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

OMB No 1545-0052

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

Form 990-PF (2018)

Name of foundation Michael J & Vicki L McClelland Family Foundation Number and street (or P O box number if mail is not delivered to street address) 120 Airplane Ct City or town, state or province, country, and ZIP or foreign postal code Mooresville NC 28117 G Check all that apply Initial return Address change Name change H Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at end of year (from Part II, col (c), line 16) Section 507(b)(1)(A), check here and expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (a) (see instructions) A Employer identification as 35–2093969 Telephone number (see instructions) 8 6–2093969 Telephone number (see instructions) 8 64–710–1771 C If exemption application is pending, check here 2 Foreign organizations, check here 2 Foreign organizations meeting the above a section 507(b)(1)(A), check here 35% test, check here and attach co	heck here heck here
Number and street (or P 0 box number if mail is not delivered to street address) 120 Airplane Ct City or town, state or province, country, and ZIP or foreign postal code Mooresville NC 28117 G Check all that apply Initial return Address change H Check type of organization Section 4947(a)(1) nonexempt charitable trust I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 6,647 (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (e), and (d) may not necessarily equal the amounts in columns (a) (see instructions) Room/suite Room/suite B Telephone number (see instructions) 864-710-1771 C If exemption application is pending, che detacher. A feverue and former public charity D 1 Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach co. E If private foundation status was termina section 507(b)(1)(A), check here If the foundation is in a 60-month termination of the first private foundation is in a 60-month termination of the first private foundation is in a 60-month termination of the first private foundation is in a 60-month termination of the first private foundation for the first private foundation of the first pr	heck here computation nated under mination re (d) Disbursements for charitable purposes
Number and street (or P 0 box number if mail is not delivered to street address) 120 Airplane Ct City or town, state or province, country, and ZIP or foreign postal code Mooresville NC 28117 G Check all that apply Initial return Address change H Check type of organization Section 4947(a)(1) nonexempt charitable trust I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 6,647 (Part I, column (d) must be on cash basis) Room/suite B Telephone number (see instructions) 864-710-1771 C If exemption application is pending, che 1 Fereign organization is pending, che 2 Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach co 85% test, check here and attach co E If private foundation status was termina section 507(b)(1)(A), check here F If the foundation is in a 60-month termin under section 507(b)(1)(B), check here F If the foundation is in a 60-month termin under section 507(b)(1)(B), check here Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) Room/suite C If exemption application is pending, che 4 Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach co E If private foundation Section 507(b)(1)(A), check here F If the foundation is in a 60-month termin under section 507(b)(1)(B), check here (c) Adjusted net income (c) Adjusted net income	heck here computation nated under mination re (d) Disbursements for charitable purposes
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Mooresville C Check all that apply Initial return Amended	e computation computation computation re computation for charitable purposes
G Check all that apply Initial return Amended return Amend	computation nated under mination re (d) Disbursements for charitable purposes
Final return Address change H Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$\Bigstar{\text{Modress change}} \Bigstar{\text{Modress change}} \	computation nated under mination re (d) Disbursements for charitable purposes
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I Fair market value of all assets at end of year (from Part II, col (c), Other (specify) Other (specify) Ine 16) ▶ \$ 6,647 (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The total 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 income	(d) Disbursements for charitable purposes
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Ine 16) ▶ \$ 6,647 (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The total 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 income	(d) Disbursements for charitable purposes
Part I Analysis of Revenue and Expenses (The total 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
amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) expenses per books expenses per books (c) Adjusted net income	purposes
1 Contributions, gifts, grants, etc , received (attach schedule)	·····
2 Check ► X if the foundation is not required to attach Sch B	
3 Interest on savings and temporary cash investments	
4 Dividends and interest from securities 7,586 7,586 7,586	
5a Gross rents	***************************************
b Net rental income or (loss)	
6a Net gain or (loss) from sale of assets not on line 10 Stmt 1 -1,030 b Gross sales price for all assets on line 6a 14,990 7 Capital gain net income (from Part IV, line 2)	
b Gross sales price for all assets on line 6a 14,990	
7 Capital gain net income (from Part IV, line 2)	
8 Net short-term capital gain 0	····
9 Income modifications	
10a Gross sales less returns and allowances	
b Less Cost of goods sold	····
c Gross profit or (loss) (attach schedule)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11 Other income (attach schedule)	
12 Total. Add lines 1 through 11 6,556 7,586 7,586	
13 Compensation of officers, directors, trustees, etc 0	
14 Other employee salaries and wages 15 Pension plans, employee benefits	
b Accounting fees (attach schedule)	
Other professional fees (attach schedule) Stmt 2 10	10
E Interest RECEIVED 2	2
Interest RECEIVED Taxes (attach schedule) (see instructions) — Start Depreciation (attach schedule) and depletion and depletion at the schedule and depletion at the schedule at the schedule and depletion at the schedule	101
16a Clegal fees (attach schedule) b Accounting fees (attach schedule) COther professional fees (attach schedule	
20 Occupancy MAY 2 0 2019 V	
21 Travel, conferences, and meetings	
22 Printing and publications GDEN, UT	
23 Other expenses (att schr)	
24 Total operating and administrative expenses.	110
Add lines 13 through 23 25 Contributions, gifts, grants paid See Statement 4 19,000	113
25 Contributions, gifts, grants paid See Statement 4 19,000 0 26 Total expenses and disbursements. Add lines 24 and 25 19,113 0 0	19,000
	19,113
27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements -12,557	
b Net investment income (if negative, enter -0-) 7,586	
c Adjusted net income (if negative, enter -0-) 7,586	

