



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**Department of the Treasury  
Internal Revenue Service**Return of Private Foundation**  
or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

**2010**

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2010, or tax year beginning

10/01, 2010, and ending

09/30, 2011

G Check all that apply:

☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name change

Name of foundation

EDWARD J MALLINCKRODT JR FOUNDATION

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

Room/suite

ONE NORTH JEFFERSON STREET

City or town, state, and ZIP code

ST. LOUIS, MO 63103

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation☐ 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) \$ 31,824,336.

J Accounting method: ☐ Cash ☐ Accrual☒ Other (specify) MODIFIED CASH

(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 page 11 of the instructions))

|   | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|------------------------------------|---------------------------|-------------------------|---|
| 1 Contributions, gifts, grants, etc., received (attach schedule)                              | 0.                                 |                           |                         |   |
| 2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B |                                    |                           |                         |   |
| 3 Interest on savings and temporary cash investments  | 215,348.                           | 215,348.                  |                         |   |
| 4 Dividends and interest from securities  | 465,791.                           | 465,791.                  |                         |   |
| 5a Gross rents  |                                    |                           |                         |   |
| b Net rental income or (loss)   |                                    |                           |                         |   |
| 6a Net gain or (loss) from sale of assets not on line 10                                      | 857,682.                           |                           |                         |   |
| b Gross sales price for all assets on line 6a   | 12,949,435.                        |                           |                         |   |
| 7 Capital gain net income (from Part IV, line 2)  |                                    | 1,411,453.                |                         |   |
| 8 Net short-term capital gain   |                                    |                           |                         |   |
| 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)   | 2,549.                             | 331,110.                  |                         | ATCH 1  |
| 12 Total. Add lines 1 through 11  | 1,541,370.                         | 2,423,702.                | 0.                      |   |
| 13 Compensation of officers, directors, trustees, etc.  | 0.                                 |                           |                         |   |
| 14 Other employee salaries and wages  |                                    |                           |                         |   |
| 15 Pension plans, employee benefits   |                                    |                           |                         |   |
| 16a Legal fees (attach schedule)  |                                    |                           |                         |   |
| b Accounting fees (attach schedule) ATCH 2  | 13,650.                            | 29,591.                   | 0.                      | 0.  |
| c Other professional fees (attach schedule) *   | 96,221.                            | 211,098.                  |                         |   |
| 17 Interest   |                                    |                           |                         |   |
| 18 Taxes (attach schedule) (see page 14 of the instructions) *                                | 8,226.                             |                           |                         |   |
| 19 Depreciation (attach schedule) and depletion   |                                    |                           |                         |   |
| 20 Occupancy  |                                    |                           |                         |   |
| 21 Travel, conferences, and meetings  | 9,229.                             |                           |                         | 9,229.  |
| 22 Printing and publications  |                                    |                           |                         |   |
| 23 Other expenses (attach schedule)   |                                    |                           |                         |   |
| 24 Total operating and administrative expenses. Add lines 13 through 23                       | 127,326.                           | 240,689.                  | 0.                      | 9,229.  |
| 25 Contributions, gifts, grants paid  | 1,920,000.                         |                           |                         | 1,920,000.  |
| 26 Total expenses and disbursements. Add lines 24 and 25                                      | 2,047,326.                         | 240,689.                  | 0.                      | 1,929,229.  |
| 27 Subtract line 26 from line 12  |                                    |                           |                         |   |
| a Excess of revenue over expenses and disbursements   | -505,956.                          |                           |                         |   |
| b Net investment income (if negative, enter -0-)  |                                    | 2,183,013.                |                         |   |
| c Adjusted net income (if negative, enter -0-)  |                                    |                           | 0.                      |   |

For Paperwork Reduction Act Notice, see page 30 of the instructions.

\* ATCH 3 JSA \*\*

ATCH 4

Form 990-PF (2010)

PAGE 3

8405BH1315 3/10/2012 3:40:42 PM V 10-8.3

3991-00

G14

3

| Part II Balance Sheets      |   | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)                     | Beginning of year | End of year    |                       |
|-----------------------------|---|--|-------------------|----------------|-----------------------|
|                             |   |  | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| Assets                      | 1   | Cash - non-interest-bearing . . . . .  |                   |                |                       |
|                             | 2   | Savings and temporary cash investments . . . . .   | 1,000,558.        | 720,092.       | 720,092.              |
|                             | 3   | Accounts receivable ▶<br>Less: allowance for doubtful accounts ▶   |                   |                |                       |
|                             | 4   | Pledges receivable ▶<br>Less: allowance for doubtful accounts ▶  |                   |                |                       |
|                             | 5   | Grants receivable . . . . .  |                   |                |                       |
|                             | 6   | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) |                   |                |                       |
|                             | 7   | Other notes and loans receivable (attach schedule) ▶<br>Less: allowance for doubtful accounts ▶  |                   |                |                       |
|                             | 8   | Inventories for sale or use . . . . .  |                   |                |                       |
|                             | 9   | Prepaid expenses and deferred charges . . . . .  | 17,346.           | 9,120.         | 9,120.                |
|                             | 10 a  | Investments - U S and state government obligations (attach schedule), **   | 0.                | 901,481.       | 901,481.              |
|                             | b   | Investments - corporate stock (attach schedule) <b>ATCH 7</b>  | 23,604,978.       | 23,545,308.    | 23,545,308.           |
|                             | c   | Investments - corporate bonds (attach schedule) <b>ATCH 8</b>  | 8,764,708.        | 6,648,335.     | 6,648,335.            |
|                             | 11  | Investments - land, buildings, and equipment basis<br>Less: accumulated depreciation (attach schedule) ▶                               |                   |                |                       |
|                             | 12  | Investments - mortgage loans . . . . .   |                   |                |                       |
|                             | 13  | Investments - other (attach schedule) . . . . .  |                   |                |                       |
|                             | 14  | Land, buildings, and equipment basis<br>Less: accumulated depreciation (attach schedule) ▶   |                   |                |                       |
| 15                          | Other assets (describe ▶)   |  |                   |                |                       |
| 16                          | <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) . . . . .          | 33,387,590.  | 31,824,336.       | 31,824,336.    |                       |
| Liabilities                 | 17  | Accounts payable and accrued expenses . . . . .  | 0.                | 0.             |                       |
|                             | 18  | Grants payable . . . . .   |                   |                |                       |
|                             | 19  | Deferred revenue . . . . .   |                   |                |                       |
|                             | 20  | Loans from officers, directors, trustees, and other disqualified persons . . . . .   |                   |                |                       |
|                             | 21  | Mortgages and other notes payable (attach schedule) . . . . .  |                   |                |                       |
|                             | 22  | Other liabilities (describe ▶)   |                   |                |                       |
| 23                          | <b>Total liabilities</b> (add lines 17 through 22) . . . . .  | 0.   | 0.                |                |                       |
| Net Assets or Fund Balances | <b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/>                               |  |                   |                |                       |
|                             | <b>and complete lines 24 through 26 and lines 30 and 31.</b>  |  |                   |                |                       |
|                             | 24  | Unrestricted . . . . .   | 33,387,590.       | 31,824,336.    |                       |
|                             | 25  | Temporarily restricted . . . . .   |                   |                |                       |
|                             | 26  | Permanently restricted . . . . .   |                   |                |                       |
|                             | <b>Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.</b> ▶ <input type="checkbox"/> |  |                   |                |                       |
|                             | 27  | Capital stock, trust principal, or current funds . . . . .   |                   |                |                       |
|                             | 28  | Paid-in or capital surplus, or land, bldg, and equipment fund . . . . .  |                   |                |                       |
|                             | 29  | Retained earnings, accumulated income, endowment, or other funds . . . . .   |                   |                |                       |
|                             | 30  | <b>Total net assets or fund balances</b> (see page 17 of the instructions) . . . . .   | 33,387,590.       | 31,824,336.    |                       |
| 31                          | <b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions) . . . . .                       | 33,387,590.  | 31,824,336.       |                |                       |

