A Employer identification number

B Telephone number (see instructions)

59-1896729

CHANGE IN ACCOUNTING PERIOD

08/01, 2018, and ending

Room/suite

Form 990-PF

Department of the Treasury Internal Revenue Gervice

Name of foundation

For calendar year 2018 or tax year beginning

MCLAMORE FAMILY FOUNDATION, INC.

Number and street (or P O box number if mail is not delivered to street address)

Return of Private Foundation

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

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

OMB No 1545-0052

Open to Public Inspection

12/31, 2018

_			
	3	_	
ī	•		

	FOU	NDATION SOURCE 501 SILVERSIDE	RD			(800) 83	9-1754	
Cit	y or to	own, state or province, country, and ZIP or foreign posta	al code						
						C If ex	emption applica ling, check here	tion is	▶[
_1	MIT	MINGTON, DE 19809-1377							_
G	Che	ck all that apply Initial return	Initial return o	of a former p	ublic charity	D 1 F	oreign organizat	ions, check here	▶L
		Final return	Amended ret	urn			oreign organiza		e
		X Address change	Name change	Э			5% test, check homputation		▶
H	Che	ck type of organization X Section 501(c)(3) exempt private for	oundation	$\Delta \Box$		·		· –
Γ	$\overline{}$	ection 4947(a)(1) nonexempt charitable trust	Other taxable pri			1 '	ivate foundation er section 507(b		- L
Ť			unting method X Ca				e foundation is		
	end		ther (specify)			1	er section 507(b)		
		· · · · · · · · · · · · · · · · · · ·	column (d) must be on car	sh basis)		-			
P		Analysis of Revenue and Expenses (The		· · · · · · · · · · · · · · · · · · ·					ursements
-	WI V I	total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net inve		(c) Adju			arıtable
		may not necessarily equal the amounts in column (a) (see instructions))	books	incom	e	inco	ome		ooses asıs only)
П	1				·			,	
	•	Check X if the foundation is not required to			 	.	• • •	42	, , ,
	2	attach Sch D	141.	• •	141.	_ 41	•		
	3	Interest on savings and temporary cash investments.	69,120.	6	9,120.				
	4	Dividends and interest from securities	03/120.	· ·	7,120.		-	-	
		Gross rents						,	
		Net rental income or (loss)	23,321,	>		2.1	·		
Revenue	ба h	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 2,589,900.	43,321.		- ·				
9		assets on line ha	pa make a n n n		0.	F	BE.	14 F 16 L 16	
اچ	7	Capital gain net income (from Part IV, line 2).			- 0.		111		
"	8	Net short-term capital gain				g	3	12	10
	9	Income modifications				Ę	fl NOV	2 5 201	<u>g (</u>
	IVa	and allowances					<u> </u>	2	li <u>r</u>
	b	Less Cost of goods sold .	<u></u>	Au 1		/	Language Control	11.1	
		Gross profit or (loss) (attach schedule)			12		<u> </u>	IF N.	
		Other income (attach schedule) ATCH, 1	13.		13.				
\downarrow	12	Total Add lines 1 through 11	45,953.	6	9,274.				
	13	Compensation of officers, directors, trustees, etc	0.						
š	14	Other employee salanes and wages							
Expenses	15	Pension plans, employee benefits							
Š	16 a	Legal fees (attach schedule) ATCH 2	246.						2
- 1	b	Accounting fees (attach schedule)							
Š.	С	Other professional fees (attach schedule).[3]	17,490.	1	7,340.				1
strative	17	Interest							
<u>is</u>	18	Taxes (attach schedule) (see instructions)[4].	1,900.						
Admin	19	Depreciation (attach schedule) and depletion.							
튕	20	Occupancy							
≤	21	Travel, conferences, and meetings	22,752.			,			22,7
Ĕ	21 22	Printing and publications							
0	23	Other expenses (attach schedule) ATCH .5.	5,347.						5,3
딃	24	Total operating and administrative expenses.							
E		Add lines 13 through 23	47,735.	1	7,340.				28,4
칡	23 24 25	Contributions, gifts, grants paid	310,500.						310,5
	26	Total expenses and disbursements Add lines 24 and 25	358,235.	1	7,340.		0.		338,9
_	27	Subtract line 26 from line 12	·		•	•		11.	
		Excess of revenue over expenses and disbursements	-312,282.		• 1				
- 1		Net investment income (if negative, enter -0-)	522,552.	5	1,934.				
	h.			J	,				