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Part	If Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
Pari	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash – non-interest-bearing	5,594	5,901	5,901
2	Savings and temporary cash investments	723	746	746
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 (att. schedule)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Less allowance for doubtful accounts ▶ 0			
<u>ب</u> 8	Inventories for sale or use			
Assets 9 10a	Prepaid expenses and deferred charges			
४ 10a	Investments – U S and state government obligations (attach schedule)			
b	Investments – corporate stock (attach schedule) See Stmt 5	242,290	229,403	
C	Investments – corporate bonds (attach schedule)			
11	Investments – land, buildings, and equipment basis			
	Less accumulated depreciation (attach sch.)			
12	Investments – mortgage loans			
13	Investments - other (attach schedule)			
14	Land, buildings, and equipment basis			
	Less accumulated depreciation (attach sch)			
15	Other assets (describe ▶)			
16	Total assets (to be completed by all filers – see the			
	instructions. Also, see page 1, item I)	248,607	236,050	6,647
17	Accounts payable and accrued expenses			
18	Grants payable			
Liabilities 20 21 20 21	Deferred revenue			
∄ 20	Loans from officers, directors, trustees, and other disqualified persons			
.편 21	Mortgages and other notes payable (attach schedule)			
_ 22	Other liabilities (describe ▶)			
23	Total liabilities (add lines 17 through 22)	0	0	
	Foundations that follow SFAS 117, check here			
S	and complete lines 24 through 26, and lines 30 and 31.			
24	Unrestricted			
E 25	Temporarily restricted			
26	Permanently restricted			
. 5	Foundations that do not follow SFAS 117, check here			
5	and complete lines 27 through 31.			
ع 27 ع	Capital stock, trust principal, or current funds	248,607	236,050	
28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Net Assets or Fund Balances Net Assets or Fund Balances 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Retained earnings, accumulated income, endowment, or other funds	0.40 607	026 050	
30 Je	Total net assets or fund balances (see instructions)	248,607	236,050	
2 31	Total liabilities and net assets/fund balances (see	040 607	006 050	
Direct	instructions)	248,607	236,050	
Part 1 Total		iot agraeth	 	
	al net assets or fund balances at beginning of year – Part II, column (a), line 30 (mu	ist agree with		240 607
	of-year figure reported on prior year's return)		1	248,607
	er amount from Part I, line 27a		2	-12,557
	er increases not included in line 2 (itemize)		3	226 050
	lines 1, 2, and 3		4	236,050
	reases not included in line 2 (itemize)	(h) line 20	5	236,050
<u> </u>	al net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (D/L IIIIE 30	101	236,030

