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2018

OMB No 1545-0052

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

Department of the Treasury Internal Revenue Service

Form 990-PF

Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

		ndar year 2018, or tax year beginning 01-01-2	018 , a	nd e	nding 12-31-			
		indation OUNDATION			A Employer Id	entification numbe	r	
Num	har and	street (or P O box number if mail is not delivered to street address	s) Room/suite		27-3986869			
		AYNE AVE		B Telephone number (see instructions)				
City	or town	, state or province, country, and ZIP or foreign postal code			(540) 943-4193	3		
		RO, VA 22980			C If exemption	application is pending	g, check here	
G C	neck all	I that apply \Box Initial return \Box Initial return of a	a former public charity		D 1. Foreign or	ganızatıons, check he	re 📘 🗀	
		Final return Amended return	١			ganizations meeting k here and attach coi		
		☐ Address change ☐ Name change			, i	undation status was t	· _	
		pe of organization $lacksquare$ Section 501(c)(3) exempt private a 4947(a)(1) nonexempt charitable trust \Box Other taxab	foundation le private foundation			n 507(b)(1)(A), chec		
		ket value of all assets at end J Accounting method	Cash Accr	ıal	F If the founda	ation is in a 60-month	termination -	
of	year (f	rom Part II, col (c), ▶\$ 207,239				n 507(b)(1)(B), chec		
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Powenue and				(d) Disbursements	
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc , received (attach schedule)	50,000	1				
	2	Check ► ✓ If the foundation is not required to attach	30,000	1				
		Sch B						
	3	Interest on savings and temporary cash investments	20	-	20	20		
	4	Dividends and interest from securities	13,063	3	13,063	13,063		
	5a b	Net rental income or (loss)						
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10						
Revenue	ь	Gross sales price for all assets on line 6a						
Rev	7	Capital gain net income (from Part IV, line 2)	_					
	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	Ь	Gross profit or (loss) (attach schedule)	_ <u> </u> 					
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11	63,083	3	13,083	13,083		
	13	Compensation of officers, directors, trustees, etc	1		·	,		
	14	Other employee salaries and wages						
68	15	Pension plans, employee benefits						
Sui	16a	Legal fees (attach schedule)						
χ	ь	Accounting fees (attach schedule)						
Operating and Administrative Expenses	С	Other professional fees (attach schedule)						
atıv	17	Interest	20.1					
ıst.	18	Taxes (attach schedule) (see instructions)	47		47			
E	19	Depreciation (attach schedule) and depletion		+				
Ad	20 21	Occupancy						
nd L	22	Printing and publications		+				
ģ	23	Other expenses (attach schedule)						
atıı	24	Total operating and administrative expenses.						
ber		Add lines 13 through 23	47	'	47		(
O	25	Contributions, gifts, grants paid	12,000				12,000	
	26	Total expenses and disbursements. Add lines 24 and 25	12,047	,	47		12,000	
	27	Subtract line 26 from line 12						
	a	Excess of revenue over expenses and disbursements	51,036	5				
	ь	Net investment income (If negative, enter -0-)			13,036			
	С	Adjusted net income (If negative, enter -0-)				13,083		
-or	raner	WOLK REQUESTION ACT NOTICE SEE INSTRUCTIONS			Cat No. 11280)	Ear	m QQN_DF (2018	

134,235

138,834

182,299

189,870

4

5

6

199,667

207,239

189,870

189,870 Form **990-PF** (2018)

Other notes and loans receivable (attach schedule)

Investments—U S and state government obligations (attach schedule)

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ► _ Less accumulated depreciation (attach schedule) ►

Less accumulated depreciation (attach schedule)

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

Less allowance for doubtful accounts

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Decreases not included in line 2 (itemize) .