	art II	Balanca Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	l of year
Щ	art II	Datatice Streets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beari	ng			
	2		cash investments	114,298.	373,563	373,563
	3	Accounts receivable		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	t an mar the transfer	
		Less allowance for dou	btful accounts ▶		_	
	4	Pledges receivable				1
		Less allowance for dou	btful accounts ▶			
	5					
	6	Receivables due from	officers, directors, trustees, and other			
		disqualified persons (at	tach schedule) (see instructions)			
	,		ederváble (altach schedule) 🕨	Commence of the Property of	" A style of the style of the second	A HAD BUSH BUSH SWIFT
		Less allowance for dou				
ষ	8		e			
Assets	9		eferred charges			
As	_		e government obligations (attach schedule)[6]	657,052.	78,778	. 78,822
			stock (attach schedule) ATCH 7	4,736,325.		
	c		bonds (attach schedule) ATCH 8	456,417.	331,667	
	11	Investments - land, buildings and equipment basis Less accumulated deprecia (attach schedule)	<u> </u>	-		,
	12 13 14	Investments - mortgage Investments - other (atta Land, buildings, and	loans			1
		equipment basis Less accumulated deprecia (attach schedule)		<u>.</u> -	men	,
	15	Other assets (describe				
	16		completed by all filers - see the	E 004 000	E (E1 010	6 054 450
_			age 1, item l)	5,964,092.	5,651,810	6,054,458
	17	• •	ccrued expenses			
	18	· ·				
<u>ë</u>	19	Deferred revenue				
Liabilities	20		rs, trustees, and other disqualified persons			
iat	21		ites payable (attach schedule)			
_	22	Other liabilities (describe	•▶)			
				•		
_	23		s 17 through 22)	0.	C	' · · · · · · · · · · · · · · · · · · ·
ances			v SFAS 117, check here ▶ L			·
a	24					
Ba	25					
2	26					1
or Fund B		Foundations that do not and complete lines 27	ot follow SFAS 117, check here ▶ X through 31.			
S	27	Capital stock, trust princ	cipal, or current funds		-	
set	28	Paid-in or capital surplus, or	land, bldg , and equipment fund			
Š	29	- ·	ulated income, endowment, or other funds	5,964,092.	5,651,810	
Net Assets	30		I balances (see instructions)	5,964,092.	5,651,810	• '
ž	31	Total liabilities and	net assets/fund balances (see			',
_				5,964,092.	5,651,810	·
			nges in Net Assets or Fund Bala		 	
1			palances at beginning of year - Part		- I	F 064 000
			ed on prior year's return)			5,964,092
			line 27a			-312,282
			ded in line 2 (itemize) ►		3	5 651 010
						5,651,810
		reases not included in			5	F (F1 010
_6	Iota	ar net assets or fund b	alances at end of year (line 4 minus	iine 5) - Part II, column (b), line 30 6	5,651,810

Page 3

Part IV Capital Gains	s and Losses for Tax on Inve	estment Income			
	escribe the kind(s) of property sold (for ebrick warehouse, or common stock, 200		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a SEE PART IV SCHE	DULE				
b					
d					
<u>e</u>	<u> </u>	T			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	_	(h) Gain or (lo ((e) plus (f) minu	
<u>a</u>					
b					
c_	 		-	<u></u>	
d					
Complete only for accets	showing gain in column (h) and owned	by the foundation on 12/31/69			
Complete only for assets s	T		(1)	Gains (Col (h) ga (k), but not less t	ain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI	Losses (from co	(h))
b	 	· · · · · · · · · · · · · · · · · · ·			-
					
<u>d</u>			-		
	16 -	an also aster a Dart I line 7		_	
2 Capital gain net income	e or (net canital loss)	ain, also enter in Part I, line 7	2		-23,321.
3 Net short-term capital o	ال الله الله (loss) as defined in sections	oss), enter -0- in Part I, line 7	+		23,321.
	Part I, line 8, column (c) See ins				
•			3		0.
	Under Section 4940(e) for Rec		ncome		
	r the section 4942 tax on the distrib		ase perio	d?	Yes X No
	n't qualify under section 4940(e)				
1 Enter the appropriate a	amount in each column for each year		ing any er T	(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	col (c))
2017	316,870.	6,872,316.			0.046108
2016	307,029.	6,466,088.	1		0.047483
2015	296,865.	6,132,046.	-		0.048412
2014	259,548.	6,563,408. 6,464,949.	 		0.039343
2013	286,576.	6,464,949.	+		0.044328
	7-15		,		0.225876
2 Total of line 1, column	(d)	to the Add on the O 5 5 5 0 and	2		0.223070
	tio for the 5-year base period - divid		3		0.045175
the number of years the	e foundation has been in existence	ir less than 5 years			0.010173
4 Enter the net value of n		from Part X. line 5	4	6,	690,087.
E Millimby line 4 his line 9	noncharitable-use assets for 2018 f				
5 Multiply line 4 by line 3	noncharitable-use assets for 2018 f		5		302,225.
6 Enter 1% of net investr	3		6		302,225.