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Part IV Capital Gains ar	nd Losses for Tax on Investme	nt Income	1		
	the kind(s) of property sold (for example, real estate, rehouse, or common stock, 200 shs MLC Co)		(b) How acquired P – Purchase D – Donation	(c) Date acquimo , day, ;	1 , ,
1a N/A					"
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale	(((h) Gain or (loss) e) plus (f) minus (g))
а					
b					
С					
d					
e		1001	·00		
Complete only for assets showing	g gain in column (h) and owned by the fo	undation on 12/31/	/69		ains (Col. (h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col (i) ol (j), if any), but not less than -0-) or osses (from col. (h))
а					
b					
С					
d					
e					
2 Capital gain net income or (net ca3 Net short-term capital gain or (los	apital loss) If gain, also enter in If (loss), enter -0- in as) as defined in sections 1222(5) and (6	Part I, line 7		2	
If gain, also enter in Part I, line 8, Part I, line 8	column (c) See instructions If (loss), e	nter -0- ın		3	
***************************************	nder Section 4940(e) for Reduc	ed Tax on Net	Investment Inco	me	
	foundations subject to the section 4940				
f section 4940(d)(2) applies, leave th	-		·		
	·				
	tion 4942 tax on the distributable amoun		base period?		Yes X No
	y under section 4940(e) Do not complet	. <u></u>			
1 Enter the appropriate amount in 6	each column for each year, see the instr	uctions before mak	ing any entries		<u>-</u>
(a) Base period years	(b)		(c)		(d) Distribution ratio
Calendar year (or tax year beginning in)			ue of noncharitable-use asset	s	(col (b) divided by col (c))
2017		,700			
2016		,715	311,		0.056884
2015		, 987	318,		0.056524
2014		,361	335,0		0.054803
2013	18	,063	315,0	050	0.057334
				1 1	
2 Total of line 1, column (d)				2	0.225545
	5-year base period – divide the total on I	-			
the number of years the foundation	on has been in existence if less than 5 y	ears		3	0.056386
4 Enter the net value of noncharital	ble-use assets for 2018 from Part X, line	5		4	
5 Multiply line 4 by line 3				5	· · · · · · · · · · · · · · · · · · ·
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)			6	76
7 Add lines 5 and 6				7	76
8 Enter qualifying distributions from	n Part XII, line 4			8	19,113
If line 9 is equal to or greater than	a line 7, shock the box in Bort VI, line 1h	and complete the	t nort warns a 10/ tow -	ata Saatha	<u>-</u>

Part VI instructions

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Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)						-
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1						
•	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1				76	<u>;</u>
	here ▶ X and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of						
	Part I, line 12, col (b)	1					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2		_		0	
3	_Add lines_1 and 2	3				76	<u>;</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4				0	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				76	<u>;</u>
6	Credits/Payments						
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 6a						
b	Exempt foreign organizations – tax withheld at source 6b						
С	Tax paid with application for extension of time to file (Form 8868) 6c						
d	Backup withholding erroneously withheld 6d						
7	Total credits and payments Add lines 6a through 6d	7					_
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8					_
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				76	<u>;</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10					_
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ Refunded ▶	11					_
Pa	rt VII-A Statements Regarding Activities						_
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No	_
	participate or intervene in any political campaign?		Į	1a		X	_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		1			l	
	instructions for the definition		L	1b		X	_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials						
	published or distributed by the foundation in connection with the activities					į	
С	Did the foundation file Form 1120-POL for this year?		ļ	1c		X	-
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	_	l			į	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					į	
	on foundation managers \$					i	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		ļ	2	********	X	_
	If "Yes," attach a detailed description of the activities					:	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					i	
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		1	3		X	_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		. [4a		Х	_
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	[/A	4b			_
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					i	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or						
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that 					i	
	conflict with the state law remain in the governing instrument?		Ļ	6	X		_
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part	XV		7	X		_
8a	Enter the states to which the foundation reports or with which it is registered. See instructions SC						
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 See Stmt 6			8ь		X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or						ر
	4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See instructions for Part XIV If "Yes,"			1			•
	complete Part XIV			9		X	ℓ
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		Ī				
	names and addresses			10		X	_