### Part III Analysis of Changes in Net Assets or Fund Balances

|   |  |   |             |
|---|--|---|-------------|
| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . . | 1 | 33,387,590. |
| 2 | Enter amount from Part I, line 27a . . . . .   | 2 | -505,956.   |
| 3 | Other increases not included in line 2 (itemize) ▶   | 3 |             |
| 4 | Add lines 1, 2, and 3 . . . . .  | 4 | 32,881,634. |
| 5 | Decreases not included in line 2 (itemize) ▶ <b>ATTACHMENT 9</b>   | 5 | 1,057,298.  |
| 6 | <b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 30 . . . . .   | 6 | 31,824,336. |

\*\*ATCH 6

Form 990-PF (2010)

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)   |  |   | (b) How acquired<br>P-Purchase<br>D-Donation   | (c) Date acquired<br>(mo., day, yr.) | (d) Date sold<br>(mo., day, yr.) |
|---|--|---|--|--------------------------------------|----------------------------------|
| <b>1a</b> SEE PART IV SCHEDULE  |  |   |  |                                      |                                  |
| <b>b</b>  |  |   |  |                                      |                                  |
| <b>c</b>  |  |   |  |                                      |                                  |
| <b>d</b>  |  |   |  |                                      |                                  |
| <b>e</b>  |  |   |  |                                      |                                  |
| (e) Gross sales price   | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g)   |                                      |                                  |
| <b>a</b>  |  |   |  |                                      |                                  |
| <b>b</b>  |  |   |  |                                      |                                  |
| <b>c</b>  |  |   |  |                                      |                                  |
| <b>d</b>  |  |   |  |                                      |                                  |
| <b>e</b>  |  |   |  |                                      |                                  |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69   |  |   | (i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) |                                      |                                  |
| (i) F.M.V. as of 12/31/69   | (j) Adjusted basis<br>as of 12/31/69       | (k) Excess of col (i)<br>over col (j), if any   |  |                                      |                                  |
| <b>a</b>  |  |   |  |                                      |                                  |
| <b>b</b>  |  |   |  |                                      |                                  |
| <b>c</b>  |  |   |  |                                      |                                  |
| <b>d</b>  |  |   |  |                                      |                                  |
| <b>e</b>  |  |   |  |                                      |                                  |
| <b>2</b> Capital gain net income or (net capital loss)<br>{ If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 }   |  |   | <b>2</b>   | 1,411,453.                           |                                  |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6).<br>If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions).<br>If (loss), enter -0- in Part I, line 8. . . . . |  |   | <b>3</b>   |                                      |                                  |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries.

| (a)<br>Base period years<br>Calendar year (or tax year beginning in)  | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
|---|--|--|---|
| 2009  | 2,013,725.                               | 33,165,004.                                  | 0.060718  |
| 2008  | 1,826,904.                               | 30,526,804.                                  | 0.059846  |
| 2007  | 1,915,327.                               | 40,558,720.                                  | 0.047224  |
| 2006  | 1,670,000.                               | 43,951,814.                                  | 0.037996  |
| 2005  | 3,327,728.                               | 40,303,000.                                  | 0.082568  |
| <b>2</b> Total of line 1, column (d)  |  |  | 0.288352  |
| <b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years |  |  | 0.057670  |
| <b>4</b> Enter the net value of noncharitable-use assets for 2010 from Part X, line 5   |  |  | 34,310,084.   |
| <b>5</b> Multiply line 4 by line 3  |  |  | 1,978,663.  |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)   |  |  | 21,830.   |
| <b>7</b> Add lines 5 and 6  |  |  | 2,000,493.  |
| <b>8</b> Enter qualifying distributions from Part XII, line 4   |  |  | 1,929,229.  |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)**

|   |    |         |         |
|---|----|---------|---------|
| 1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 . . . . .                   |    |         |         |
| Date of ruling or determination letter _____ (attach copy of ruling letter if necessary - see instructions)   |    |         |         |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . . |    | 1       | 43,660. |
| c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)                                    |    |         |         |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . . . .  |    | 2       |         |
| 3 Add lines 1 and 2 . . . . .   |    | 3       | 43,660. |
| 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       | 43,660. |
| 6 Credits/Payments  |    |         |         |
| a 2010 estimated tax payments and 2009 overpayment credited to 2010 . . . . .   | 6a | 9,119.  |         |
| b Exempt foreign organizations-tax withheld at source . . . . .   | 6b | 0.      |         |
| c Tax paid with application for extension of time to file (Form 8868) . . . . .   | 6c | 25,000. |         |
| d Backup withholding erroneously withheld . . . . .   | 6d |         |         |
| 7 Total credits and payments. Add lines 6a through 6d . . . . .   | 7  | 34,119. |         |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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 ATTACHMENT 10 . . . . .   | 9  | 9,650.  |         |
| 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 2011 estimated tax 0. Refunded . . . . .   | 11 |         |         |

**Part VII-A Statements Regarding Activities**

|  | Yes | No |
|--|-----|----|
| 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .   |     | X  |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? . . . . .  |     | 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   |     |    |
| c Did the foundation file Form 1120-POL for this year? . . . . .   |     | X  |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year<br>(1) On the foundation \$ 0. (2) On foundation managers \$ 0. . . . .  |     |    |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0. . . . .  |     |    |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .  |     | 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 . . . . .   |     | X  |
| 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .  |     | X  |
| b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .   |     |    |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .   |     | 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:<br>• By language in the governing instrument, or<br>• 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? . . . . . | 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 . . . . .  | X   |    |
| 8 a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) MO, . . . . .  |     |    |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation . . . . .  | X   |    |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV . . . . .  |     | X  |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .  |     | X  |

Form 990-PF (2010)

**Part VII-A Statements Regarding Activities (continued)**

|   |  |                          |     |      |
|---|--|--------------------------|-----|------|
| 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 page 20 of the instructions) . . . . . | 11                       |     | X    |
| 12  | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? . . . . .  | 12                       |     | X    |
| 13  | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . .  | 13                       | X   |      |
| Website address <input type="checkbox"/> N/A  |  |                          |     |      |
| 14  | The books are in care of <input type="checkbox"/> JUDY MURPHY Telephone no <input type="checkbox"/> 314-290-3300   |                          |     |      |
| Located at <input type="checkbox"/> ONE NORTH BRENTWOOD ST. LOUIS, MO ZIP + 4 <input type="checkbox"/> 63105  |  |                          |     |      |
| 15  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here . . . . .  | <input type="checkbox"/> |     |      |
| and enter the amount of tax-exempt interest received or accrued during the year . . . . . <input type="checkbox"/> 15   |  |                          |     |      |
| 16  | At any time during calendar year 2010, 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? . . . . .              | 16                       | Yes | No X |
| See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country <input type="checkbox"/> |  |                          |     |      |

**Part 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? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |     |    |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |     |    |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |     |    |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |     |    |
| (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)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |     |    |
| (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) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |     |    |
| 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 page 22 of the instructions)? . . . . .   | 1b  |    |
| Organizations relying on a current notice regarding disaster assistance check here. . . . . <input type="checkbox"/>  |     |    |
| 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 2010? . . . . .   | 1c  | X  |
| 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))   |     |    |
| a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |     |    |
| If "Yes," list the years <input type="checkbox"/>   |     |    |
| 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 page 22 of the instructions) . . . . .   | 2b  |    |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <input type="checkbox"/>  |     |    |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |     |    |
| b If "Yes," did it have excess business holdings in 2010 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 gift or bequest; or (3) the lapse of 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 2010.) . . . . . | 3b  |    |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .  | 4a  | X  |
| b 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 2010? . . . . .   | 4b  | X  |

Form 990-PF (2010)

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

**5a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) ☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? ☐ **5b**

Organizations relying on a current notice regarding disaster assistance check here ☐

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ **6b** ☒

If "Yes" to 6b, file Form 8870

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ **7b**

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).**

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|---|---|---|---------------------------------------|
| ATTACHMENT 11        |   | 0.  | 0.  | 0.                                    |
|                      |   |   |   |                                       |
|                      |   |   |   |                                       |
|                      |   |   |   |                                       |