Form 9	990-PF(2018) MCLAMORE FAMILY FOUNDATION, INC. 59-189	5729	P	age 4
Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see it	nstru	ctions	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here			-
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check		5	19.
	here ▶ X and enter 1% of Part I, line 27b			{
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			1
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
3	Add lines 1 and 2		5	<u> 19.</u>
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			19.
6	Credits/Payments			;
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 2,100.			ļ
b	Exempt foreign organizations - tax withheld at source			1
	Tax paid with application for extension of time to file (Form 8868) 6c		•	į
d	Backup withholding erroneously withheld	.		!
	Total credits and payments Add lines 6a through 6d		2,1	.00.
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1,5	81.
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ 1,581. Refunded ▶ 11			
Par	t 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?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	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			_
С	Did the foundation file Form 1120-POL for this year?	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			٠ ا
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			,
	on foundation managers \$;
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	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 incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	X	
4a	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?	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			'
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	,		:
	conflict with the state law remain in the governing instrument?	6	X	<u> </u>
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	
	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	FL,			[.
	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 G2 If "No," attach explanation	8b	X	ļ
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			4
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes,"			,
	complete Part XIV	9		_X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			v
	names and addresses	10		X

Form 990-PF (2018)

Pa	rt VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ▶ FOUNDATION SOURCE Telephone no ▶ 800-839-	-1754	4	
	Located at ▶501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE ZIP+4 ▶ 19809-13	377		
15			•	\Box
-	and enter the amount of tax-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		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country >			
Pa	t VII-B 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.		Yes	No
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? Yes X No			
	(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?		İ	l
	(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			İ
	foundation agreed to make a grant to or to employ the official for a period after			ĺ
	termination of government service, if terminating within 90 days)			l
ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			İ .
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	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?	1c		Х
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(j)(3) or 4942(j)(5))			1
а	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?			1
	If "Yes," list the years			1
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			ĺ
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			L
	all years listed, answer "No" and attach statement - see instructions)	2b		l
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		-	
	>			
3a	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 it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			l
	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 gift or bequest, or (3) the lapse of			l
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2018)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		Х

Pai	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Req	uired (cont	ınued)			
5a	During the year, did the foundation pay or incur any amount	ount to					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No							
	(2) Influence the outcome of any specific public ele	ection (see section 4	4955), or to carry or	١,	_			{
	directly or indirectly, any voter registration drive?							
	(3) Provide a grant to an individual for travel, study, or o				X No			{
	(4) Provide a grant to an organization other than a	charitable, etc., org	janization described in	n			İ	
	section 4945(d)(4)(A)? See instructions			. Yes	X No		į	∤
	(5) Provide for any purpose other than religious, ch							!
	purposes, or for the prevention of cruelty to children	or animals?		. Yes	X No			{
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions des	cribed in			!
	Regulations section 53 4945 or in a current notice regar	ding disaster assistan	ce? See instructions.			5 b		
	Organizations relying on a current notice regarding disas	ster assistance, check	here		▶[
С	If the answer is "Yes" to question 5a(4), does the	foundation claim e	exemption from the t	ax		ŀ		
	because it maintained expenditure responsibility for the	grant?		. Yes	No	İ		١ ١
	If "Yes," attach the statement required by Regulations s					ļ		(
6a	Did the foundation, during the year, receive any fur		ectly, to pay premiur	ns				(
	on a personal benefit contract?	· ·		. Yes	X No		Ι.	<u>.</u> .
b	Did the foundation, during the year, pay premiums, dire			ict?		6b		Х
	If "Yes" to 6b, file Form 8870							,
7a	At any time during the tax year, was the foundation a p	arty to a prohibited ta	x shelter transaction?	. Yes	X No		_	,
b	If "Yes," did the foundation receive any proceeds or ha					7b		
8	Is the foundation subject to the section 4960 tax on pay	ment(s) of more that	ın \$1,000,000 ın					٠,
	remuneration or excess parachute payment(s) during the	year?		. Yes	X No			1
Pa	t VIII Information About Officers, Directo	rs, Trustees, Fοι	ındation Manager	s, Highly Pa	aid Emp	loyees,		
1	and Contractors List all officers, directors, trustees, and foundat	ion managers and	their companeation	See instruct	tions			
			their compensation	. Jee man uc				
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (lf not paid,	(d) Contribut employee bene	ions to efit plans	(e) Expen		
<u>·</u>		(b) Title, and average	(c) Compensation	(d) Contribut	ions to efit plans		se acco	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bene	efit plans npensation			es
		(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribut employee bene	ions to efit plans			
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bene	efit plans npensation			es
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bene	efit plans npensation			es
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bene	efit plans npensation			es
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bene	efit plans npensation			es
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bene	efit plans npensation			es
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contribut employee bene and deferred con	ions to fift plans npensation	` other al	llowance	0 .
	(a) Name and address H 10 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-) 0.	(d) Contribut employee bene and deferred con	nons to fift plans appensation 0 .	ons). If n	one,	0.
ATCI	(a) Name and address H 10 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contribute mployee beneared conditions and deferred conditions and deferred conditions are deferred conditions. (d) Contribute mployee by plans and deferred conditions are deferred conditions.	nstructio	ons). If n	one,	0.
ATCI	(a) Name and address H 10 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average	(c) Compensation (if not paid, enter -0-) 0.	(d) Contribut employee bene and deferred con e 1 - see i (d) Contribut employee bene	nstructio	ons). If n	one,	0.
2 (a)	(a) Name and address H 10 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contribute mployee beneared conditions and deferred conditions and deferred conditions are deferred conditions. (d) Contribute mployee by plans and deferred conditions are deferred conditions.	nstructio	ons). If n	one,	0.
2 (a)	(a) Name and address H 10 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contribute mployee beneared conditions and deferred conditions and deferred conditions are deferred conditions. (d) Contribute mployee by plans and deferred conditions are deferred conditions.	nstructio	ons). If n	one,	0.
2 (a)	(a) Name and address H 10 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contribute mployee beneared conditions and deferred conditions and deferred conditions are deferred conditions. (d) Contribute mployee by plans and deferred conditions are deferred conditions.	nstructio	ons). If n	one,	0.
2 (a)	(a) Name and address H 10 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contribute employee beneared conditions and deferred conditions and deferred conditions are deferred conditions. (d) Contribute employee by plans and deferred conditions are deferred conditions.	nstructio	ons). If n	one,	0.
2 (a)	(a) Name and address H 10 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contribute employee beneared conditions and deferred conditions and deferred conditions are deferred conditions. (d) Contribute employee by plans and deferred conditions are deferred conditions.	nstructio	ons). If n	one,	0.
2 (a)	(a) Name and address H 10 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contribute employee beneared conditions and deferred conditions and deferred conditions are deferred conditions. (d) Contribute employee by plans and deferred conditions are deferred conditions.	nstructio	ons). If n	one,	0.
2 (a)	(a) Name and address H 10 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contribute employee beneared conditions and deferred conditions and deferred conditions are deferred conditions. (d) Contribute employee by plans and deferred conditions are deferred conditions.	nstructio	ons). If n	one,	0.
2 (a)	(a) Name and address H 10 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contribute employee beneared conditions and deferred conditions and deferred conditions are deferred conditions. (d) Contribute employee by plans and deferred conditions are deferred conditions.	nstructio	ons). If n	one,	0.
2 (a)	(a) Name and address H 10 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contribute employee beneared conditions and deferred conditions and deferred conditions are deferred conditions. (d) Contribute employee by plans and deferred conditions are deferred conditions.	nstructio	ons). If n	one,	0.
	(a) Name and address H 10 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-) 0.	(d) Contribute employee beneared conditions and deferred conditions and deferred conditions are deferred conditions. (d) Contribute employee by plans and deferred conditions are deferred conditions.	nstructio	ons). If n	one,	0.