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11 At any time during the year, dot the foundation, directly or indirectly, own a controlled entity within the meaning of section \$12(b)(13)? If "Yes," attach schedule See instructions 12 Did the foundation make a distribution to a donor adversed find over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A 15 The books are in case of ► Valeo Financial Advisors 16 Section 492/12(1) nonexempt charatable trusts filing Form 890-PF in lieu of Form 1041 - check here and enter the amount of Lace-seepin diments received or accurated during the year 15 Alary time during calendary year 2018, dot the foundation have an interest in or a signature or other authority over a bank, carcines, or stempt interests received or accurated during the year 16 Alary time during calendary year 2018, dot the foundation have an interest in or a signature or other authority over a bank, carcines, or stempt interests received or accurated during the year 17 Alary time during calendary year 2018, dot the foundation have an interest in or a signature or other authority over a bank, from 4720 if any item its checkeds in the "Yes" column, unless an exception applies. 18 During they year, dot the foundation (where directly or indirectly) 19 Form 4720 if any item its checkeds in the "Yes" column, unless an exception applies. 19 Limiting poots, services, or facilities to (or accept them from) a disqualified person? 19 Form 4720 if any item its checkeds in the "Yes" column, unless an exception applies. 19 Limiting poots, services, or facilities to (or accept them from) a disqualified person? 19 Form 4720 if any item its checkeds in the "Yes" column, unless an exception applies. 19 Limiting poots, services, or facilities to adequalified person? 19 Form 4720 if any item is checkeds in the "Yes" column, unless an exception applies for interest in any	Pa	rt VII-A Statements Regarding Activities (continued)					
meaning of section 51/2(h)(13)* If "Yes," altach schedule. See instructions Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," altach statement See instructions Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ≥ N/A 1 The books are in care of ▶ Valeo Financial Advisors Telephone no ▶ 317-573-4699 1 Section 4474(11) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of fax-exempt interest received or accured during the year 1 All any time during calender year 2016, 8 dithe foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114 if "Yes," enter the name or the foreign country? Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any time is checked in the "Yes" column, unless an exception applies. During the year, did the foundation (either directly or indisectly) 1 Engage in the sale or exchange, or leasing of property with a disqualified person? 2 Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any time is checked in the "Yes" column, unless an exception applies. During the year, did the foundation (either directly or indisectly) 1 Engage in the sale or exchange, or leasing of property with a disqualified person? 2 Part VII-B Statements exception of the sale of the here of the here for a visit of the here for visit of a disqualified person? 3 Firehold property of the property of a disqualified person? 4 Pay compensation to, or pay or remburse the expenses of, a disqualified person? 5 Part Part Note of the property of						Yes	No
12 Dot the foundation make a distribution in a doner advised fund over which the foundation or a disqualified person he advisory privales; of If'Yes, a facts hat sterned See instructions 13 Dot the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address > N/A The books are in once of > Valeo Financial Advisors Telephone no > 317-573-4699. 630 W Carmel Drive Ste 130 Located at > Carmel. 15 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-Pi in leu of Form 1041 - check here and enter the amount of fax-exempt interest received or accrued during the year 16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country. See the instructions for exceptions and filing requirements for InCEN Form 141 If'Yes," enter the name of the foreign outly > Part VII.B. Statements Regarding Advitities for Which Form 4720 May Be Required File Form 4701 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly) 1) Engage in the sale or exchange, or lessing of property with a disqualified person? 2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a dequalified person? 3) Furnish goods, senices, or facilities to or accept them from) a disqualified person? 3) Furnish goods, senices, or facilities to or accept them from) a disqualified person? 3) Furnish goods, senices, or facilities to or accept them from) a disqualified person? 4) Pay compensation to or pay or remitives the expenses of, a disqualified person? 5) Transfer any income or assets to a disqualified person (or make axiy of either available for the benefit or use of a disqualified person)? 6) Agree to pay money or property to a government official? Exception. Check "No" if the foundation agreed to make a grant to or to employ the official	11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the					
person had advaloup privileges? If "Yes," attach statement See instructions 12		meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions			11		<u> </u>
13 Du de foundation comply with the public inspection requirements for its annual returns and exemption application? 13 X 14 The books are in case of ▶ Valeo Financial Advisors 15 Section 4947(a)(1) nonexempt chantable trusts flaing Form 990-PF in lieu of Form 1041 – check here and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year of the return and enter the amount of trax-exempt interest received or accrued during the year and enter the amount of trax-exempt interest received or accrued during the year and exemption specified in the "Yes" of the form 4720 May 29 Required 16 A tarny time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial accounts? 16 Section 4947(a)(1) nonexempt chantable trusts flaing requirements for FinCEN Form 114 if "Yes," enter the name of the foreage country ▶ 17 Part VII-B Statements Regarding Activities for Which Form 4720 May 29 Required 18 File Form 4720 if any term is checked in the "Yes" column, unless an exception applies. 19 File Form 4720 if any term is checked in the "Yes" column, unless an exception applies. 10 During the year, did the foundation (either directly or indirectly): 11 Engage in the sale or exchange, or lessing of property with a disqualified person? 12 File Form 4720 if any term is checked in the "Yes" column, unless an exception applies. 13 File Form 4720 if any term is checked in the "Yes" column, unless an exception applies. 14 Part VII-B Statements Regarding Activities for Which Form 4720 May 29 Required File Form 4720 if any term is checked in the "Yes" column, unless any exception applies. 15 File Form 4720 if any term is checked in the "Yes" in the year is column, unless any exception applies to any of the column, unless any exception applies. 16 File Form 4720 if a	12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified					
