERSITY 323 SHANKS HALL BLACKSBURG VA 24061	NONE	501 (C) (3)	STUDY AND ASSIST DISPLACED PERSONS IN SW VIRGINIA	1,00
FOOD BANK FOR CENTRAL AND NE MISSOURI 2101 VANDIVER DRIVE COLUMBIA MO 65202	NONE	501(C)(3)	HUNGER RELIEF IN MISSOURI	50
ST. JOHN NEUMAN ACADEMY 3600 YELLOW SULPHER ROAD BLACKSBURG VA 24060	NONE	501(C)(3)	FINANCIAL ASSISTANCE TO KEEP CATHOLIC EDUCATION AFFORDABLE	50
MISSOURI GIRLS TOWN FOUNDATION PO BOX 59 KINGDOM CITY MO 65262	NONE	501(C)(3)	FAMILY SERVICES	1,50
WHITEMAN AFB AIRMENS ATTIC 740 ARNOLD AVENUE WHITEMAN MO 65305	NONE	GOV	PROVIDE GENTLY USED ITEMS FOR MILITARY PERSONAL	20