	paid independent contractors for professional services. See instructions. If none, enter "NONE	."
	Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
otal number of oth	ers receiving over \$50,000 for professional services	
	mary of Direct Charitable Activities	
	our largest direct charitable activities during the tax year. Include relevant statistical information such as the number of beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N/A		
2		
3		
4		
· · · · · · · · · · · · · · · · · · ·		
art IX-B Sum	mary of Program-Related Investments (see instructions)	
-	st program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
2		
2	——————————————————————————————————————	
	and investments. See instructions	
All other program-relat	ed investments. See instructions	
	ed investments. See instructions	

Page 8

Pai	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign founda	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	6,616,759.
	Average of monthly cash balances	1b	175,207.
С	Fair market value of all other assets (see instructions)	1c	
	Total (add lines 1a, b, and c)	1d	6,791,966.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	6,791,966.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	101,879.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	6,690,087.
6	Minimum investment return. Enter 5% of line 5	6	140,217.
Pa	Table Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part)	ndations	
1	Minimum investment return from Part X, line 6	1	140,217.
2a	Tax on investment income for 2018 from Part VI, line 5 2a 519.		
	Income tax for 2018 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	519.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	139,698.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	5	139,698.
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	139,698.
Pai	TEXII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	338,995.
b		1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
	Suitability test (prior IRS approval required)	3a	<u> </u>
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	338,995.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		510
	Enter 1% of Part I, line 27b See instructions		519.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		338,476.
	Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when ca	liculating v	wnether the foundation

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

Form 990-PF (2018)

Page 9

_	rt XIII Undistributed Income (see Instr	ructions)			
	Distributable amount for 2018 from Part XI,	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
•	line 7				139,698.
2	Undistributed income, if any, as of the end of 2018				1
а	Enter amount for 2017 only			336,534.	
b	Total for pnor years 20 16 ,20 15 ,20 14				,
3	Excess distributions carryover, if any, to 2018		•		1
а	From 2013				<u>`</u>
	From 2014		1		
	From 2015	一般 おお お 選択されない	- · · · · ·		agentage with the action of the 3 to 1 to 1 to 1 to 1 to 1 to 1 to 1 to
	From 2016	and the second of the second o	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Anton Anno 19	
	From 2017	-	1 (/)	<u>, , , , , , , , , , , , , , , , , , , </u>	- 1
	Total of lines 3a through e				,, ,'
4	Qualifying distributions for 2018 from Part XII, line 4 > \$ 338,995.				1
	Applied to 2017, but not more than line 2a			336,534.	
	•				
D	Applied to undistributed income of prior years (Election required - see instructions)				· ·
c	Treated as distributions out of corpus (Election		* ** . 74*	t eits y	
·	required - see instructions)				
d	Applied to 2018 distributable amount				2,461.
	Remaining amount distributed out of corpus				• • • • • • • • • • • • • • • • • • • •
5	Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:		:		
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				· ·
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				ř
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable amount - see instructions				
е	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				137,237.
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)				·
	Excess distributions carryover to 2019.		··-		(
9	Subtract lines 7 and 8 from line 6a	0.			ş.
10	Analysis of line 9				į
	Excess from 2014	, , , , , , , , , , , , , , , , , , ,			1
	Excess from 2015			1	į į
	Excess from 2016				(
d	Excess from 2017				
e	Excess from 2018	'			
					Form 990-PF (2018)