**2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions). If none, enter "NONE."**

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE  |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |

Total number of other employees paid over \$50,000 ☐

Form 990-PF (2010)

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)**3 Five highest-paid independent contractors for professional services** (see page 23 of the instructions). If none, enter "NONE."

| (a) Name and address of each person paid more than \$50,000              | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| ATTACHMENT 12  |                     | 181,842.         |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
| Total number of others receiving over \$50,000 for professional services |                     | NONE             |

**Part IX-A Summary of Direct Charitable Activities**

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--|----------|
| 1 N/A  |          |
| 2  |          |
| 3  |          |
| 4  |          |

**Part IX-B Summary of Program-Related Investments** (see page 24 of the instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|--|--------|
| 1 NONE   |        |
| 2  |        |
| All other program-related investments. See page 24 of the instructions   |        |
| 3 NONE   |        |
| Total. Add lines 1 through 3   |        |

Form 990-PF (2010)



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

|          |   |           |             |
|----------|---|-----------|-------------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:               |           |             |
| <b>a</b> | Average monthly fair market value of securities   | <b>1a</b> | 33,962,646. |
| <b>b</b> | Average of monthly cash balances  | <b>1b</b> | 869,927.    |
| <b>c</b> | Fair market value of all other assets (see page 25 of the instructions)   | <b>1c</b> | 0.          |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c)   | <b>1d</b> | 34,832,573. |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)                 | <b>1e</b> |             |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets  | <b>2</b>  | 0.          |
| <b>3</b> | Subtract line 2 from line 1d  | <b>3</b>  | 34,832,573. |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions) | <b>4</b>  | 522,489.    |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4               | <b>5</b>  | 34,310,084. |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5  | <b>6</b>  | 1,715,504.  |

**Part XI Distributable Amount** (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

|           |   |           |            |
|-----------|---|-----------|------------|
| <b>1</b>  | Minimum investment return from Part X, line 6   | <b>1</b>  | 1,715,504. |
| <b>2a</b> | Tax on investment income for 2010 from Part VI, line 5  | <b>2a</b> | 43,660.    |
| <b>b</b>  | Income tax for 2010. (This does not include the tax from Part VI.)  | <b>2b</b> |            |
| <b>c</b>  | Add lines 2a and 2b   | <b>2c</b> | 43,660.    |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1                                     | <b>3</b>  | 1,671,844. |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions   | <b>4</b>  |            |
| <b>5</b>  | Add lines 3 and 4   | <b>5</b>  | 1,671,844. |
| <b>6</b>  | Deduction from distributable amount (see page 25 of the instructions)                                     | <b>6</b>  |            |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | <b>7</b>  | 1,671,844. |

**Part XII Qualifying Distributions** (see page 25 of the instructions)

|          |   |           |            |
|----------|---|-----------|------------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:  |           |            |
| <b>a</b> | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26   | <b>1a</b> | 1,929,229. |
| <b>b</b> | Program-related investments - total from Part IX-B  | <b>1b</b> | 0.         |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes   | <b>2</b>  | 0.         |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the:  |           |            |
| <b>a</b> | Suitability test (prior IRS approval required)  | <b>3a</b> | 0.         |
| <b>b</b> | Cash distribution test (attach the required schedule)   | <b>3b</b> | 0.         |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4   | <b>4</b>  | 1,929,229. |
| <b>5</b> | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions) | <b>5</b>  | N/A        |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4   | <b>6</b>  | 1,929,229. |

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see page 26 of the instructions)

|  | (a)<br>Corpus | (b)<br>Years prior to 2009 | (c)<br>2009 | (d)<br>2010 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2010 from Part XI, line 7 . . . . .   |               |                            |             | 1,671,844.  |
| 2 Undistributed income, if any, as of the end of 2010  |               |                            |             |             |
| a Enter amount for 2009 only . . . . .   |               |                            | 375,274.    |             |
| b Total for prior years 20 08, 20 07, 20 06 . . . . .  |               |                            |             |             |
| 3 Excess distributions carryover, if any, to 2010  |               |                            |             |             |
| a From 2005 . . . . .  |               |                            |             |             |
| b From 2006 . . . . .  |               |                            |             |             |
| c From 2007 . . . . .  |               |                            |             |             |
| d From 2008 . . . . .  |               |                            |             |             |
| e From 2009 . . . . .  |               |                            |             | 0.          |
| f Total of lines 3a through e . . . . .  | 0.            |                            |             |             |
| 4 Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 1,929,229.  |               |                            |             |             |
| a Applied to 2009, but not more than line 2a . . . . .   |               |                            | 375,274.    |             |
| b Applied to undistributed income of prior years (Election required - see page 26 of the instructions) . . . . .   |               |                            |             |             |
| c Treated as distributions out of corpus (Election required - see page 26 of the instructions) . . . . .   |               |                            |             |             |
| d Applied to 2010 distributable amount . . . . .   |               |                            |             | 1,553,955.  |
| e Remaining amount distributed out of corpus . . . . .   | 0.            |                            |             |             |
| 5 Excess distributions carryover applied to 2010 . . . . .<br>(If an amount appears in column (d), the same amount must be shown in column (a) )                                     | 0.            |                            |             | 0.          |
| 6 Enter the net total of each column as indicated below:   | 0.            |                            |             |             |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 . . . . .  |               |                            |             |             |
| b Prior years' undistributed income Subtract line 4b from line 2b . . . . .  |               |                            |             |             |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . . |               |                            |             |             |
| d Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions . . . . .   |               |                            |             |             |
| e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions . . . . .   |               |                            |             |             |
| f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011. . . . .   |               |                            |             | 117,889.    |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) . . . . .                   |               |                            |             |             |
| 8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions) . . . . .   |               |                            |             |             |
| 9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a . . . . .  | 0.            |                            |             |             |
| 10 Analysis of line 9:   |               |                            |             |             |
| a Excess from 2006 . . . . .   |               |                            |             |             |
| b Excess from 2007 . . . . .   |               |                            |             |             |
| c Excess from 2008 . . . . .   |               |                            |             |             |
| d Excess from 2009 . . . . .   |               |                            |             |             |
| e Excess from 2010 . . . . .   | 0.            |                            |             |             |

Form 990-PF (2010)

**Part XIV Private Operating Foundations** (see page 27 of the instructions and Part VII-A, question 9) **NOT APPLICABLE**

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling . . . . .

**b** Check box to indicate whether the foundation is a private operating foundation described in section

4942(j)(3) or

4942(j)(5)

**2 a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

|  | Prior 3 years |          |          |          | (e) Total |
|--|---------------|----------|----------|----------|-----------|
|  | (a) 2010      | (b) 2009 | (c) 2008 | (d) 2007 |           |
| <b>b</b> 85% of line 2a . . . . .  |               |          |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .   |               |          |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .   |               |          |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                   |               |          |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon   |               |          |          |          |           |
| <b>a</b> "Assets" alternative test - enter   |               |          |          |          |           |
| <b>(1)</b> Value of all assets . . . . .   |               |          |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .   |               |          |          |          |           |
| <b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .                              |               |          |          |          |           |
| <b>c</b> "Support" alternative test - enter  |               |          |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . . |               |          |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .                                      |               |          |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization . . . . .   |               |          |          |          |           |
| <b>(4)</b> Gross investment income . . . . .   |               |          |          |          |           |

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see page 28 of the instructions.)**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2) )

N/A

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

N/A

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number of the person to whom applications should be addressed:

ATTACHMENT 13

**b** The form in which applications should be submitted and information and materials they should include.

ATTACHMENT 14

**c** Any submission deadlines:

NO SPECIFIC DEADLINE

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

MEDICAL RESEARCH GRANTS

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| <div>Recipient</div> <div>Name and address (home or business)</div> | <div>If recipient is an individual, show any relationship to any foundation manager or substantial contributor</div> | <div>Foundation status of recipient</div> | <div>Purpose of grant or contribution</div> | <div>Amount</div> |
|---|--|---|---|-------------------|
| <b>a Paid during the year</b><br><br>ATTACHMENT 15                  |  |   |   |                   |
| <b>Total</b> ..... ► <b>3a</b>                                      |  |   |   | 1,920,000.        |
| <b>b Approved for future payment</b><br><br>ATTACHMENT 16           |  |   |   |                   |
| <b>Total</b> ..... ► <b>3b</b>                                      |  |   |   | 2,480,000.        |

Form 990-PF (2010)

| Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income<br>(See page 28 of<br>the instructions) |
|---------------------------|---------------|--------------------------------------|---------------|---|
| (a)<br>Business code      | (b)<br>Amount | (c)<br>Exclusion code                | (d)<br>Amount |   |
|                           |               |                                      |               |   |
|                           |               |                                      |               |   |
|                           |               |                                      |               |   |
|                           |               |                                      |               |   |
|                           |               |                                      |               |   |
|                           |               |                                      |               |   |
|                           |               |                                      |               |   |
|                           |               | 14                                   | 215,348.      |   |
|                           |               | 14                                   | 465,791.      |   |
|                           |               |                                      |               |   |
|                           |               |                                      |               |   |
|                           |               |                                      |               |   |
|                           |               |                                      |               |   |
|                           |               | 14                                   | 2,549.        |   |
|                           |               | 18                                   | 857,682.      |   |
|                           |               |                                      |               |   |
|                           |               |                                      |               |   |
|                           |               |                                      |               |   |
|                           |               |                                      |               |   |
|                           |               |                                      |               |   |
|                           |               |                                      |               |   |
|                           | 0.            |                                      | 1,541,370.    | 0.  |
|                           |               |                                      | 13            | 1,541,370.  |

[illegible]

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**[illegible]Form **990-PF** (2010)

**SCHEDULE D**  
**(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ **Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).**

OMB No 1545-0092

**2010**

Name of estate or trust

EDWARD J MALLINCKRODT JR FOUNDATION

Employer identification number

43-6030295

**Note:** Form 5227 filers need to complete *only* Parts I and II.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

| (a) Description of property<br>(Example 100 shares 7% preferred of "Z" Co) | (b) Date acquired<br>(mo, day, yr) | (c) Date sold<br>(mo, day, yr) | (d) Sales price | (e) Cost or other basis<br>(see instructions) | (f) Gain or (loss) for<br>the entire year<br>Subtract (e) from (d) |
|--|------------------------------------|--------------------------------|-----------------|---|--|
| <b>1a</b>  |                                    |                                |                 |   |  |
|  |                                    |                                |                 |   |  |
|  |                                    |                                |                 |   |  |
|  |                                    |                                |                 |   |  |
|  |                                    |                                |                 |   |  |

|  |           |           |
|--|-----------|-----------|
| <b>b</b> Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b . . . . .   | <b>1b</b> |           |
| <b>2</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .   | <b>2</b>  |           |
| <b>3</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .  | <b>3</b>  | -109,627. |
| <b>4</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2009 Capital Loss Carryover Worksheet . . . . .               | <b>4</b>  | ( )       |
| <b>5</b> <b>Net short-term gain or (loss).</b> Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back . . . . . ▶ | <b>5</b>  | -109,627. |

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

| (a) Description of property<br>(Example 100 shares 7% preferred of "Z" Co) | (b) Date acquired<br>(mo, day, yr) | (c) Date sold<br>(mo, day, yr) | (d) Sales price | (e) Cost or other basis<br>(see instructions) | (f) Gain or (loss) for<br>the entire year<br>Subtract (e) from (d) |
|--|------------------------------------|--------------------------------|-----------------|---|--|
| <b>6a</b>  |                                    |                                |                 |   |  |
|  |                                    |                                |                 |   |  |
|  |                                    |                                |                 |   |  |
|  |                                    |                                |                 |   |  |
|  |                                    |                                |                 |   |  |

|  |           |            |
|--|-----------|------------|
| <b>b</b> Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b . . . . .  | <b>6b</b> | 823,042.   |
| <b>7</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .  | <b>7</b>  |            |
| <b>8</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .   | <b>8</b>  | 698,038.   |
| <b>9</b> Capital gain distributions . . . . .  | <b>9</b>  |            |
| <b>10</b> Gain from Form 4797, Part I . . . . .  | <b>10</b> |            |
| <b>11</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet . . . . .                | <b>11</b> | ( )        |
| <b>12</b> <b>Net long-term gain or (loss).</b> Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back . . . . . ▶ | <b>12</b> | 1,521,080. |

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2010

| <b>Part III Summary of Parts I and II</b><br><b>Caution: Read the instructions before completing this part.</b> |            | (1) Beneficiaries'<br>(see instr.) | (2) Estate's<br>or trust's | (3) Total  |
|---|------------|------------------------------------|----------------------------|------------|
| <b>13</b> Net short-term gain or (loss) . . . . .   | <b>13</b>  |                                    |                            | -109,627.  |
| <b>14</b> Net long-term gain or (loss):   |            |                                    |                            |            |
| a Total for year . . . . .  | <b>14a</b> |                                    |                            | 1,521,080. |
| b Unrecaptured section 1250 gain (see line 18 of the wrksht.) . . . . .   | <b>14b</b> |                                    |                            |            |
| c 28% rate gain . . . . .   | <b>14c</b> |                                    |                            |            |
| <b>15</b> Total net gain or (loss). Combine lines 13 and 14a . . . . .  | <b>15</b>  |                                    |                            | 1,411,453. |

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and **do not** complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

| <b>Part IV Capital Loss Limitation</b>   |               |
|--|---------------|
| <b>16</b> Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the <b>smaller</b> of:<br>a The loss on line 15, column (3) or b \$3,000 . . . . . | <b>16</b> ( ) |

**Note:** If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 7 of the instructions to figure your capital loss carryover.

| <b>Part V Tax Computation Using Maximum Capital Gains Rates</b>   |  |
|---|--|
| <b>Form 1041 filers.</b> Complete this part <b>only</b> if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.<br><b>Caution:</b> Skip this part and complete the worksheet on page 8 of the instructions if:<br>• Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or<br>• Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero. |  |
| <b>Form 990-T trusts.</b> Complete this part <b>only</b> if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.   |  |

|   |           |  |
|---|-----------|--|
| <b>17</b> Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) . . . . .   | <b>17</b> |  |
| <b>18</b> Enter the <b>smaller</b> of line 14a or 15 in column (2) but not less than zero . . . . .   | <b>18</b> |  |
| <b>19</b> Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .  | <b>19</b> |  |
| <b>20</b> Add lines 18 and 19 . . . . .   | <b>20</b> |  |
| <b>21</b> If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- . . . . .   | <b>21</b> |  |
| <b>22</b> Subtract line 21 from line 20. If zero or less, enter -0- . . . . .   | <b>22</b> |  |
| <b>23</b> Subtract line 22 from line 17. If zero or less, enter -0- . . . . .   | <b>23</b> |  |
| <b>24</b> Enter the <b>smaller</b> of the amount on line 17 or \$2,300 . . . . .  | <b>24</b> |  |
| <b>25</b> Is the amount on line 23 equal to or more than the amount on line 24?<br><input type="checkbox"/> <b>Yes.</b> Skip lines 25 and 26; go to line 27 and check the "No" box.<br><input type="checkbox"/> <b>No.</b> Enter the amount from line 23. . . . . | <b>25</b> |  |
| <b>26</b> Subtract line 25 from line 24. . . . .  | <b>26</b> |  |
| <b>27</b> Are the amounts on lines 22 and 26 the same?<br><input type="checkbox"/> <b>Yes.</b> Skip lines 27 thru 30, go to line 31 <input type="checkbox"/> <b>No.</b> Enter the <b>smaller</b> of line 17 or line 22 . . . . .                                  | <b>27</b> |  |
| <b>28</b> Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .  | <b>28</b> |  |
| <b>29</b> Subtract line 28 from line 27 . . . . .   | <b>29</b> |  |
| <b>30</b> Multiply line 29 by 15% (.15) . . . . .   | <b>30</b> |  |
| <b>31</b> Figure the tax on the amount on line 23. Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041). . . . .   | <b>31</b> |  |
| <b>32</b> Add lines 30 and 31 . . . . .   | <b>32</b> |  |
| <b>33</b> Figure the tax on the amount on line 17. Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041). . . . .   | <b>33</b> |  |
| <b>34</b> <b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) . . . . .  | <b>34</b> |  |