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16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country ▶ Part VII-8 Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a penod after termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)—(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4841(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance? b If "Yes If the first day of the tax year beginning in 2018? 1b Traces on failure to distribute microme (section 4942)(does not apply for years the foundation was a private operating foundation defined in section 4942(a)(3) or 4942(a)(3)	15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here				1	▶ [
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the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) b If any answer is "Yes" to 1a(1)—(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)—3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018? 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j0) or 4942(j)(5)) a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? If "Yes," list the years \(\) 20 , 20 , 20 , 20 , 20 b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (if applying section 4942(a)(2) to all years listed, answer "No" and attach statement — see instructions) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here > 20 , 20 , 20 , 20 , 20 3b Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? b If "Yes," did if have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by grift or bequest, or (3) the laps			Yes	X No			
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		arding Activities for Which Fo	orin 4/20 May Be R	equirea (conti	nuea)	,	, , , ,	
	During the year did the foundation p			С	(T)		Yes	N
		vise attempt to influence legislation (sec		_ Y	es X No			
		pecific public election (see section 4955	5), or to carry on,		.			
	directly or indirectly, any voter r	•		Ħ	es X No			
		for travel, study, or other similar purpos		_ Y	es X No			
		on other than a charitable, etc , organiz	zation described in					
	section 4945(d)(4)(A)? See inst			Y	es X No			
	(5) Provide for any purpose other to	han religious, charitable, scientific, litera	ary, or educational	1-				
		of cruelty to children or animals?		ــــا	es X No			
b		did any of the transactions fail to qualif		escribed in	1-			
	Regulations section 53 4945 or in a	current notice regarding disaster assis	tance? See instructions		N/A	5b		
	Organizations relying on a current r	notice regarding disaster assistance, ch	eck here		>			
С	If the answer is "Yes" to question 5	a(4), does the foundation claim exempt	ion from the tax	. —				
	because it maintained expenditure	responsibility for the grant?		N/A 🗌 Y	es No			
	If "Yes," attach the statement require	red by Regulations section 53 4945–5(c	d)					
За	Did the foundation, during the year,	receive any funds, directly or indirectly	, to pay premiums					
	on a personal benefit contract?			Y	es X No			
b	Did the foundation, during the year,	pay premiums, directly or indirectly, or	n a personal benefit contr	act?		6b		X
	If "Yes" to 6b, file Form 8870							
7a	At any time during the tax year, was	s the foundation a party to a prohibited	tax shelter transaction?	Y	es X No			
b		any proceeds or have any net income a		tion?	N/A	7b	, ,	
3	Is the foundation subject to the sec	tion 4960 tax on payment(s) of more the	an \$1,000,000 in		. 🖼			
	remuneration or excess parachute				es X No	L	L	L
* -	rt VIII Information Abou	t Officers Directors Tructors	e Foundation Man-	agers Highly	Paid Employ	ees.		
Pa		t Officers, Directors, Trustees	s, roundation man	agoro, mgm,	. a.a =p.c,	000,		
	and Contractors				. u.up.o,			
	and Contractors	, and foundation managers and their			. u.up.oy			
	and Contractors				(d) Contributions to	 T		
	and Contractors ist all officers, directors, trustees		compensation. See ins	structions.		(e) Ex	opense ad er allowar	
I L	and Contractors ist all officers, directors, trustees	, and foundation managers and their	(b) Tille, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Ex		
1 L	and Contractors ist all officers, directors, trustees (a) Name	and foundation managers and their	(b) Tille, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Ex		
M1.0	and Contractors ist all officers, directors, trustees (a) Name	and foundation managers and their and address Mooresville	(b) Tille, 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) Ex		
M1 (12)	and Contractors ist all officers, directors, trustees (a) Name chael J McClelland O Airplane Ct	, and foundation managers and their and address Mooresville NC 28117	(b) Title, and average hours per week devoted to position Trustee 0.00	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exothe		
M1 (12)	and Contractors ist all officers, directors, trustees (a) Name Chael J McClelland O Airplane Ct cki L McClelland	, and foundation managers and their e and address Mooresville NC 28117 Mooresville	(b) Title, and average hours per week devoted to position Trustee 0.00 Trustee	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exothe		
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M10 120 V10 120	and Contractors ist all officers, directors, trustees (a) Name chael J McClelland 0 Airplane Ct cki L McClelland 0 Airplane Ct cki L McClelland 10 Airplane Ct (a) Name and address of each emp	mooresville NC 28117 Mooresville NC 28117 Mooresville NC 28117	(b) Tille, and average hours per week devoted to position Trustee 0.00 Trustee 0.00 (b) Tille, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-) O	(d) Contributions to employee benefit plans and deferred compensation C C C C C C C C C C C C C	(e) Exother	pense ac	ccoun
1 L M10 120 V10 120	and Contractors ist all officers, directors, trustees (a) Name chael J McClelland 0 Airplane Ct cki L McClelland 0 Airplane Ct cki L McClelland 10 Airplane Ct (a) Name and address of each emp	mooresville NC 28117 Mooresville NC 28117 Mooresville NC 28117	(b) Tille, and average hours per week devoted to position Trustee 0.00 Trustee 0.00 (b) Tille, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-) O	(d) Contributions to employee benefit plans and deferred compensation C C C C C C C C C C C C C	(e) Exother	pense ac	ccoun
M10 120 V10 120	and Contractors ist all officers, directors, trustees (a) Name chael J McClelland 0 Airplane Ct cki L McClelland 0 Airplane Ct cki L McClelland 10 Airplane Ct (a) Name and address of each emp	mooresville NC 28117 Mooresville NC 28117 Mooresville NC 28117	(b) Tille, and average hours per week devoted to position Trustee 0.00 Trustee 0.00 (b) Tille, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-) O	(d) Contributions to employee benefit plans and deferred compensation C C C C C C C C C C C C C	(e) Exother	pense ac	ccoun

