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Form 990-PF

Department of the Treasury  
Internal Revenue Service

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

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






OMB No 1545-0052

2012

Open to Public Inspection

For calendar year 2012, or tax year beginning 10-01-2012 , and ending 09-30-2013

Name of foundation EDWARD J MALLINCKRODT JR FOUNDATION		A Employer identification number 43-6030295	
Number and street (or P O box number if mail is not delivered to street address) 7701 FORSYTH BLVD NO 1100		B Telephone number (see instructions) (314) 719-1541	
City or town, state, and ZIP code ST LOUIS, MO 63105		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 46,556,112		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Other (specify) <u>MODIFIED CASH</u> (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	10,000,000			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	3 Interest on savings and temporary cash investments	70,905	70,905		
	4 Dividends and interest from securities. . . . .	602,006	602,006		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	6,770,905			
	b Gross sales price for all assets on line 6a _____ 40,357,046				
	7 Capital gain net income (from Part IV, line 2) . . . .		7,049,294		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	 420	315,209	0	
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	17,444,236	8,037,414	0	
	13 Compensation of officers, directors, trustees, etc	50,000	0	0	50,000
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .	 15,600	23,983	0	0
	c Other professional fees (attach schedule) . . . . .	 79,254	187,025	0	0
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions)	 12,899	0	0	0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	 6,614	0	0	6,614
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	164,367	211,008	0	56,614
	25 Contributions, gifts, grants paid . . . . .	2,656,316			2,656,316
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	2,820,683	211,008	0	2,712,930
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	14,623,553			
	b <b>Net investment income</b> (if negative, enter -0-)		7,826,406		
	c <b>Adjusted net income</b> (if negative, enter -0-)			0	

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 . . . . .	987,219	313,323	313,323
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .	21,700	81,801	81,801
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .	27,669,505	35,614,168	35,614,168
	c	Investments—corporate bonds (attach schedule). . . . .	7,813,148	10,546,820	10,546,820
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans . . . . .			
	13	Investments—other (attach schedule) . . . . .			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	36,491,572	46,556,112	46,556,112	
Liabilities	17	Accounts payable and accrued expenses . . . . .			
	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	Total liabilities (add lines 17 through 22) . . . . .	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted . . . . .	36,491,572	46,556,112	
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.				
	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	Total net assets or fund balances (see page 17 of the instructions) . . . . .	36,491,572	46,556,112	
	31	Total liabilities and net assets/fund balances (see page 17 of the instructions) . . . . .	36,491,572	46,556,112	

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) . . . . .	136,491,572
2	Enter amount from Part I, line 27a . . . . .	14,623,553
3	Other increases not included in line 2 (itemize) ▶ _____	0
4	Add lines 1, 2, and 3 . . . . .	51,115,125
5	Decreases not included in line 2 (itemize) ▶ _____	4,559,013
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	46,556,112

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 P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a	See Additional Data Table			
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a See Additional Data Table			
b			
c			
d			
e			

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 as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a See Additional Data Table			
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	7,049,294
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . .	}	3	

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) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2011	1,874,026	34,777,222	0 053887
2010	1,929,229	34,310,084	0 056229
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

2	Total of line 1, column (d). . . . .	2	0 277904
3	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 . . . .	3	0 055581
4	Enter the net value of noncharitable-use assets for 2012 from Part X, line 5. . . . .	4	45,397,349
5	Multiply line 4 by line 3. . . . .	5	2,523,230
6	Enter 1% of net investment income (1% of Part I, line 27b). . . . .	6	78,264
7	Add lines 5 and 6. . . . .	7	2,601,494
8	Enter qualifying distributions from Part XII, line 4. . . . .  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	8	2,712,930

Part VIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a		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 letter if necessary—see instructions)			
b		Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .		1	78,264
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	0
3		Add lines 1 and 2. . . . .		3	78,264
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	78,264
6		Credits/Payments			
a		2012 estimated tax payments and 2011 overpayment credited to 2012	6a	81,801	
b		Exempt foreign organizations—tax withheld at source . . . . .	6b		
c		Tax paid with application for extension of time to file (Form 8868)	6c	20,000	
d		Backup withholding erroneously withheld . . . . .	6d		
7		Total credits and payments Add lines 6a through 6d. . . . .		7	78,264
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 . . . . .		9	0
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 2013 estimated tax <input checked="" type="checkbox"/>	Refunded <input type="checkbox"/>	11	