Other assets (describe > _

	5
	6
	7
2	8
Assets	9
As	10a
	b

с 11

12

13

14

15

16

17 18 Grants payable Liabilities 19 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule). 22 Other liabilities (describe -23 Total liabilities(add lines 17 through 22) Foundations that follow SFAS 117, check here ▶ Balances and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 138.834 189,870 25 Temporarily restricted Fund 26 Permanently restricted Foundations that do not follow SFAS 117, check here ▶ ŏ and complete lines 27 through 31. Assets 27 Paid-in or capital surplus, or land, bldg, and equipment fund 28 29 Retained earnings, accumulated income, endowment, or other funds Net 30 Total net assets or fund balances (see instructions) 138,834 189,870 138,834 189,870 31 Total liabilities and net assets/fund balances (see instructions) . Part III 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 endof-year figure reported on prior year's return) 138,834 2 2 Enter amount from Part I, line 27a 51,036 3 Other increases not included in line 2 (itemize) -

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

(h) Gain or (loss) (e) plus (f) minus (g) **(I)** Gains (Col (h) gain minus col (k), but not less than -0-) or Adjusted basis Excess of col (1) FMV as of 12/31/69 Losses (from col (h)) as of 12/31/69 over col (j), if any b c d е If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 Capital gain net income or (net capital loss) 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-3 in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income) If section 4940(d)(2) applies, leave this part blank Yes 🗸 No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

Net value of noncharitable-use assets

102,083

73,610

21,568

10,685

19,560

2

4

5

6

7

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

5,000

32,885

2,500

6,241

19,308

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

Adjusted qualifying distributions

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the

.

number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5

6 Enter 1% of net investment income (1% of Part I, line 27b) .

8 Enter qualifying distributions from Part XII, line 4

(a)

Base period years Calendar

year (or tax year beginning in)

2017

2016

2015

2014

2013

2 Total of line 1, column (d)

5 Multiply line 4 by line 3

instructions

0 048980

0 446746

0 115912

0 584090

0 987117

2 182845

0 436569

170,697

74,521

74,651

12,000

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130

(d) Distribution ratio

(col (b) divided by col (c))

Page 3

(d)

Date sold

(mo, day, yr)

	rt VII-B Statements Regard	ling Activities for Which	n Form 4720 May Be	Required (continued)		F	age o	
5a	During the year did the foundation p	_	11 Olin 47 20 Huy Be	required (commuted)		Yes	No	
Ja	(1) Carry on propaganda, or otherw	•	lation (section 4945(e))?			163	140	
		· -	attempt to influence legislation (section 4945(e))? Yes Volume Yes Volume Yes Volume Yes Volume No					
	on, directly or indirectly, any vol	·	• • • • • • • • • • • • • • • • • • • •	🗆 🗖				
	(3) Provide a grant to an individual	-		☐ Yes ☑	No			
	(4) Provide a grant to an organization	• • •			No			
	in section 4945(d)(4)(A)? See in		· •		.			
	(5) Provide for any purpose other th			· ·	No			
	educational purposes, or for the	prevention of cruelty to child	Iren or anımals?	🗌 _{Yes} 🗸	No			
b	If any answer is "Yes" to 5a(1)-(5),	did any of the transactions f	ail to qualify under the ex		NO			
	Regulations section 53 4945 or in a	current notice regarding disa	ster assistance? See instr	uctions	5b			
	Organizations relying on a current n	otice regarding disaster assis	tance check here	▶ □				
С	If the answer is "Yes" to question 5a	a(4), does the foundation clai	m exemption from the					
	tax because it maintained expenditu			· · □ Yes □	No			
	If "Yes," attach the statement requir	red by Regulations section 53	! 4945–5(d)					
6 a	Did the foundation, during the year,	, , , , , , , , , , , , , , , , , , , ,		ims on				
	a personal benefit contract?			· 🗌 Yes 🗸	No			
b	Did the foundation, during the year,	pay premiums, directly or in	directly, on a personal be	nefit contract?	6b		No	
_	If "Yes" to 6b, file Form 8870							
7a ⊾	At any time during the tax year, was		•	∟ Yes 🛂				
	If yes, did the foundation receive an	• •			7b			
8	Is the foundation subject to the sect excess parachute payment during the							
				Yes ▼	No			
Pa	and Contractors	officers, Directors, Trus	tees, roundation Ma	inagers, Highly Paid Em	ipioyees,	,		
1	List all officers, directors, trustee	es, foundation managers a	nd their compensation	See instructions				
		(b) Title, and average	(c) Compensation (If	(d) Contributions to	(e) Exper		ount.	
	(a) Name and address	hours per week	not paid, enter	employee benefit plans and	other al			
DΔ\/II	D L ELMORE	devoted to position PRESIDENT	- 0-)	deferred compensation				
	IICKORY HILL RD	000 00					U	
	RSVILLE, VA 22939							
	ELMORE	DIRECTOR 1000 00	0	0			0	
	IICKORY HILL RD RSVILLE, VA 22939							
	UA D ELMORE	DIRECTOR	0	0			0	
	ICKORY HILL RD	000 00						
	RSVILLE, VA 22939	DIRECTOR						
	D ELMORE UNCTION LANE	DIRECTOR 000 00	0	0			0	
	LOTTESVILLE, VA 22902							
2	Compensation of five highest-pai	id employees (other than t	those included on line 1		e, enter "	NONE.	."	
(2)	Name and address of each employee	(b) Title, and average		(d) Contributions to employee benefit	(e) Expens		sunt.	
(a)	more than \$50,000	. I nours per week	(c) Compensation	plans and deferred	other all			
		devoted to position		compensation				
NON	Ε							
Tota	I number of other employees paid over	er \$50 000						
. J.a	. Hamber of other employees paid ove	430,0001 1 1 1 1 1			Form 99 0	0-PF /	(2018)	
						(()	