Form 990-PF (20	018) Michael J & Vicki L McClelland	35-2093969		Page 7
Part VIII	Information About Officers, Directors, Trustees, Fou	ndation Managers, Highly Paid E	Emplo	oyees,
à F:	and Contractors (continued)			
3 Five high	est-paid independent contractors for professional services. See in			
NONE	(a) Name and address of each person paid more than \$50,000	(b) Type of service	\rightarrow	(c) Compensation
NONE				
	,			
				
Total number of	others receiving over \$50,000 for professional services			
Part IX-A	Summary of Direct Charitable Activities			
	s four largest direct charitable activities during the tax year. Include relevant statistical information of the property of t	on such as the number of		Expenses
1 N/A	1100		+	
•				
			<u> </u>	
2				
3			+	
•				
4				
Part IX-B	Summary of Program-Related Investments (see ins	trustions		
	rgest program-related investments made by the foundation during the tax year on lines 1 and 2		Т	Amount
1 N/A			+	Amount
			\bot	
2				
All other program-re	elated investments. See instructions		+	
3				
·				
Total. Add lines	1 through 3			

Form 990-PF (2018)

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

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

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

Form 990-PF (2018)

19,113

4

4

5

Enter 1% of Part I, line 27b See instructions

Adjusted qualifying distributions. Subtract line 5 from line 4

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

P:	art XIII Undistributed Income	(see instructions)		·*··	·
1`	. Distributable amount for 2018 from Part >	/ 1	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
'		N ₁	00.720	Tours prior to 2011	2017	0
2	line 7	J -4 0040	11-11111(11111111111111111111111111111		The second second	U dellantic.
	Undistributed income, if any, as of the en	a of 2016	լ սայ ւշ ատե	பா பாயு நாகமாக க	" " " " " " " " " " " " " " " " " " " "	s a Milanda ta anana
	Enter amount for 2017 only	20				<u></u>
b			T		oop coopplain	·
	Excess distributions carryover, if any, to 3			i in the	1	116 146
	From 2013	$\frac{2,470}{1,743}$	to ratif a disc			i inninin in in i
	From 2014	_ 			``````````````````````````````````````	Principal de la constantina della constantina de
	From 2015	2,224	1944 (((((())))) 1944 - (((())) 1944 - ((()))		, , , , , , , , , , , , , , , , , , ,	
	From 2016	2,310		" " " " " " " " " " " " " " " " " " "	nd dha na dhammada na a dha cannii ne i na	randi, Piji alimini
	From 2017	17,770	[1.11.11.11.11.11.11.11.11.11.11.11.11.1	, ,		reachtatachtachta
	Total of lines 3a through e		26,517	hall" diff.		
4	Qualitying distributions for 2018 from Par	t XII,		dinii 1 maa aa	Complete the control of the control	
	line 4 🕨 \$19,113		1010000			','','' ,'','! !!!!!!!!!!!!!!!!!!!!!!!!
	Applied to 2017, but not more than line 2:		······································			
b	Applied to undistributed income of prior year	ears				
	(Election required – see instructions)					
С	Treated as distributions out of corpus (Ele	ection				
	required – see instructions)			ubumbananan mbamba		
d	Applied to 2018 distributable amount				·····	
е	Remaining amount distributed out of corp		19,113		0 1010 11	, ,
5	Excess distributions carryover applied to			·····	***************************************	
	(If an amount appears in column (d), the	same			5.00 o	
	aniount must be shown in column (a),)			٠,	,	7
6	Enter the net total of each column as					
	indicated below [.]		*** ** **********	որ և համականի համական համանական համանական համանական համական համական համական համական համական համական համական հա		
	Corpus Add lines 3f, 4c, and 4e. Subtrac-		45,630			112.64 119.07
b	Prior years' undistributed income Subtraction	ot .				
	line 4b from line 2b					
C	Enter the amount of prior years' undistribit	uted				
	income for which a notice of deficiency ha	ıs				
	been issued, or on which the section 4942	2(a)				
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxable					
	amount - see instructions					
е	Undistributed income for 2017 Subtract li	ne				
	4a from line 2a Taxable amount – see					
	instructions					
f	Undistributed income for 2018 Subtract li			1718	7 11 11 11 11 11 11 11 11 11 11 11 11 11	
	4d and 5 from line 1. This amount must be	е				
	distributed in 2019		***************************************			0
7	Amounts treated as distributions out of co	rpus				
	to satisfy requirements imposed by section	n				
	170(b)(1)(F) or 4942(g)(3) (Election may b	oe l				
	required—see instructions)					
8	Excess distributions carryover from 2013	not				
	applied on line 5 or line 7 (see instructions	s)	2,470			
9	Excess distributions carryover to 2019					
	Subtract lines 7 and 8 from line 6a		43,160			
10	Analysis of line 9		nn , !!		e a na a a a a a a a a a a a a a a a a a	
а	Excess from 2014	1,743		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
b	Excess from 2015	2,224			* ,	
С	Excess from 2016	2,310			71	
d	Excess from 2017	17,770		44 142+41 11 1 1 1 P	190 U) HHHH 1 1 W	, , , , , , , , , , , , , , , , , , , ,
е	Excess from 2018	19,113		φ		1 111
_						+ 1