Schedule D (Form 1041) 2010



Employer identification number

43-6030295

[illegible]

|   |          |
|---|----------|
| <b>6b Total.</b> Combine the amounts in column (f). Enter here and on Schedule D, line 6b . . . . . | 823,042. |
|---|----------|

**FORM 990-PF - PART IV****CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME**

| Kind of Property                             |                                       | Description  |                          |                                |                                    | P<br>or<br>D | Date<br>acquired     | Date sold  |
|--|---------------------------------------|--|--------------------------|--------------------------------|------------------------------------|--------------|----------------------|------------|
| Gross sale<br>price less<br>expenses of sale | Depreciation<br>allowed/<br>allowable | Cost or<br>other<br>basis  | FMV<br>as of<br>12/31/69 | Adj basis<br>as of<br>12/31/69 | Excess of<br>FMV over<br>adj basis |              | Gain<br>or<br>(loss) |            |
|  |                                       | TOTAL SHORT-TERM COMMON TRUST FUND AND<br>PARTNERSHIP, S CORPORATION, AND OTHER<br>ESTATES OR TRUST GAIN OR LOSS |                          |                                |                                    |              | -109,627.            |            |
|  |                                       | TOTAL LONG-TERM COMMON TRUST FUND AND<br>PARTNERSHIP, S CORPORATION, AND OTHER<br>ESTATES OR TRUST GAIN OR LOSS  |                          |                                |                                    |              | 698,038.             |            |
| 4,803,558.                                   |                                       | WELLS FARGO - CONFLUENCE<br>4,143,843.   |                          |                                |                                    |              | VAR<br>659,715.      | VAR        |
| 8,145,877.                                   |                                       | WELLS FARGO - FAMCO<br>7,947,910.  |                          |                                |                                    |              | VAR<br>197,967.      | VAR        |
| 4,483,858.                                   |                                       | FIDUCIARY FIXED INCOME LLC<br>PROPERTY TYPE: OTHER<br>4,518,498.   |                          |                                |                                    | P            | VAR<br>-34,640.      | 12/20/2010 |
| TOTAL GAIN (LOSS) .....                      |                                       |  |                          |                                |                                    |              | <u>1,411,453.</u>    |            |

ATTACHMENT 1

FORM 990PF, PART I - OTHER INCOME

| DESCRIPTION             | REVENUE<br>AND<br>EXPENSES<br>PER BOOKS | NET<br>INVESTMENT<br>INCOME |
|-------------------------|---|-----------------------------|
| OTHER INVESTMENT INCOME |   |                             |
| INTEREST - K-1'S        | 2,549.                                  | 2,549.                      |
| DIVIDENDS - K-1'S       |   | 123,725.                    |
|                         |   | 204,836.                    |
| TOTALS                  | <u>2,549.</u>                           | <u>331,110.</u>             |

ATTACHMENT 2FORM 990PF, PART I - ACCOUNTING FEES

| <u>DESCRIPTION</u>           | <u>REVENUE<br/>AND<br/>EXPENSES<br/>PER BOOKS</u> | <u>NET<br/>INVESTMENT<br/>INCOME</u> | <u>ADJUSTED<br/>NET<br/>INCOME</u> | <u>CHARITABLE<br/>PURPOSES</u> |
|------------------------------|---|--------------------------------------|------------------------------------|--------------------------------|
| ACCOUNTING FEES - RUBINBROWN | 13,650.   | 13,650.                              |                                    |                                |
| ACCOUNTING FEES - K-1'S      |   | 15,941.                              |                                    |                                |
| TOTALS                       | <u>13,650.</u>                                    | <u>29,591.</u>                       | <u>0.</u>                          | <u>0.</u>                      |

ATTACHMENT 3FORM 990PF, PART I - OTHER PROFESSIONAL FEES

| <u>DESCRIPTION</u>           | <u>REVENUE<br/>AND<br/>EXPENSES<br/>PER BOOKS</u> | <u>NET<br/>INVESTMENT<br/>INCOME</u> |
|------------------------------|---|--------------------------------------|
| INVESTMENT MANAGEMENT FEES   | 96,221.   | 96,221.                              |
| INVESTMENT MGMT FEES - K-1'S |   | 114,877.                             |
| TOTALS                       | <u>96,221.</u>                                    | <u>211,098.</u>                      |

ATTACHMENT 4FORM 990PF, PART I - TAXES

| <u>DESCRIPTION</u> | <u>REVENUE<br/>AND<br/>EXPENSES<br/>PER BOOKS</u> |
|--------------------|---|
| EXCISE TAXES       | 8,226.  |
| TOTALS             | <u>8,226.</u>                                     |

ATTACHMENT 5

FORM 990PF, PART II - PREPAID EXPENSES AND DEFERRED CHARGES

| <u>DESCRIPTION</u>           | <u>ENDING<br/>BOOK VALUE</u> | <u>ENDING<br/>FMV</u> |
|------------------------------|------------------------------|-----------------------|
| OVERPAID EXCISE TAX PRIOR YR | 9,120.                       | 9,120.                |
| TOTALS                       | <u>9,120.</u>                | <u>9,120.</u>         |

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

| <u>DESCRIPTION</u>   | <u>ATTACHMENT 6</u>          |                       |
|----------------------|------------------------------|-----------------------|
|                      | <u>ENDING<br/>BOOK VALUE</u> | <u>ENDING<br/>FMV</u> |
| WELLS FARGO - FAMCO  | 901,481.                     | 901,481.              |
| US OBLIGATIONS TOTAL | <u>901,481.</u>              | <u>901,481.</u>       |



ATTACHMENT 7FORM 990PF, PART II - CORPORATE STOCK

| <u>DESCRIPTION</u>       | <u>ENDING<br/>BOOK VALUE</u> | <u>ENDING<br/>FMV</u> |
|--------------------------|------------------------------|-----------------------|
| WELLS FARGO - CONFLUENCE | 9,058,807.                   | 9,058,807.            |
| WELLS FARGO - FAMCO      | 5,467,914.                   | 5,467,914.            |
| WALTER SCOTT INTL FUND   | 2,584,854.                   | 2,584,854.            |
| FIDUCIARY PARTNERS FUND  | 6,433,733.                   | 6,433,733.            |
| TOTALS                   | <u>23,545,308.</u>           | <u>23,545,308.</u>    |

ATTACHMENT 8FORM 990PF, PART II - CORPORATE BONDS

| <u>DESCRIPTION</u>                                      | <u>ENDING<br/>BOOK VALUE</u> | <u>ENDING<br/>FMV</u> |
|---|------------------------------|-----------------------|
| WELLS FARGO - CONFLUENCE<br>FIDUCIARY FIXED INCOME FUND | 4,014,949.                   | 4,014,949.            |
| WELLS FARGO - FAMCO                                     | 2,633,386.                   | 2,633,386.            |
| TOTALS  | <u>6,648,335.</u>            | <u>6,648,335.</u>     |

ATTACHMENT 9FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCESDESCRIPTIONAMOUNT

NET UNREALIZED LOSS - 2010 TAX YEAR

1,057,298.

TOTAL

1,057,298.