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Part VIII Information About Officers, Directors, Trust and Contractors (continued)	ees, Foundation Managers, Highly I	Paid Employees,
3 Five highest-paid independent contractors for professional s	services (see instructions). If none, ente	er "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.		<u> </u>
Part IX-A Summary of Direct Charitable Activities	de velevent statistical information such as the number	af
List the foundation's four largest direct charitable activities during the tax year Inclu organizations and other beneficiaries served, conferences convened, research papers	s produced, etc	Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments	•	A
Describe the two largest program-related investments made by the foundation du 1 N/A	uring the tax year on lines 1 and 2	Amount
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		. •
		Form 990-PF (2018)

Amounts set aside for specific charitable projects that satisfy the

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

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

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

3

4

5

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

2

3a 3h

4

5

12.000

12,000

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8,274

8,274

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Part XIII	Undistributed Income (see instructions)								

Distributable amount for 2018 from Part XI, line 7

19.238 6,019

1 432

6.019 1,432

29.213

3.726

29.213

2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only.

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e.

d Applied to 2018 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 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 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 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 2013 not

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

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

c Excess from 2016. . . d Excess from 2017. . e Excess from 2018. .

b Excess from 2015. .

6 Enter the net total of each column as

indicated below:

4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ a Applied to 2017, 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 required—see instructions).

b Total for prior years

b From 2014. . . . c From 2015. .

d From 2016. . . .

a From 2013.

e From 2017.

- (a) Corpus

55.902

3.726

59,628

19.238

40,390

- Years prior to 2017
- (b)
 - - 2017

(c)

iter gross	amounts unless otherwise indicated	Unrelated bu	ısıness ıncome	Excluded by section	512, 513, or 514	(e) Related or exemp
. Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
		1		+		
	and contracts from government agencies					
	rship dues and assessments					
	t on savings and temporary cash					
investn				14	20	
	ds and interest from securities			14	13,063	
	tal income or (loss) from real estate financed property.	1				
	ebt-financed property.					
	tal income or (loss) from personal property					
	nvestment income					
	(loss) from sales of assets other than					
invento						
	ome or (loss) from special events profit or (loss) from sales of inventory					
	evenue a			+		
b	evenue u					
e	al Add columns (b), (d), and (e)				13,083	
e Subtota Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			13	13,083	13,08
Subtota Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations)			· · · · · · · · · · · · · · · · · · ·	
e Subtota Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is report	ment of Exem	pt Purposes of Part XVI-A contribut	ted importantly to	
Subtota Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex- instructions)	lations) IE Accomplish Income is report Kempt purposes (ment of Exem	pt Purposes of Part XVI-A contribut	ted importantly to	
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, ,	,10)	
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable	
	Exempt Organizations	