	1 990-11 (2018)		THILDI LOONDAI				030723 Fage 10
Рa	rt XIV Private Op	erating Foundations	s (see instructions a	nd Part VII-A, quest	ion 9)	NO	T APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter tha	it it is a private oper	ating		
	foundation, and the ruling	g is effective for 2018, ei	nter the date of the ruling		▶[
b	Check box to indicate v	vhether the foundation	is a private operating	foundation described in	n section	4942(j)(3	3) or 4942(J)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	,		(e) Total
	justed net income from Part	(a) 2018	(b) 2017	(c) 2016	(d) 20	15	(2) 1021
	I or the minimum investment return from Part X for each						
	year listed						
h	85% of line 2a						
С	Qualifying distributions from Part XII, line 4 for each year listed .						
d	Amounts included in line 2c not						
_	used directly for active conduct						
	of exempt activities			 			
е	Qualifying distributions made directly for active conduct of						
	exempt activities Subtract line						
_	2d from line 2c				ļ		
3	Complete 3a, b, or c for the alternative test relied upon						
а	"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 invest-						
	ment return shown in Part X				1		
_	line 6 for each year listed						
C	"Support" alternative test - enter						
	(1) Total support other than gross investment income						
	(interest, dividends, rents,				1		
	payments on secunties loans (section 512(a)(5)),						
	or royalties)						
	(2) Support from general						
	public and 5 or more exempt organizations as						
	provided in Section 4942 ()(3)(B)(jii)						
	(3) Largest amount of sup-						
	port from an exempt			•			
	organization (4) Gross investment income .						
_		ntary Information (C	Complete this part	only if the found	ation had \$	5.000 or	more in assets at
		uring the year - see		. omy m mo nound		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1	Information Regarding	<u> </u>					
	List any managers of	•		e than 2% of the tot	al contributio	ns receive	d by the foundation
_	before the close of any						,
	•	, , ,	•	, , ,		. , , , ,	
	NONE List any managers of	the foundation who		f the steel of a corr	aration (or o	n caually l	large parties of the
D	ownership of a partner					in equally i	arge portion or the
	ownership of a partiler	simply of other entity) of	windir the roundation	i nas a 10 % or greater	interest		
	4-						
	N/A						
2	Information Regarding	-		• • •			
	Check here ► X if t	he foundation only r	makes contributions	to preselected char	itable organi	zations an	d does not accep
	unsolicited requests for			ants, etc., to individua	als or organiz	tations und	er other conditions,
	complete items 2a, b, o						
а	The name, address, a	nd telephone number (or email address of t	ne person to whom ap	plications shot	uld be addre	ssed
							-
b	The form in which appl	ications should be sub	mitted and information	on and materials they	should includ	е	·
С	Any submission deadli	nes					
d	Any restrictions or li	mitations on awards.	such as by geogr	aphical areas, chariti	able fields.	kinds of in	stitutions, or other
-	factors						

Page 11

Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	ing the Year or App	roved for	Future Payment	
, Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year		İ		
ATCH 11]	
			į	
		ŀ		
				ŀ
				}
	:	ŀ		
Total			▶ 3a	310,500.
b Approved for future payment	· · · · · · · · · · · · · · · · · · ·		<u>▼ 3a</u>	310,300.
2 Approved for latare payment				
			1	
		1		
		}		
		[
Total			▶ 3b	

Part XVI-A Analysis of Income-Prod	ucing Acti	vities	1		
Enter gross amounts unless otherwise indicated	(a)	ated business income (b)	(c)	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a					
b					
с				-	
d				-	
e				·	
•					
g Fees and contracts from government agencies			-		
2 Membership dues and assessments					,
3 Interest on savings and temporary cash investments -			14	141.	
4 Dividends and interest from securities			14	69,120.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property	Į.				
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	-23,321.	
9 Net income or (loss) from special events · · ·					
Gross profit or (loss) from sales of inventory					
1 Other revenue a					
b ATCH 12				13.	
c					
d					
e					
2 Subtotal Add columns (b), (d), and (e)				45,953.	
3 Total Add line 12, columns (b), (d), and (e)				13	45,953.
See worksheet in line 13 instructions to verify calc					
Part XVI-B Relationship of Activitie	s to the A	ccomplishment of E	xempt Pur	poses	
Explain below how each activit accomplishment of the foundation	-				
					
				**	
		7 22 32 2		<u>.</u>	
-					

Form 990-PF (201	8) MCLAMORE FAMILY FOUNDATION, INC.	59-1896729	Paç	ge 13
Part XVII	Information Regarding Transfers to and Transactions and Relationships Exempt Organizations	With Noncharit	able)
	organization directly or indirectly engage in any of the following with any other organization 501(c) (other than section 501(c)(3) organizations) or in section 527, relating ions?	1 6	Yes	No

a Transfers from the reporting foundation to a noncharitable exempt organization of X **b** Other transactions Х Х Х 1b(3) 1b(4) Х 16(5) Х Х