## EDWARD J MALLINCKRODT JR FOUNDATION

43-6030295

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 11

| <u>NAME AND ADDRESS</u>  | <u>TITLE AND AVERAGE HOURS PER<br/>WEEK DEVOTED TO POSITION</u> | <u>COMPENSATION</u> | <u>CONTRIBUTIONS<br/>TO EMPLOYEE<br/>BENEFIT PLANS</u> | <u>EXPENSE ACCT<br/>AND OTHER<br/>ALLOWANCES</u> |
|--|---|---------------------|--|--|
| DR. THOMAS F. DEUEL<br>ONE NORTH JEFFERSON STREET<br>ST. LOUIS, MO 63103   | PRESIDENT<br>1.00   | 0.                  | 0.   | 0.   |
| OLIVER M. LANGENBERG<br>ONE NORTH JEFFERSON STREET<br>ST. LOUIS, MO 63103  | CHAIRMAN, TREASURER<br>1.00                                     | 0.                  | 0.   | 0.   |
| DR. THOMAS CORI<br>ONE NORTH JEFFERSON STREET<br>ST. LOUIS, MO 63103       | VICE-PRESIDENT<br>1.00  | 0.                  | 0.   | 0.   |
| CHARLES C. ALLEN, JR.<br>ONE NORTH JEFFERSON STREET<br>ST. LOUIS, MO 63103 | SECRETARY<br>1.00   | 0.                  | 0.   | 0.   |
| DR. STEWART KORNFELD<br>ONE NORTH JEFFERSON STREET<br>ST. LOUIS, MO 63103  | DIRECTOR<br>1.00  | 0.                  | 0.   | 0.   |
| SPENCER B. BURKE<br>ONE NORTH JEFFERSON STREET<br>ST. LOUIS, MO 63103      | DIRECTOR<br>1.00  | 0.                  | 0.   | 0.   |

EDWARD J MALLINCKRODT JR FOUNDATION

43-6030295

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

ATTACHMENT 11 (CONT'D)

| NAME AND ADDRESS   | TITLE AND AVERAGE HOURS PER<br>WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS<br>TO EMPLOYEE<br>BENEFIT PLANS | EXPENSE ACCT<br>AND OTHER<br>ALLOWANCES |
|--|---|--------------|---|---|
| DR. ROBERT G. JOHNSON<br>ONE NORTH JEFFERSON STREET<br>ST. LOUIS, MO 63103 | DIRECTOR<br>1.00  | 0.           | 0.  | 0.                                      |
| GRAND TOTALS   |   | 0.           | 0.  | 0.                                      |

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALSATTACHMENT 12

| <u>NAME AND ADDRESS</u>   | <u>TYPE OF SERVICE</u> | <u>COMPENSATION</u> |
|---|------------------------|---------------------|
| CONFLUENCE INVESTMENT MANAGEMENT<br>349 MARSHALL AVE, SUITE 302<br>ST LOUIS, MO 63119 | INVESTMENT MGMT        | 66,965.             |
| FIDUCIARY ASSET MANAGEMENT<br>8235 FORSYTH BLVD, SUITE 700<br>ST LOUIS, MO 63105      | INVESTMENT MGMT        | 114,877.            |
| TOTAL COMPENSATION  |                        | <u>181,842.</u>     |

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

MR. OLIVER LANGENBERG  
ONE NORTH JEFFERSON STREET  
ST. LOUIS, MO 63103  
314-955-3136

990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

- 1.THE BASIC AIM OF THE FOUNDATION IS TO DISPENSE THAT AMOUNT OF YEARLY INCOME NECESSARY FOR THE PURPOSE OF ADVANCING KNOWLEDGE IN THE VARIOUS FIELDS OF CLINICAL AND LABORATORY MEDICAL RESEARCH.
- 2.IT IS THE FURTHER GENERAL AIM TO CONFINE CONTRIBUTIONS TO THOSE WORTHY PROJECTS THAT ARE IN NEED OF INITIAL START-UP FUNDING.
- 3.PROPOSALS MUST CONTAIN SUCH ADEQUATE DETAILED DESCRIPTION AS TO BE UNDERSTANDABLE BY THE LAY AND MEDICAL MEMBERS OF THE TRUSTEES OF THE FOUNDATION. THEY NEED NOT BE IN THE DETAIL REQUESTED BY THE N.I.H. TWO TO FOUR DOUBLE-SPACED TYPEWRITTEN PAGES MAY BE SUFFICIENT, ADDITIONAL MATERIAL CAN BE SUBMITTED AS AN ATTACHMENT, BUT THE TWO TO FOUR PAGE COVER LETTER SHOULD CONTAIN THE ESSENTIAL INFORMATION. REFERENCES SHOULD ALSO BE INCLUDED.
- 4.PROPOSALS MUST BE INITIATED BY MEMBERS OF THE FACULTIES OF ACCREDITED MEDICAL SCHOOLS AND MUST BE ACCOMPANIED BY LETTERS OF APPROVAL BY THE DEAN OF SAID SCHOOL AND/OR FROM THE SENIOR FACULTY MEMBER OR MEMBERS ASSOCIATED WITH THE PROJECT AND OTHERS ACQUAINTED WITH THE QUALIFICATIONS OF THE APPLICANT.
- 5.PROPOSALS MUST CONTAIN AN ADEQUATE BUDGET WITH BREAKDOWN OF USE OF THE REQUESTED AMOUNT AND AN ACCOUNTING OF ANY GRANT SUPPORT ALREADY AVAILABLE OR PENDING.
- 6.THE FOUNDATION WILL NOT FUND OVERHEAD.
- 7.APPLICANTS MAY BE REQUESTED TO APPEAR BEFORE THE FOUNDATION FOR INTERVIEW. TRAVEL EXPENSES WILL BE REIMBURSED.
- 8.GRANTS MAY BE MADE FOR PERIODS OF ONE TO THREE YEARS AND ARE CONTINGENT UPON A YEARLY PROGRESS REPORT BY THE APPLICANT. ANNUAL GRANTS RANGE IN THE \$50,000 TO \$75,000 LEVEL, NOT TO EXCEED \$100,000.
- 9.A GRANT IS MADE ON THE ASSUMPTION THAT THE RECIPIENT WILL USE THE FUNDS FOR THE PURPOSE INDICATED IN THE APPLICATION WHILE SERVING ON THE FACULTY OF THE SAME INSTITUTION AT THE TIME THE APPLICATION IS MADE. IF THE RECIPIENT MOVES TO ANOTHER INSTITUTION DURING THE TERM OF THE GRANT, PAYMENTS MAY OR MAY NOT BE CONTINUED.



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

ATTACHMENT 15

| RECIPIENT NAME AND ADDRESS  | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br>AND |                     | PURPOSE OF GRANT OR CONTRIBUTION                   | AMOUNT  |
|---|--|---------------------|--|---------|
|   | FOUNDATION                                     | STATUS OF RECIPIENT |  |         |
| WASHINGTON UNIVERSITY SCHOOL OF MEDICINE<br>700 ROSEDALE AVENUE<br>ST. LOUIS, MO 63112-1408 | N/A  | PUBLIC              | FELLOWSHIP<br>(DR. TRAN)                           | 15,000. |
| UNIFORMED SERVICES UNIVERSITY<br>1401 ROCKVILLE PIKE, SUITE 600<br>ROCKVILLE, MD 20852      | N/A  | PUBLIC              | HIV - 1 VIRION INFECTIVITY FACTOR<br>(DR. MAYNARD) | 60,000. |
| WASHINGTON UNIVERSITY SCHOOL OF MEDICINE<br>700 ROSEDALE AVENUE<br>ST. LOUIS, MO 63112-1408 | N/A  | PUBLIC              | AXONAL REGENERATION<br>(DR. CAVALLI)               | 60,000. |
| UNIVERSITY OF CHICAGO<br>970 EAST 58TH<br>CHICAGO, IL 60637                                 | N/A  | PUBLIC              | CHEMOTHERAPETUCIS<br>(DR. GUPTA)                   | 60,000. |
| WASHINGTON UNIVERSITY SCHOOL OF MEDICINE<br>700 ROSEDALE AVENUE<br>ST. LOUIS, MO 63112-1408 | N/A  | PUBLIC              | FRAGILE X SYNDROME<br>(DR. KLYACHKO)               | 60,000. |
| UNIVERSITY OF CHICAGO<br>970 EAST 58TH<br>CHICAGO, IL 60637                                 | N/A  | PUBLIC              | EPITHELIAL MORPHOGENESIS<br>(DR. HORNE-BADOVINAC)  | 60,000. |