Part VII-AStatements Regarding Activities

1a	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? . . . . .		Yes	No
		1a		No
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)? . . . . .			No
	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? . . . . .	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input checked="" type="checkbox"/> \$ 0 (2) On foundation managers <input checked="" type="checkbox"/> \$ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input checked="" type="checkbox"/> \$ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities.	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . .	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T.	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> 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 .	8b	Yes	
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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV . . . . .	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		No

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 instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address ▶EMALLINCKRODTFOUNDATION.ORG				
14	The books are in care of ▶JUDY MURPHY Telephone no ▶(314) 290-3300 Located at ▶ONE NORTH BRENTWOOD ST LOUIS MO ZIP +4 ▶63105			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶	15		
16	At any time during calendar year 2012, 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		No
See instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes", enter the name of the foreign country ▶				

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 checked="" type="checkbox"/> Yes <input 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? ( <b>Exception.</b> 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 <b>any</b> 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 20 of the instructions)?. . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>	1b		No
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 2012?. . . . .	1c		No
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 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . .	2b		
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
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 2012 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? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012.</i> ). . . . .	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2012?	4b		No

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 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 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

No

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 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
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see 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.

0

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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 instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
FIDUCIARY PARTNERS FUND LP	MANAGEMENT FEES	77,054
8235 FORSYTH BLVD SUITE 700		
ST LOUIS,MO 63105		
Total number of others receiving over \$50,000 for professional services.		0

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	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See page 24 of the instructions.	
3	
Total. Add lines 1 through 3.	



Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities. . . . .	1a	44,562,943
b	Average of monthly cash balances. . . . .	1b	1,525,736
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	Total (add lines 1a, b, and c). . . . .	1d	46,088,679
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	0
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	0
3	Subtract line 2 from line 1d. . . . .	3	46,088,679
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	691,330
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	45,397,349
6	Minimum investment return. Enter 5% of line 5. . . . .	6	2,269,867

Part XI

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6. . . . .	1	2,269,867
2a	Tax on investment income for 2012 from Part VI, line 5. . . . .	2a	78,264
b	Income tax for 2012 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	78,264
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	2,191,603
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	254
5	Add lines 3 and 4. . . . .	5	2,191,857
6	Deduction from distributable amount (see instructions). . . . .	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	2,191,857

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	2,712,930
b	Program-related investments—total from Part IX-B. . . . .	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	2,712,930
5	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 instructions). . . . .	5	78,264
6	Adjusted qualifying distributions. Subtract line 5 from line 4. . . . .	6	2,634,666
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 instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				2,191,857
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only. . . . .			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2012				
a From 2007. . . . .				
b From 2008. . . . .				
c From 2009. . . . .				
d From 2010. . . . .				
e From 2011. . . . .				27,974
f Total of lines 3a through e. . . . .	27,974			
4 Qualifying distributions for 2012 from Part XII, line 4 ▶ \$ 2,712,930				
a Applied to 2011, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
c Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
d Applied to 2012 distributable amount. . . . .				2,191,857
e Remaining amount distributed out of corpus	521,073			
5 Excess distributions carryover applied to 2012 (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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	549,047			
b Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
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. . . . .		0		
d Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013. . . . .				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions). . . . .	0			
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions). . . .	0			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a. . . . .	549,047			
10 Analysis of line 9				
a Excess from 2008. . . .				
b Excess from 2009. . . .				
c Excess from 2010. . . .				
d Excess from 2011. . . .				27,974
e Excess from 2012. . . .				521,073

Part XIV

Private Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling.