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of nonchantable exempt organization	(d) Description of transfers, transactions, and shanng arrangements
	N/A		N/A
,	-		
		•	
2a is the	foundation directly of	or indirectly affiliated with or related to or	ne or more tax-exempt organizations

described in section 501(c) (other than s		· · · · · · · · · · · · · · · · · · ·
b If "Yes," complete the following schedule)	
(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of pegury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is trui
correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge
A COM May the IRS discuss this return

	correct	, and complete. Declaration of preparer (other than tax	payer) is based on all information of	f which preparer has any knowledge		•	•	
Sign	1	Ausan M. Bernara	10/30/19	7 Treasurer	Ma		IRS discuss	this return
Here	\$400 -500	ature of officer or trustee USAN M. BUNAN	Date /	Title	Se	e instru	ctions X	Yes N
		Print/Type preparer's name	Preparer's signature	Date	Ch - di		.c P∏N	

Paid 10/29/2019 self-employed P01345770 JEFFREY D HASKELL JEFFREY D HASKELL Preparer Firm's EIN ▶ 510398347 ▶ FOUNDATION SOURCE Firm's name **Use Only** ▶ ONE HOLLOW LN, STE 212 Firm's address 11042 800-839-1754 LAKE SUCCESS, NY

Form 990-PF (2018)

- OTHER INCOME PART I FORM 990PF, DESCRIPTION CLASS ACTION LAWSUIT PROCEEDS

NET INVESTMENT INCOME REVENUE AND EXPENSES PER BOOKS

TOTALS

13.

MCLAMORE FAMILY FOUNDATION, INC.

2	·	CHARITABLE PURPOSES	246.	246.
ATTACHMENT 2		ADJUSTED NET INCOME		
		NET INVESTMENT INCOME		
		REVENUE AND EXPENSES PER BOOKS	246.	. 246.
	FORM 990PE, PART I - LEGAL FEES	DESCRIPTION	DOCUMENT REVIEW/DRAFTING	\ TOTALS

2018 FORM 990-PF

MCLAMORE FAMILY FOUNDATION, INC.

PART I - OTHER PROFESSIONAL FEES FORM 990PE,

CHARITABLE <u>PURPOSES</u>	150.	150.
NET INVESTMENT INCOME	17,340.	17,340.
REVENUE AND EXPENSES PER BOOKS	17,340.	17,490.
DESCRIPTION	INVESTMENT MANAGEMENT SERVICES VIDEO PRODUCTION SERVICES	TOTALS

FORM 990PF, PART I - TAXES

REVENUE AND EXPENSES

DESCRIPTION

PER BOOKS

990-PF ESTIMATED TAX FOR 2019

1,900.

TOTALS

1,900.

Ŋ

ATTACHMENT

- OTHER EXPENSES PART I FORM 990PF, REVENUE AND EXPENSES PER BOOKS DESCRIPTION

ADMINISTRATIVE FEES
POSTAGE/DELIVERY SERVICE
STORAGE FEE

TOTALS

5,347.

180.

5,162.

CHARITABLE
PURPOSES
5,162. 180.

5,347.

ATTACHMENT 6	ENDING BOOK VALUE FMV	78,778.	78,778.
FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS	DESCRIPTION	US T BILLS - 0.000% - 02/05/20	US OBLIGATIONS TOTAL ==

MCLAMORE FAMILY FOUNDATION, INC.

ATTACHMENT

FORM 990PF, PART II - CORPORATE STOCK

ENDING <u>FMV</u>	41,813. 27,800. 28,000. 13,013. 42,090. 43,750. 1,236,857. 359,979. 86,099. 1,236,857. 107,298. 43,491. 13,631. 21,652. 237,470. 1,584,992. 275,191. 163,013. 41,479.
ENDING BOOK VALUE	30,951. 103,204. 105,004. 40,814. 51,630. 53,634. 150,764. 30,447. 98,054. 880,852. 431,245. 109,898. 110,702. 31,759. 13,887. 20,951. 139,489. 206,028. 1,342,088. 1,342,088. 1,342,088. 1,342,088. 1,342,088.
	SYSTEMS INC E MAC 8.375% PERPETUAL L ELECTRIC CO N SACHS PFD SER C N SACHS PFD SER C N SACHS PFD SER D - 4.00 HEIM LIMITED DURATION FU CORP O INTERNATIONAL CORPORAT O QQQ TRUST SP SMALL CAP 600 INDEX S RUSSELL MIDCAP VALUE S TRUST RUSSELL 2000 VAL S US MEDICAL DEVICES IND INCOME STRATEGY FUND INCOME ST
DESCRIPTION	CISCO SYSTEMS INC FEDERAL NATIONAL MTG AS FREDDIE MAC 8.375% PERIGENERAL ELECTRIC CO GOLDMAN SACHS PFD SER (GOLDMAN SACHS PFD SER (GOLDMAN SACHS PFD SER (GOLDMAN SACHS PFD SER (GOLDMAN SACHS PFD SER (INVESCO INTERNATIONAL (INVESCO INTERNATIONAL (INVESCO QOQ TRUST ISHARE SP SMALL CAP 60(ISHARES TRUST RUSSELL (ISHARES US MEDICAL DEV) PFIZER INC PIMCO INCOME STRATEGY B PIMCO INCOME STRATEGY B PIMCO INCOME STRATEGY B PIMCO TOTAL RETURN ETF RIDGEWORTH FDS SEIX FLC SELECT SECTOR SPDR-HEAI SPDR BARCLAYS SHORT TER SPDR SARCLAYS SHORT TER SPDR SARCLAYS SHORT TER SPDR S&P 500 ETF TRUST TEMPLETON GLOBAL BD THE COCA-COLA CO

MCLAMORE FAMILY FOUNDATION, INC.