3 Grants and Contributions Paid During		<u>or ⊢uture Pa</u>	yment	r	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Found statu	s of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recip	ient		
a Paid during the year North Carolina Lions Found PO Box 39 Sherrills Ford NC 28673	ation	Public	Exemp	: Purpose	1,000
Cove Church 197 Langtree Rd Mooresville NC 28117		Public	Evenn	t Purpose	1,000
110010011110 110 1011,			nacmp	rurpose	1,00
Community Foundation of Hor 215 West Sycamore Kokomo IN 46901	ward Co.	Public	Ехетр	: Purpose	1,20
Family Service Foundation 618 South Main St Kokomo IN 46901		Public	Exemp	: Purpose	1,20
Pulse Opera House PO Box 631 Warren IN 46792		Public	Exemp	t Purpose	2,000
Dove House Childrens Advoca PO Box 825 Statesville NC 28687	acy Ctr	Public		-	
Statesville NC 2868/			Exemp	Purpose	1,00
Mooresville Soup Kitchen 275 South Broad Street Mooresville NC 28115		Public	Exemp:	t Purpose	1,000
Wheatland Ave Methodist Ch 440 Wheatland Ave Logansport IN 46947	ırch	Public	Exemp	: Purpose	2,000
St Andrews By The Sea UMC 20 Pope Avenue Hilton Head SC 29928		Public	Exemp	: Purpose	1,000
Bridges Outreach Inc 208 N Main St Kokomo IN 46901		Public	Evemp	: Purpose	1,200
Total	 		плетр	▶ 3a	19,000
b Approved for future payment N/A					
	•				
Total				▶ 3b	

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year BSA Troop 173 137 Moseman Rd Public 1,000 Yorktown Heights NY 10598 Exempt Purpose Hope of Mooresville PO Box 434 Public Mooresville NC 28115 Exempt Purpose 1,000 The Michael J Fox Foundation PO Box 4777 Public New York NY 10163-4777 Exempt Purpose 1,000 Friends of Kokomo Howard Pub Librar 220 N Union Street Public Kokomo IN 46901 Exempt Purpose 1,200 Citizens Untd for Rsrch in Epilepsy 233 W Erie St Public Chicago IL 60654 Exempt Purpose 1,000 Coordinated Assistance Minstries 210 N Market-PO Box 523 Public Kokomo IN 46903 Exempt Purpose 1,200 3a Approved for future payment N/A Total ▶ 3b