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.	Tax year	Prior 3 years			(e) Total
		(a) 2012	(b) 2011	(c) 2010	(d) 2009	
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed.					
d	Amounts included in line 2c not used directly for active conduct of exempt activities.					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.					
3	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

Part XV

Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see 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) )

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

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 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

See Additional Data Table

b

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

See Additional Data Table

c

Any submission deadlines

See Additional Data Table

d

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

See Additional Data Table

Form 990-PF (2012)

### 3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>				2,656,316
<b>b</b> <i>Approved for future payment</i> See Additional Data Table				
<b>Total . . . . .</b>				3,292,000

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b>	Program service revenue					
<b>a</b>	_____					
<b>b</b>	_____					
<b>c</b>	_____					
<b>d</b>	_____					
<b>e</b>	_____					
<b>f</b>	_____					
<b>g</b>	Fees and contracts from government agencies					
<b>2</b>	Membership dues and assessments. . . . .					
<b>3</b>	Interest on savings and temporary cash investments			14	70,905	
<b>4</b>	Dividends and interest from securities. . . . .			14	602,006	
<b>5</b>	Net rental income or (loss) from real estate					
<b>a</b>	Debt-financed property. . . . .					
<b>b</b>	Not debt-financed property. . . . .					
<b>6</b>	Net rental income or (loss) from personal property					
<b>7</b>	Other investment income. . . . .			14	166	
<b>8</b>	Gain or (loss) from sales of assets other than inventory			18	6,770,905	
<b>9</b>	Net income or (loss) from special events					
<b>10</b>	Gross profit or (loss) from sales of inventory. . .					
<b>11</b>	Other revenue <b>a</b> GRANTS RETURNED _____				254	
<b>b</b>	_____					
<b>c</b>	_____					
<b>d</b>	_____					
<b>e</b>	_____					
<b>12</b>	Subtotal. Add columns (b), (d), and (e). . . . .		0		7,444,236	0
<b>13</b>	<b>Total.</b> Add line 12, columns (b), (d), and (e). . . . .			<b>13</b>	<b>7,444,236</b>	

[illegible]

Part XVII

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1

Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of		
(1) Cash.	1a(1)	No
(2) Other assets.	1a(2)	No
b Other transactions		
(1) Sales of assets to a noncharitable exempt organization.	1b(1)	No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)	No
(3) Rental of facilities, equipment, or other assets.	1b(3)	No
(4) Reimbursement arrangements.	1b(4)	No
(5) Loans or loan guarantees.	1b(5)	No
(6) Performance of services or membership or fundraising solicitations.	1b(6)	No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c	No

d

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

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a

Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

☐

Yes

☒

No

b

If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

\*\*\*\*\*

Signature of officer or trustee

2015-08-31

Date

\*\*\*\*\*

Title

May the IRS discuss this return with the preparer shown below (see instr.)?

☒

Yes

☐

No

Paid Preparer Use Only

Print/Type preparer's name

JEFFREY D PERSON

Preparer's Signature

JEFFREY D PERSON

Date

Check if self-employed

☒

PTIN

P00437219

Firm's name

RUBINBROWN LLP

ONE NORTH BRENTWOOD

Firm's address

SAINT LOUIS, MO 63105

Firm's EIN

43-0765316

Phone no.

(314) 290-3300

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(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 P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
WELLS FARGO CONFLUENCE	P		
WELLS FARGO FAMCO	P		
CHARLES SCHWAB	P		
SHORT TERM LOSS - K-1 - FIDUCIARY PARTNERS	P		
LONG TERM GAIN - K-1 - FIDUCIARY PARTNERS	P		
LONG TERM GAIN ON SALE OF FIDUCIARY PARTNERS	P		
SHORT TERM GAIN - K-1 - WALTER SCOTT	P		
LONG TERM LOSS - K-1 -WALTER SCOTT	P		
LONG TERM GAIN ON SALE - WALTER SCOTT	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
86,035		57,102	28,933
743,655		734,800	8,855
28,521,579		23,791,107	4,730,472
		118,094	-118,094
412,401			412,401
7,762,231		6,349,112	1,413,119
2,148			2,148
		18,066	-18,066
3,243,546		2,654,020	589,526



Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) 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 as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			28,933
			8,855
			4,730,472
			-118,094
			412,401
			1,413,119
			2,148
			-18,066
			589,526