8	
ROND	
RATE	
CORPO	
- - -	
ART T	
PΑ	
90PF.	
)PF.	

ENDING	104,324. 70,024. 66,500. 13,550. 99,375.	
ENDING BOOK VALUE	100, 119. 60, 981. 68, 615. 13, 872. 88, 080.	
DESCRIPTION	DELPHI FINL GROUP - 7.875% - 0 JPMORGAN CHASE - 7.900% - 12/3 TRANSOCEAN INC - 6.800% - 03/1 WELLS FARGO MBS - 4.485% - 11/ WELLS FARGO NTS - 7.980% - 02/	

FORM 990PE, PART II - OTHER INVESTMENTS

DESCRIPTION

ENDING BOOK VALUE

ENDING FMV

THE BURGER KING-PUBLISHING RGT

TOTALS

ATTACHMENT 9

990-PF MCLAMORE FAMILY FOUNDATION, INC. 59-1896729
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of F	Property		Desc	ription		P Or D	Date acquired	Date sold
Gross sale	Depreciation allowed/	Cost or	FMV	Adı basıs	Excess of	Т	Gain I	
price less expenses of sale	allowable	other basis	as of 12/31/69	as of 12/31/69	FMV over adj basis	$\bot \!\!\! \bot$	or (loss)	
2,589,900.		PUBLICLY-TF 2,613,221.	RADED SECURI				-23,321.	
TOTAL GAIN(L	oss)				•••••			
			'					

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SUSIE M BERNARD 'FOUNDATION SOURCE 501 SILVERSIDE RDWILMINGTON, DE 19809-1377	TREAS, DIR 1.00	.0	o	·
JARED MADDUX FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	DIR 1.00	Ċ	·	.0
LYNNE M MADDUX FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	DIR 1.00	Ċ	.0	.0
TUCKER MCCORMACK FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	DIR, SEC 1.00	· O	.0	.0
WILLIAM MCCORMACK FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	DIR 1.00	ò	Ö	·o
CLAIRE MCCORMACK HOGAN FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	DIR 1.00	.0	.0	.0

FORM 990PF, PART VIII - LIST OF OFFICERS,	ERS, DIRECTORS, AND TRUSTEES		ATTACH	ATTACHMENT 10 (CONT'D)
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JAMES MCLAMORE FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	DIR 1.00	.0	Ö	Ċ
NANCY N MCLAMORE FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	CHAIRMAN, DIR 1.00	Ö	Ö	O
STERLING MCLAMORE JR FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	DIR 1.00		Ö	·
S WHITMAN MCLAMORE SR FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	PRES, DIR 1.00	Ö	ö	o
SARA ROBERTSON FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	DIR 1.00	o	Ö	. 0
CHRIS SPENCE FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	DIR 1.00		.0	. 0

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MCLAMORE FAMILY FOUNDATION, INC.

ATTACHMENT 10 (CONT'D)	EXPENSE ACCT AND OTHER ALLOWANCES	·	0.
ATTACE	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	·	0.
	COMPENSATION	.0	0.
ERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIR 1.00	GRAND TOTALS
FORM 990PF, PART VIII - LIST OF OFFICERS,	NAME AND ADDRESS	PAMELA M SPENCE FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 11

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AKRON CHILDRENS HOSPITAL FOUNDATION 1 PERKINS SQ AKRON, OH 44308	N/A PC	GENERAL & UNRESTRICTED	3,500
BERKELEY PREPARATORY SCHOOL INC 4811 KELLY RD TAMPA, FL 33615	N/A PC	BERKELEY FUND	3,500
BURGER KING MCLAMORE FOUNDATION INC 5707 BLUE LAGOON DR MIAMI, FL 33126	N/A PC	JAMES W MCLAMORE WHOPPER SCHOLARSHIP FUND	100,000
CATHOLIC CAMPUS MINISTRY AT SOUTHERN METHODIST UNI 3057 UNIVERSITY BLVD DALLAS, TX 75205	N/A PC	GENERAL & UNRESTRICTED	200
CUMBERLAND COUNTY PLAYHOUSE INC PO BOX 484 CROSSVILLE, IN 38557	N/A PC	GENERAL & UNRESTRICTED	1,000
FAITH IN SPIRIT WITH NORTHFIELD MOUNT HERMON FOUND 412 HIGHLAND RD POTISTOWN, PA 19464	N/A PC	BREAKAWAY PROGRAM	3,500