Enter gross amo						
•	ounts unless otherwise indicated	Unrelated	business income	Excluded	by section 512, 513, or 514	(e)
4 Barrara		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program se		+		+		<u> </u>
		-		+ +		
-		-				
d	100		· · · · · · · · · · · · · · · · · · ·			
e -		-				
f						
g Fees an	d contracts from government agencies		,	 	······································	
=	dues and assessments		·	1		·
	savings and temporary cash investments		· · · · · · · · · · · · · · · · · · ·			······································
	nd interest from securities					7,586
5 Net rental in	come or (loss) from real estate					··································
	anced property					
	t-financed property					
6 Net rental in	come or (loss) from personal property					
7 Other invest						
8 Gain or (loss	s) from sales of assets other than inventory					-1,030
	or (loss) from special events					
10 Gross profit	or (loss) from sales of inventory					
11 Other reven	ue a					
					_	
с		_				
d				<u> </u>		
е		_				
	ld columns (b), (d), and (e)			0 1	0	6,556
	ine 12, columns (b), (d), and (e)				13	6,556
	in line 13 instructions to verify calculations)					
	D. 1. 4					
Part XVI-B	····					
Line No.	Explain below how each activity for which incom	e is reported in col	umn (e) of Part XV	I-A contrib	uted importantly to the	
Line No. ▼	····	e is reported in col	umn (e) of Part XV	I-A contrib	uted importantly to the	
Line No.	Explain below how each activity for which incom	e is reported in col	umn (e) of Part XV	I-A contrib	uted importantly to the	
Line No. ▼	Explain below how each activity for which incom	e is reported in col	umn (e) of Part XV	I-A contrib	uted importantly to the	
Line No. ▼	Explain below how each activity for which incom	e is reported in col	umn (e) of Part XV	I-A contrib	uted importantly to the	
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Line No. ▼	Explain below how each activity for which incom	e is reported in col	umn (e) of Part XV	I-A contrib	uted importantly to the	

w. Key Hus

& Associates CPAs

P.O. Box 3185 - 532 Williamson Road

28117

704-664-7201

04/24/19

PTIN

Firm's EIN ▶

Phone no

P00632275

56-2226954

self-employed

Paid

Preparer

Use Only

W Kelly Hill

Firm's name

Firm's address

McCall

Mooresville, NC

Ladd,

4/24/2019 2:25 PM -1,030 -1,030 Gain / Loss 4 101 101 Charitable Charitable Purpose Purpose 11/21/18 11/21/18 11/20/18 1/16/18 11/16/18 ረን Date Depreciation ‹› Statement 4 - Form 990-PF, Part I, Line 25 - Noncash Contributions, Gifts, Grants Adjusted Adjusted Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees Book Value Explanation ሪን S Ret Ret Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets Expense Statement 3 - Form 990-PF, Part I, Line 18 - Taxes 16,020 16,020 Investment Investment **Book Value Federal Statements** Net Net Amount Cost S ሪን Received Purchase 14,990 14,990 MoH 101 101 Price Sale Explanation Total Total FM< ‹› Various 11/21/18 ł۸ Date Sold MCCLELLFF Michael J & Vicki L McClelland Indirect Other Professional Fees 636-588636 Acquired Description Date Noncash Description Indirect Taxes/Licenses Description Description Fidelity Investments FYE: 12/31/2018 Whom 1,200 1,200 2,000 1,000 1,000 35-2093969 Total Total Amount

MCCLELLFF Michael J & Vicki L McClelland 35-2093969

Federal Statements

FYE: 12/31/2018

Grants	
Gifts ,	
contributions,	
- Noncash C	
25	
Line	,
Part I	
Statement 4 - Form 990-PF,	

(continued)

Book Value Explanation

Book Value Amount

Explanation FM<

Noncash Description

Amount

1,000 2,000

1,000 1,000 1,000 1,000 1,000 1,200 1,200

11/20/18 Date

11/20/18 11/16/18 11/20/18 11/21/18 11/20/18 11/20/18 11/20/18 11/20/18 11/21/18 11/16/18

Statement 5 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Fidelity Brokerage Services Description

Total

242,290 242,290 Beginning of Year

229,403 229,403 End of Year

Basis of Valuation Cost

Fair Market Value

MCCLELLFF Michael J & Vicki L McClelland

Federal Statements

FYE: 12/31/2018

35-2093969

Statement 6 - Form 990-PF, Part VII-A, Line 8b - Not Filing with Attorney General Explanation

Description		

4/24/2019 2:25 PM

The foundation is exempt from filing under SC Code ANN 33-56-50.

Statement 7 - Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	Amou	nt
Michael J McClelland Vicki L McClelland	\$	
Total	\$	