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(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
SPENCER B BURKE	PRESIDENT 1 00	0	0	0
7701 FORSYTH BLVD SUITE 1100 ST LOUIS,MO 63105				
BILL POLK	VICE-PRESIDENT 1 00	0	0	0
7701 FORSYTH BLVD SUITE 1100 ST LOUIS,MO 63105				
MARIAN MEHAN	SECRETARY 1 00	0	0	0
7701 FORSYTH BLVD SUITE 1100 ST LOUIS,MO 63105				
BECKI BLANKENSHIP	ASSISTANT SECRETARY 1 00	50,000	0	0
7701 FORSYTH BLVD SUITE 1100 ST LOUIS,MO 63105				
DR TOM CORI	DIRECTOR 1 00	0	0	0
7701 FORSYTH BLVD SUITE 1100 ST LOUIS,MO 63105				
DR STUART KÖRNFELD	DIRECTOR 1 00	0	0	0
7701 FORSYTH BLVD SUITE 1100 ST LOUIS,MO 63105				
DR ROBERT G JOHNSON	DIRECTOR 1 00	0	0	0
7701 FORSYTH BLVD SUITE 1100 ST LOUIS,MO 63105				
DR LILA SOLNICA-KREZEL	DIRECTOR 1 00	0	0	0
7701 FORSYTH BLVD SUITE 1100 ST LOUIS,MO 63105				
DR ALAN SCHWARTZ	DIRECTOR 1 00	0	0	0
7701 FORSYTH BLVD SUITE 1100 ST LOUIS,MO 63105				

**Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

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

MR SPENCER BURKE  
7701 FORSYTH BLVD SUITE 1100  
ST LOUIS,MO 63105  
(314) 719-1541

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

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

**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

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

MR SPENCER BURKE  
7701 FORSYTH BLVD SUITE 1100  
ST LOUIS, MO 63105  
(314) 719-1541

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

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

**c** Any submission deadlines

NO SPECIFIC DEADLINES

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

MEDICAL RESEARCH GRANTS

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

MR SPENCER BURKE  
7701 FORSYTH BLVD SUITE 1100  
ST LOUIS, MO 63105  
(314) 719-1541

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

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

**c** Any submission deadlines

NO SPECIFIC DEADLINES

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

MEDICAL RESEARCH GRANTS

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CALIFORNIA INSTITUTE OF TECHNOLOGY MAIL CODE 5-32 PASADENA,CA 91125	N/A	PUBLIC	SCHOLAR PROGRAM (DR HOELZ)	75,000
DUKE UNIVERSITY 1102 DUKE NORTH DURHAM,NC 27710	N/A	PUBLIC	NOVEL MECHANISM OF PROTEIN ACETYLATION (DR HERSCHEY)	60,000
DUKE UNIVERSITY SCHOOL OF MEDICINE DUMC 2611 DURHAM,NC 27710	N/A	PUBLIC	CELLULAR SUBSTRATE OF ODOR PERCEPTION (DR FRANKS)	60,000
HARVARD MEDICAL SCHOOL 450 BROOKLINE AVENUE DA1628 BOSTON,MA 02215	N/A	PUBLIC	INDUCIBLE GENE EXPRESSION (DR GRAY)	60,000
NEWYORK UNIVERSITY 522 FIRST AVENUE SMILOW RESEARCH BUILDING RM 1205 NEWYORK,NY 10016	N/A	PUBLIC	ADDITIONAL FUNDING DUE TO HURRICANE SANDY DESTRUCTION (DR PHILIPS)	14,316
NEWYORK UNIVERSITY LANGONE MEDICAL 1 PARK AVENUE 17TH FLOOR NEWYORK,NY 10016	N/A	PUBLIC	STUDY OF GENETIC MECHANISMS THAT SPECIFY NEURONAL CHEMOSENSITIVITY (DR RINGSTAD)	60,000
STANFORD UNIVERSITY 300 PASTEUR DRIVE STANFORD,CA 943055119	N/A	PUBLIC	CORONARY ARTERY SMOOTH MUSCLE CELLS (DR MONTGOMERY)	120,000
UNIVERSITY OF MICHIGAN 1000 WALL STREET ANN ARBOR,MI 48105	N/A	PUBLIC	PRIMARY CONGENITAL GLAUCOMA (DR BOHNSACK)	60,000
UNIVERSITY OF PITTSBURGH 3550 TERRACE STREET PITTSBURGH,PA 15261	N/A	PUBLIC	SCHOLAR PROGRAM (DR PRESCOTT)	75,000
VANDERBILT UNIVERSITY 2525 WEST END AVE SUITE 600 NASHVILLE,TN 37203	N/A	PUBLIC	SCALABLE BIOMEDICAL PATTERNING (DR LASKO)	60,000
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE ST LOUIS,MO 63112	N/A	PUBLIC	MOUSE MODEL OF M S (DR EDELSON)	60,000
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE ST LOUIS,MO 63112	N/A	PUBLIC	FELLOWSHIP TO SUPPORT 8 FELLOWS	112,000
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE ST LOUIS,MO 63112	N/A	PUBLIC	FORTHCOMING SYMPOSIUM AND RECRUITING (DR FRASER)	40,000
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE ST LOUIS,MO 63112	N/A	PUBLIC	STEM CELL SELF RENEWAL (DR CHALLEN)	60,000
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE ST LOUIS,MO 63112	N/A	PUBLIC	TARGETING TH2-IMMUNITY TO TREAT METASTAIC BREAST CANCER (DR DENARDO)	60,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment


Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE ST LOUIS,MO 63112	N/A	PUBLIC	NEURAL CELL TYPES (DR DOUGHERTY)	60,000
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE ST LOUIS,MO 63112	N/A	PUBLIC	SPONTANEOUS CROHN'S DISEASE (DR VIG)	60,000
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE ST LOUIS,MO 63112	N/A	PUBLIC	MOLECULAR MECHANISMS (DR MONK)	60,000
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE ST LOUIS,MO 63112	N/A	PUBLIC	BRAIN REGIONS-SPECIFIC NEURONS (DR YOO)	60,000
CALIFORNIA INSTITUTE OF TECHNOLOGY MAIL CODE 156-29 PASADENA,CA 91125	N/A	PUBLIC	LIGHT-GATED MOLECULAR SWITCHES (DR GRADINARU)	60,000
COLUMBIA UNIVERSITY MEDICAL CENTER 1150 ST NICHOLAS AVENUE NEW YORK,NY 10032	N/A	PUBLIC	STUDY OF HOW NOTCH REGULATES HEPATIC GLUCOSE AND LIPID METABOLISM (DR PAJVANI)	120,000
DUKE UNIVERSITY SCHOOL OF MEDICINE ERWIN SQUARE PLAZA SUITE 820 DURHAM,NC 27705	N/A	PUBLIC	RNA MOLECULES (DR TOBIN)	60,000
HARVARD MEDICAL SCHOOL 450 BROOKLINE AVENUE DA1628 BOSTON,MA 02215	N/A	PUBLIC	TUBERCULOSIS ZEBRAFISH MODEL (DR ILIOPOULOS)	60,000
NEW YORK UNIVERSITY LANGONE MEDICAL 1 PARK AVENUE 17TH FLOOR NEW YORK,NY 10016	N/A	PUBLIC	UBIQUILINS IMMUNITY TO TB (DR PHILIPS)	60,000
UNIVERSITY OF IOWA CARVER COLLEGE O 312 CMAB IOWA CITY,IA 522422600	N/A	PUBLIC	SYNAPTIC CHANGES MOVEMENT (DR HARATA)	60,000
UNIVERSITY OF PENNSYLVANIA 231 S 34 STREET PHILADELPHIA,PA 19104	N/A	PUBLIC	SCHOLAR PROGRAM (DR KOHLI)	200,000
UNIVERSITY OF UTAH 201 PRESIDENTS CIRCLE ROOM 210 SALT LAKE CITY,UT 84112	N/A	PUBLIC	STUDY OF A MOLECULAR CODE GOVERNING NEURAL CIRCUIT ASSEMBLY (DR WILLIAMS)	120,000
UNIVERSITY OF UTAH SCHOOL OF MEDICI 201 PRESIDENTS CIRCLE ROOM 210 SALT LAKE CITY,UT 84112	N/A	PUBLIC	STUDY OF THE DISCOVERY OF NOVEL BACTERIA MOLECULES TO TREAT AUTOIMMUNE DISEASE (DR ROUND)	120,000
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE ST LOUIS,MO 63112	N/A	PUBLIC	T CELL IMMUNE RESPONSE AGAINST VIRAL INFECTION (DR EGAWA)	120,000
MASSACHUSETTS INSTITUTE OF TECHNOLO 77 MASSACHUSETTS AVENUE 16-573A CAMBRIDGE,MA 02139	N/A	PUBLIC	SCHOLAR PROGRAM (DR SHOULDERS)	100,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CORNELL UNIVERSITY 102 WEILL HALL ITHACA,NY 14853	N/A	PUBLIC	SEX-SPECIFICITY AUTOIMMUNE GENES (DR KEINAN)	60,000
UNIVERSITY OF CALIFORNIA - IRVINE 845 HEALTH SCIENCE ROAD ROOM 3018 IRVINE,CA 92697	N/A	PUBLIC	ANTI-FIBROTIC STRATEGY IN WOUND HEALING (DR PLIKUS)	60,000
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON,TX 77030	N/A	PUBLIC	ROLE OF SIRTUINS IN AGING AND DISEASE (DR SAHIN)	60,000
UNIVERSITY OF IOWA CARVER COLLEGE O 451 NEWTON ROAD 200 MEDICINE ADMINISTRATION BLDG IOWA CITY,IA 52242	N/A	PUBLIC	OBESITY AND METABOLIC SYNDROME (DR POTTHOFF)	60,000
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON,MA 02115	N/A	PUBLIC	REPROGRAMMING AFTER GASTRIC BYPASS (DR STYLOPOULOS)	60,000
CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD MC 156-29 PASADENA,CA 91125	N/A	PUBLIC	INC RNAS COORDINATING CELLULAR REG (DR GUTTMAN)	60,000
<b>Total . . . . .</b>			<b>3a</b>	2,656,316