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 15 (CONT'D)

| RECIPIENT NAME AND ADDRESS   | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br>AND |                     | PURPOSE OF GRANT OR CONTRIBUTION              | AMOUNT  |
|--|--|---------------------|---|---------|
|  | FOUNDATION                                     | STATUS OF RECIPIENT |   |         |
| UNIVERSITY OF IOWA CARVER COLLEGE OF MEDICINE<br>200 HAWKINS DRIVE<br>IOWA CITY, IA 52242-1081 | N/A  | PUBLIC              | MAMMALIAN CELLS SPLICING CODE<br>(DR. XING)   | 60,000. |
| WASHINGTON UNIVERSITY SCHOOL OF MEDICINE<br>700 ROSEDALE AVENUE<br>ST. LOUIS, MO 63112-1408    | N/A  | PUBLIC              | AMYOTROPHIC LATERAL SCLEROSIS<br>(DR. MILLER) | 60,000. |
| WASHINGTON UNIVERSITY SCHOOL OF MEDICINE<br>700 ROSEDALE AVENUE<br>ST. LOUIS, MO 63112-1408    | N/A  | PUBLIC              | NK CELL FUNCTION<br>(DR. TRIPATHY)            | 60,000. |
| CALIFORNIA INSTITUTE OF TECHNOLOGY<br>1200 EAST CALIFORNIA BOULEVARD<br>PASADENA, CA 91125     | N/A  | PUBLIC              | NEURAL CIRCUITRY OF SLEEP<br>(DR. PROBER)     | 60,000. |
| WASHINGTON UNIVERSITY SCHOOL OF MEDICINE<br>700 ROSEDALE AVENUE<br>ST. LOUIS, MO 63112-1408    | N/A  | PUBLIC              | SERINE/THREONIN KINASE MUTATION<br>(DR. BOSE) | 60,000. |
| STANFORD UNIVERSITY<br>300 PASTEUR DRIVE<br>STANFORD, CA 94305-5119                            | N/A  | PUBLIC              | STEM CELL GENE EXPRESSION<br>(DR. DIEHN)      | 60,000. |

FORM 990FE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 15 (CONT'D)

| RECIPIENT NAME AND ADDRESS  | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br>AND<br>FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION                                       | AMOUNT  |
|---|--|--|---------|
| UNIVERSITY OF CHICAGO<br>970 EAST 58TH<br>CHICAGO, IL 60637                                     | N/A<br>PUBLIC  | NEURULATION IN ASCINIANS<br>(DR. MUNRO)                                | 60,000. |
| WASHINGTON UNIVERSITY UNIVERSITY OF MEDICINE<br>700 ROSEDALE AVENUE<br>ST. LOUIS, MO 63112-1408 | N/A<br>PUBLIC  | FELLOWSHIP (DR. HALATCHOV AND DR. KUHN)                                | 30,000. |
| DUKE UNIVERSITY SCHOOL OF MEDICINE<br>ERWIN SQUARE PLAZA, SUITE 820<br>DURHAM, NC 27705         | N/A<br>PUBLIC  | PH REGULATION BY HIV<br>(DR. LEE)                                      | 60,000. |
| WASHINGTON UNIVERSITY<br>700 ROSEDALE AVENUE<br>ST. LOUIS, MO 63112-1408                        | N/A<br>PUBLIC  | MALARIA VACCINE<br>(DR. TOLIA)   | 60,000. |
| WASHINGTON UNIVERSITY SCHOOL OF MEDICINE<br>700 ROSEDALE AVENUE<br>ST. LOUIS, MO 63112-1408     | N/A<br>PUBLIC  | CANCER GENE REGULATORY WKS<br>(DR. WANG)                               | 60,000. |
| CALIFORNIA INSTITUTE OF TECHNOLOGY<br>MAIL CODE 5-32<br>PASADENA, CA 91125                      | N/A<br>PUBLIC  | STUDY OF SINGLE-CELL GENOMICS BY SUPER-RESOLUTION<br>MICROSCOPY. (CAI) | 60,000. |

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 15 (CONT'D)

| RECIPIENT NAME AND ADDRESS   |  | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br>AND<br>FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION  | AMOUNT   |
|--|--|--|---|----------|
| NEW YORK UNIVERSITY LANGONE MEDICAL CENTER<br>1 PARK AVENUE 17TH FLOOR<br>NEW YORK, NY 10016 |  | N/A<br>PUBLIC  | STUDY OF GENETIC MECHANISMS THAT SPECIFY NEURONAL<br>CHEMOSENSITIVITY. (RINGSTAD) | 60,000.  |
| WASHINGTON UNIVERSITY<br>700 ROSEDALE AVENUE<br>ST. LOUIS, MO 63112                          |  | N/A<br>PUBLIC  | TARGETING TH2-IMMUNITY TO TREAT METASTATIC BREAST<br>CANCER (DENARDO)             | 60,000.  |
| WASHINGTON UNIVERSITY<br>700 ROSEDALE AVENUE<br>ST. LOUIS, MO 63112                          |  | N/A<br>PUBLIC  | NEURAL CELL TYPES (DOUGHERTY)   | 60,000.  |
| HARVARD MEDICAL SCHOOL<br>450 BROOKLINE AVENUE, DA1628<br>BOSTON, MA 02215                   |  | N/A<br>PUBLIC  | TUBERCULOSIS ZEBRAFISH MODEL(ILIOPOULOS)  | 60,000.  |
| DUKE UNIVERSITY<br>BOX DUMC 2927<br>DURHAM, NC 27710   |  | N/A<br>PUBLIC  | RNA MOLECULES (TOBIN)   | 60,000.  |
| WISTAR INSTITUTE<br>3601 SPRUCE STREET<br>PHILADELPHIA, PA 19104                             |  | N/A<br>PUBLIC  | IDENTIFYING NOVEL PATHWAY (NOMA)  | 120,000. |

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

| RECIPIENT NAME AND ADDRESS   |  | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br>AND<br>FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION       | AMOUNT            |
|--|--|--|--|-------------------|
| WISTAR INSTITUTE<br>3601 SPRUCE STREET<br>PHILADELPHIA, PA 19104                                   |  | N/A<br>PUBLIC  | EPIGENETIC REGULATION (HUANG)          | 120,000.          |
| UNIVERSITY OF MICHIGAN<br>4115 MEDICAL SCIENCE BUILDING I<br>1301 CATHERINE<br>ANN ARBOR, MI 48109 |  | N/A<br>PUBLIC  | DEADENYLASE NOCTURNIN (GOLDSTROHN)     | 120,000.          |
| WASHINGTON UNIVERSITY<br>700 ROSEDALE AVENUE<br>ST. LOUIS, MO 63112                                |  | N/A<br>PUBLIC  | DISSECTION OF RETINA (KERSCHENSTEINER) | 120,000.          |
| UNIVERSITY OF PITTSBURGH<br>3550 TERRACE STREET<br>PITTSBURGH, PA 15261                            |  | N/A<br>PUBLIC  | SCHOLAR PROGRAM (PRESCOTT)             | 65,000.           |
| UNIVERSITY OF IOWA<br>312 CMAB<br>IOWA CITY, IA 52242  |  | N/A<br>PUBLIC  | SCHOLAR PROGRAM (SUTTERWALA)           | 70,000.           |
| TOTAL CONTRIBUTIONS PAID   |  |  |  | <u>1,920,000.</u> |

ATTACHMENT 15 (CONT'D)

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 16

## RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENTRECIPIENT NAME AND ADDRESSPURPOSE OF GRANT OR CONTRIBUTIONAMOUNTUNIVERSITY OF IOWA CARVER COLLEGE OF MEDICINE  
312 CMAB

IOWA CITY, IA 52242-2600

SCHOLAR PROGRAM  
(DR. SUTTERWALLA)

75,000.