Part	XVII	Exempt Organ		ransters to a	and Transaction	ons and i	Relatio	nsnips with Nonc	пагітаріе		
			ndirectly enga					n described in section s?	501	Yes	No
a Trai	nsfers f	rom the reporting fou	ndation to a r	oncharitable ex	empt organization	n of					
(1)	Cash.								1a(1)		No
(2)	Other	assets							. 1a(2)		No
		sactions									
		of assets to a noncha		-					. 1b(1)		No
		ases of assets from a							. 1b(2)		No
		l of facilities, equipme	· ·						1b(3)		No
		oursement arrangeme							1b(4)		No
		or loan guarantees. mance of services or r							. 1b(5)		No
٠,				-					1b(6)		No No
	-			•				· · · · · · · · · · · · · · · · · · ·			NO
								d less than fair marke			
ın a	ny tran	saction or sharing arr	angement, sh	ow in column (d	d) the value of th	e goods, ot	her asse	ts, or services receive	d		
(a) Line	No I	(b) Amount involved	(c) Name of	noncharitable exe	mnt organization	(d) Desc	cription of	transfers, transactions, ai	nd charing arra	naemen	tc
(a) Line	INO	(b) Amount involved	(C) Name of	HOHEHAHRADIE EXE	inpt organization	(u) Desc	Inpulon of	cransiers, cransaccions, ar	iu silaring arra	ilgerrieri	LS
2a Is t	ne foun	dation directly or indi	rectly affiliate	d with, or relate	d to, one or more	tax-exem	pt organ	zations	_		
des	cribed i	n section 501(c) (othe	er than sectio	n 501(c)(3)) or	ın section 527? .			∐Yes	✓ No		
b If "\	es," co	mplete the following	schedule								
		(a) Name of organizat	ion	(1	b) Type of organizat	ion		(c) Description of	relationship		
-											
	Unde	er nenalties of neriury	I declare tha	t I have examin	ed this return in	cluding acc	ompanyi	ng schedules and state	ements and	to the	hest
	of m	y knowledge and belie	f, it is true, c					than taxpayer) is base			
<u></u>	whic	n preparer has any kn	owledge		1						
Sign		****			2019-04-25	*	****		May the IRS di return	scuss th	115
Here						b_			with the prepa	rer show	vn
	/ ,	signature of officer or	trustee		Date	7 T	itle		below г	٦.	_
									(see instr)? L	_ Yes □	⊔ No
		Print/Type preparer	's name	Preparer's Sigi	nature	Date		PT	IN		
								Check if self-	P00000	1600	
		DAVID L ELMORE	EΔ CEP			2019-	04.26	employed ▶ 🔲	F00000	7000	
Paid		DAVID E EENOKE	ER CIT			2019-	04-26				
Prep	arer	Firm's name ► BO	OKKEEPING &	MANAGEMENT	SYSTEMS INC			'		14301	71
Use (Only							Fir	m's EIN ▶54	-14291	./1
		Firm's address ► 2	30 S WAYNE	AVE							
		l v	VAYNESBORO	, VA 22980462	2			Ph	one no (540	943-4	4193
		<u> </u>		,							

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491116001329
TY 2018 Investments Corpora	nte Stock Schedule	
Name:	ELMORE FOUNDATION	
EIN:	27-3986869	
Investments Corporation Stock Schedule		1

Investments Corporation Stock Schedule Rame of Stock End of Year Book Value End of Year Fair Market Value LPL ACCOUNT 182,299 199,667

DLN: 93491116001329

Name: ELMORE FOUNDATION

ETN: 27 200606

EIN: 27-3986869

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Other Assets Schedule

Description
Beginning of Year - Book Value

Book Value

ROUNDING

Beginning of Year - Book Value

End of Year - Book Market Value

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491116001329				
TY 2018 Taxes Schedule	Y 2018 Taxes Schedule							
Name	ELMORE FO	JNDATION						
EIN	l: 27-3986869							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
NET INVESTMENT TAX	47	47						