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>b</b> <i>Approved for future payment</i>				
DUKE UNIVERSITY1102 DUKE NORTH DURHAM,NC 27710	N/A	PUBLIC	NOVEL MECHANISM OF PROTEIN ACETYLATION (DR HERSCHEY)	120,000
DUKE UNIVERSITY SCHOOL OF MEDICINEDUMC 2611 DURHAM,NC 27710	N/A	PUBLIC	CELLULAR SUBSTRATE OF ODOR PERCEPTION (DR FRANKS)	120,000
HARVARD MEDICAL SCHOOL450 BROOKLINE AVENUE DA1628 BOSTON,MA 02215	N/A	PUBLIC	INDUCIBLE GENE EXPRESSION (DR GRAY)	120,000
STANFORD UNIVERSITY300 PASTEUR DRIVE STANFORD,CA 943055119	N/A	PUBLIC	CORONARY ARTERY SMOOTH MUSCLE CELLS (DR MONTGOMERY)	60,000
UNIVERSITY OF MICHIGAN1000 WALL STREET ANN ARBOR,MI 48105	N/A	PUBLIC	PRIMARY CONGENITAL GLAUCOMA (DR BOHNSACK)	120,000
WASHINGTON UNIVERSITY700 ROSEDALE AVENUE ST LOUIS,MO 63112	N/A	PUBLIC	MOUSE MODEL OF M S (DR EDELSON)	120,000
WASHINGTON UNIVERSITY700 ROSEDALE AVENUE ST LOUIS,MO 63112	N/A	PUBLIC	FORTHCOMING SYMPOSIUM AND RECRUITING (DR FRASER)	120,000
WASHINGTON UNIVERSITY700 ROSEDALE AVENUE ST LOUIS,MO 63112	N/A	PUBLIC	STEM CELL SELF RENEWAL (DR CHALLEN)	120,000
CALIFORNIA INSTITUTE OF TECHNOLOGYMAIL CODE 156-29 PASADENA,CA 91125	N/A	PUBLIC	LIGHT-GATED MOLECULAR SWITCHES (DR GRADINARU)	60,000
COLUMBIA UNIVERSITY MEDICAL CENTER1150 ST NICHOLAS AVENUE NEWYORK,NY 10032	N/A	PUBLIC	STUDY OF HOW NOTCH REGULATES HEPATIC GLUCOSE AND LIPID METABOLISM (DR PAJVANI)	60,000
UNIVERSITY OF PENNSYLVANIA231 S 34 STREET PHILADELPHIA,PA 19104	N/A	PUBLIC	SCHOLAR PROGRAM (DR KOHLI)	200,000
UNIVERSITY OF UTAH201 PRESIDENTS CIRCLE ROOM 210 SALT LAKE CITY,UT 84112	N/A	PUBLIC	STUDY OF A MOLECULAR CODE GOVERNING NEURAL CIRCUIT ASSEMBLY (DR WILLIAMS)	60,000
UNIVERSITY OF UTAH SCHOOL OF MEDICI201 PRESIDENTS CIRCLE ROOM 210 SALT LAKE CITY,UT 84112	N/A	PUBLIC	STUDY OF THE DISCOVERY OF NOVEL BACTERIA MOLECULES TO TREAT AUTOIMMUNE DISEASE (DR ROUND)	60,000
VANDERBILT UNIVERSITY2525 WEST END AVE SUITE 600 NASHVILLE,TN 37203	N/A	PUBLIC	SCALABLE BIOMEDICAL PATTERNING (DR LASKO )	60,000
