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Schedule B

(Form 990, 990-EZ, or 990-PF)

## **Schedule of Contributors**

OM6 No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990, Form 980-EZ, or Form 990-PF.

2012

Name of the organization			Employer identification number		
Ray B M	lardious Family Foundate	on		43-6766131	
Ray B Marglous Family Foundation 43-6766131  Organization type (check one):					
Filers o	of:	Section:			
Form 990 or 990-EZ		☐ 601(c)( ) (enter number) organization			
		4947(a)(1) none	xempt charitable trust not treated as a private for	undallon	
		☐ 527 political org	ganization		
Form 990-PF		☑ 501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		☐ 501(c)(3) taxeble	e private foundation		
Check if your organization is covered by the General Rule or a Special Rule.  Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See Instructions.  General Rule					
Condia	1 1 Mile		•	1	
v	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II				
Special Rules					
	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33½% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, eclentific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III				
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.				
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must enswer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					
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For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Cat No 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

	(Farm 990, 990-EZ, or 990-PF) (2012)	16.	Page 2	
	organization		nployer (dentification number 43-6766131	
Hay B Mai	rglous Family Foundation  Contributors (see Instructions). Use duplicate copies of	f Port Lif additional space is		
***************************************			(d)	
No.	(b) Name, address, and ZIP + 4	Cc) Total contributions		
1	7711 Bonhomme, Suite 300	\$45,778 00	Person  Payroll  Noncesh  (Complete Part II if there is	
	Clayton MO 63105		a noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	Ray 8 Marglous Leads Trust '04		Person P Payroll  Noncash	
	7711 Bonhomme, Suite 300  Clayton MO 63105	\$ 7,500.00	(Complete Part II if there is a noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	Ray B Merglous Leads Trust '08  7711 Bonhomme, Sulte 300  Clayton MO 63105	\$	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4	Ray B Marglous Leads Trust '09  7711 Bonhomme, Suite 300  Clayton MO 63105	\$6,250 00	Person  Payrofl  Noncesh  (Complete Part II if there is a noncash contribution)	
(A) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	· · · · · · · · · · · · · · · · · · ·	\$	Person Payroll Noncash (Complete Part II of there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	
		Schedule B (	Form 990, 990-EZ, or 990-PF) (2012)	

	(Form 990, 990-EZ, ar 990-PF) (2012)		Page 3 ployer identification number
	organization	=	49-6766131
	glous Family Foundation  Noncash Property (see instructions). Use duplicate copies	of Dart II if additional coa	
Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional spa	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. frem Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Pert I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Schedule B (	(Form 990, 890-EZ, or 880-PF) (2012)				Page 4		
Name of o	rganization			Empl	oyer identification number		
Ray & Marc	glous Family Foundation  Exclusively religious, charitable, e that total more than \$1,000 for the For organizations completing Part II contributions of \$1,000 or less for the	year. Complete col	lumns (a) through ( xclusively religious,	e) and the follov charltable, etc.,	ving line entry. •		
	Use duplicate coples of Part III If ad	dilional space Is nee	ded.				
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift		(d) Description of how glft is held		
	A) A				•••••••••••		
		5 5 - 144					
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee						
					******		
(a) No. from Part I	(b) Purpose of gift	(c) Use	(c) Use of gift		(d) Description of how gift is held		
••••							
-  -		(e) Trans	fer of gift				
	Transferee's name, address, a	Relationship of transferor to transferee					
	***************************************	••••		••••			
(a) No. from Part i	(b) Purpose of gift	(c) Use	of gift	(d) Descripti	ion of how glft is held		
					***************************************		
t		(e) Trans	fer of gift				
-	Transferae's name, address, a	Relation	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Descripti	on of how gift is held		
•••••							
-	(e) Transfer of gift						
-	Transferee's name, address, a	Relationship of transferor to transferee					
			***************************************				
			•••	Schadule B (For	m 990, 990-EZ, or 890-PF) (2012)		