MCLAMORE FAMILY FOUNDATION, INC

59-1896729

ATTACHMENT 11 (CONT'D)

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GOLDEN RETRIEVER RESCUE OF NORTH TEXAS INC PO BOX 670031 DALLAS, TX 75367	N/A PC	GENERAL & UNRESTRICTED	250
HELPING HAND HOME FOR CHILDREN 3804 AVE B AUSTIN, TX 78751	N/A PC	GENERAL & UNRESTRICTED	3,500
HUCKLEBERRY FOUNDATION 3416 PURDUE AVE DALLAS, TX 75225	N/A PC	GENERAL & UNRESTRICTED	250
HUMANE SOCIETY OF TAMPA BAY INC 4023 N ARMENIA AVE STE 490 TAMPA, FL 33607	N/A PC	GENERAL & UNRESTRICTED	1,000
HYDE PARK UNITED METHODIST CHURCH 500 W PLATT ST TAMPA, FL 33606	N/A PC	SMALL BLESSINGS PROGRAM	1,000
KEEP PUTNAM COUNTY BEAUTIFUL CLEAN COMMISSION INC 305B S WILLOW AVE COOKEVILLE, TN 38501	N/A PC	GENERAL & UNRESTRICTED	500.

ATTACHMENT 11 (CONT.D)

FORM COUPE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MUSCULAR DYSTROPHY ASSOCIATION 550 FAIRWAY DR, #201 DEERFIELD BEACH, FL 33441	N/A PC	GENERAL & UNRESTRICTED	3,500
NATIONAL PEDIATRIC CANCER FOUNDATION INC 5550 W EXECUTIVE DR STE 300 TAMPA, FL 33609	N/A PC	GENERAL & UNRESTRICTED	1,500
NORTHFIELD MOUNT HERMON SCHOOL ONE LANPLIGHTER WAY MOUNT HERMON, MA 01354	N/A PC	MAINTENANCE OF THE MCLAMORE FIELDS	200
NOTRE DAME OF DALLAS SCHOOLS INC 2018 ALLEN ST DALLAS, TX 75204	N/A PC	GENERAL & UNRESTRICTED	1,000
PUTNAM COUNTY LIBRARY FRIENDS 50 E BEOAD ST COOKEVILLE, TN 38501	N/A PC	CHILDREN'S LIBRARY PROGRAM	200
SCHWAB CHARITABLE FUND 211 MAIN ST SAN FRANCISCO, CA 94105	N/A PC	GENERAL & UNRESTRICTED	150,000

ATTACHMENT 11 (CGNT'D)

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

N/A PC N/A N/A PC	CHARITAB THE SMU PROGRAMS HAROLD C	CHARITABLE EVENT THE SMU DEDMAN COLLEGE LATIN AND CLASSICS PROGRAMS HAROLD CLARK SIMMONS HALL CAPITAL FUND	3,500
PC N/A PC PC N/A PC PC PC PC PC PC PC PC PC PC PC PC PC	THE S PROGR	MU DEDMAN COLLEGE LATIN AND CLASSICS AMS D CLARK SIMMONS HALL CAPITAL FUND	3,500
N/A PC N/A PC PC	THE S PROGRE	MU DEDMAN COLLEGE LATIN AND CLASSICS AMS D CLARK SIMMONS HALL CAPITAL FUND	3,500
PC N/A PC PC PC PC PC PC PC PC PC PC PC PC PC	PROGR	AMS D CLARK SIMMONS HALL CAPITAL FUND	15,000
N/A PC N/A	HAROI	D CLARK SIMMONS HALL CAPITAL FUND	15,000
PC N/A			
N/A PC			
PC	LYLE	LYLE SCHOOL OF ENGINEERING ENDOMED SCHOLARSHIP	1,000
	FUND		
SPECIAL OPERATIONS WARRIOR FOUNDATION N/A	GENER	GENERAL & UNRESTRICTED	2,000
P.C			
N/A	JCC F	JCC PRESCHOOL, SOUTH BRANCH FOR CLASSROOM	3,500
PC	MATERIALS	IALS	

EORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE	HIRTMG THE VEAR		
		71	ATTACHMENT 11 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
TENNESSEE TECHNOLOGICAL UNIVERSITY FOUNDATION	N/A	COLLEGE OF BUSINESS DIVISION	1,500
TTU BOX 5111	PC PC		
COOKEVILLE, IN 38505			
TROUT UNLIMITED	N/A	ENCAMPMENT AND THE NORTH PLATTE RIVERS	2,000
12819 SE 38TH ST	P.C.	RESTORATION PROJECT	
BELLEVUE, WA 98006			

TOTAL CONTRIBUTIONS PAID

ATTACHMENT 11

59-1896729		RELATED OR EXEMPT FUNCTION INCOME		
	ATTACHMENT 12	AMOUNT	13.	13.
		EXCLUSION	01	
		AMOUNT		
2018 FORM 990-PF	NUE	BUSINESS		
MCLAMORE FAMILY FOUNDATION, INC.	FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE	DESCRIPTION	CLASS ACTION LAWSUIT PROCEEDS	TOTALS