UNIVERSITY OF PITTSBURGH

3550 TERRACE STREET

PITTSBURGH, PA 15261

SCHOLAR PROGRAM (DR. PRESCOTT)

145,000.

CALIFORNIA INSTITUTE OF TECHNOLOGY

MAIL CODE 5-32

PASADENA, CA 91125

SCHOLAR PROGRAM (DR. HOELZ)

145,000.

WASHINGTON UNIVERSITY SCHOOL OF MEDICINE

700 ROSEDALE AVENUE

ST. LOUIS, MO 63112-1408

FELLOWSHIP (DR. TRAN)

15,000.

WASHINGTON UNIVERSITY SCHOOL OF MEDICINE

700 ROSEDALE AVENUE

ST. LOUIS, MO 63112-1408

FELLOWSHIP (DR. HALATCHOV AND DR. KUHN)

60,000.

WASHINGTON UNIVERSITY SCHOOL OF MEDICINE

700 ROSEDALE AVENUE

ST. LOUIS, MO 63112-1408

SERINE/THERONIN KINASE MUTATION (DR. BOSE)

60,000.

FORM 990FE, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 16 (CONT'D)

| RECIPIENT NAME AND ADDRESS  | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br>AND |  | PURPOSE OF GRANT OR CONTRIBUTION           | AMOUNT  |
|---|--|--|--|---------|
|   | FOUNDATION STATUS OF RECIPIENT                 |  |  |         |
| STANFORD UNIVERSITY<br>300 PASTEUR DRIVE<br>STANFORD, CA 94305-5119                         |  |  | STEM CELL GENE EXPRESSION (DR. DIEHN)      | 60,000. |
| UNIVERSITY OF CHICAGO<br>970 EAST 58TH STREET<br>CHICAGO, IL 60637                          |  |  | NEURULATION IN ASCINIANS (DR. MUNRO)       | 60,000. |
| DUKE UNIVERSITY SCHOOL OF MEDICINE<br>ERWIN SQUARE PLAZA, SUITE 820<br>DURHAM, NC 27705     |  |  | PH REGULATION BY HIV1 (DR. LEE)            | 60,000. |
| WASHINGTON UNIVERSITY SCHOOL OF MEDICINE<br>700 ROSEDALE AVENUE<br>ST. LOUIS, MO 63112-1408 |  |  | MALARIA VACCINE (DR. TOLIA)                | 60,000. |
| WASHINGTON UNIVERSITY SCHOOL OF MEDICINE<br>700 ROSEDALE AVENUE<br>ST. LOUIS, MO 63112-1408 |  |  | CANCER GENE REGULATORY WKS (DR. WANG)      | 60,000. |
| WASHINGTON UNIVERSITY SCHOOL OF MEDICINE<br>700 ROSEDALE AVENUE<br>ST. LOUIS, MO 63112-1408 |  |  | DISSECTION OF RETINA (DR. KERSCHENSTEINER) | 60,000. |

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 16 (CONT'D)

## RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENTRECIPIENT NAME AND ADDRESSPURPOSE OF GRANT OR CONTRIBUTIONAMOUNT

WISTAR INSTITUTE

3601 SPRUCE STREET, SUITE 242

PHILADELPHIA, PA 19104

IDENTIFYING NOVEL PATHWAY (DR. NOMA)

60,000.

WISTAR INSTITUTE

3601 SPRUCE STREET, SUITE 242

PHILADELPHIA, PA 19104

EPIGENETIC REGULATION (DR. HUANG)

60,000.

UNIVERSITY OF MICHIGAN

500 S. STATE STREET

ANN ARBOR, MI 48109

DEADENYLASE NOCTURNIN (DR. GOLDSTROHN)

60,000.

CALIFORNIA INSTITUTE OF TECHNOLOGY

MAILCODE 5-32

PASADENA, CA 91125

SINGLE-CELL GENOMICS (DR. CAI)

120,000.

NEW YORK UNIVERSITY LANGONE MEDICAL CENTER

1 PARK AVENUE 17TH FLOOR

NEW YORK, NY 10016

NEURONAL CHEMOSENSITIVITY (DR. RINGSTAD)

120,000.

WASHINGTON UNIVERSITY SCHOOL OF MEDICINE

700 ROSEDALE AVENUE

ST. LOUIS, MO 63112-1408

TH2-IMMUNITY (DR. DENARDO)

120,000.



FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 16 (CONT'D)

| RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br>AND   |                                |   |  | AMOUNT   |
|--|--------------------------------|---|--|----------|
| RECIPIENT NAME AND ADDRESS   | FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION              |  |          |
| HARVARD MEDICAL SCHOOL<br>450 BROOKLINE AVENUE, DA1628<br>BOSTON, MA 02215                   |                                | TUBERCULOSIS ZEBRAFISH MODEL (DR. ILIOPOULOS) |  | 120,000. |
| DUKE UNIVERSITY SCHOOL OF MEDICINE<br>ERWIN SQUARE PLAZA, SUITE 820<br>DURHAM, NC 27705      |                                | RNA MOLECULES (DR. TOBIN)                     |  | 120,000. |
| WASHINGTON UNIVERSITY SCHOOL OF MEDICINE<br>700 ROSEDALE AVENUE<br>ST. LOUIS, MO 63112-1408  |                                | NEURAL CELL TYPES (DR. DOUGHERTY)             |  | 120,000. |
| NEW YORK UNIVERSITY LANGONE MEDICAL CENTER<br>1 PARK AVENUE 17TH FLOOR<br>NEW YORK, NY 10016 |                                | UBIQUILINS IMMUNITY TO TB (DR. PHILIPS)       |  | 180,000. |
| UNIVERSITY OF IOWA CARVER COLLEGE OF MEDICINE<br>312 CMAB<br>IOWA CITY, IA 52242-2600        |                                | SYNAPTIC CHANGES MOVEMENT (DR. HARATA)        |  | 180,000. |
| WASHINGTON UNIVERSITY SCHOOL OF MEDICINE<br>700 ROSEDALE AVENUE<br>ST. LOUIS, MO 63112-1408  |                                | SPONTANEOUS CROHN'S DISEASE (DR. VIG)         |  | 180,000. |

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

| ATTACHMENT 16 (CONT'D)  |  |   |
|---|--|---|
| RECIPIENT NAME AND ADDRESS  | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br>AND<br>FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION<br><br>AMOUNT  |
| WASHINGTON UNIVERSITY SCHOOL OF MEDICINE<br>700 ROSEDALE AVENUE<br>ST. LOUIS, MO 63112-1408 |  | MOLECULAR MECHANISMS (DR. MONK)<br><br>180,000. |
| TOTAL CONTRIBUTIONS APPROVED  |  | 2,480,000.                                      |

Form **8868**

(Rev. January 2011)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

|  |   |                                |
|--|---|--------------------------------|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization   | Employer identification number |
|  | EDWARD J MALLINCKRODT JR FOUNDATION   | 43-6030295                     |
|  | Number, street, and room or suite no. If a P O box, see instructions                    |                                |
|  | ONE NORTH JEFFERSON STREET  |                                |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions |                                |
|  | ST. LOUIS, MO 63103   |                                |

Enter the Return code for the return that this application is for (file a separate application for each return)  

| Application Is For                       | Return Code | Application Is For       | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990                                 | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                              | 02          | Form 1041-A              | 08          |
| Form 990-EZ                              | 03          | Form 4720                | 09          |
| Form 990-PF                              | 04          | Form 5227                | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                | 12          |

- The books are in the care of ► JUDY MURPHY

Telephone No. ► 314 290-3300

FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for.
- ☐ calendar year 20 \_\_\_\_ or
- ☒ tax year beginning 10/01, 20 10, and ending 09/30, 20 11.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

|  |              |         |
|--|--------------|---------|
| <b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> \$ | 33,228. |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> \$ | 8,228.  |
| <b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.             | <b>3c</b> \$ | 25,000. |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)