WASHINGTON UNIVERSITY700 ROSEDALE AVENUE ST LOUIS,MO 63112	N/A	PUBLIC	FELLOWSHIP	752,000
WASHINGTON UNIVERSITY700 ROSEDALE AVENUE ST LOUIS,MO 63112	N/A	PUBLIC	T CELL IMMUNE RESPONSE AGAINST VIRAL INFECTION (DR EGAWA)	60,000
WASHINGTON UNIVERSITY700 ROSEDALE AVENUE ST LOUIS,MO 63112	N/A	PUBLIC	BRAIN REGION-SPECIFIC NEURONS (DR YOO )	60,000
MASSACHUSETTS INSTITUTE OF TECHNOLO77 MASSACHUSETTS AVENUE 16-573A CAMBRIDGE,MA 02139	N/A	PUBLIC	SCHOLAR PROGRAM (DR SHOULDERS)	300,000
CORNELL UNIVERSITY102 WEILL HALL ITHACA,NY 14853	NA	PUBLIC	SEX-SPECIFICITY AUTOIMMUNE GENES (DR KEINAN)	120,000
UNIVERSITY OF CALIFORNIA - IRVINE845 HEALTH SCIENCE ROAD ROOM 3018 IRVINE,CA 92697	N/A	PUBLIC	ANTI-FIBROTIC STRATEGY IN WOUND HEALING (DR PLIKUS)	120,000
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON,TX 77030	N/A	PUBLIC	ROLE OF SIRTUINS IN AGING AND DESEASE (DR SAHIN)	120,000
UNIVERSITY OF IOWA CARVER COLLEGE O451 NEWTON ROAD 200 MEDICINE ADMINISTRATION BLDG IOWA CITY,IA 52242	N/A	PUBLIC	OBESITY AND METABOLIC SYNDROME (DR POTTHOFF)	120,000
BOSTON CHILDREN'S HOSPITAL300 LONGWOOD AVENUE BOSTON,MA 02115	N/A	PUBLIC	REPROGRAMMING AFTER GASTRIC BYPASS (DR STYLOPOULOS)	120,000
CALIFORNIA INSTITUTE OF TECHNOLOGY1200 E CALIFORNIA BLVD MC 156-29 PASADENA,CA 91125	N/A	PUBLIC	INC RNAS COORDINATING CELLULAR REG (DR GUTTMAN)	120,000
<b>Total</b> . . . . .  <b>3b</b>				3,292,000

## TY 2012 Accounting Fees Schedule

**Name:** EDWARD J MALLINCKRODT JR FOUNDATION

**EIN:** 43-6030295

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES - RUBINBROWN	15,600	15,600	0	0
ACCOUNTING FEES - K- 1'S	0	8,383	0	0

**TY 2012 General Explanation Attachment****Name:** EDWARD J MALLINCKRODT JR FOUNDATION**EIN:** 43-6030295

Identifier	Return Reference	Explanation
	FORM 990-PF AMENDMENT FOR FORM 926	AMENDED RETURN THE RETURN IS BEING AMENDED TO PROVIDE THE IRS THE INFORMATION FOR FORM 926 FOR AN INVESTMENT OF CASH. ALTHOUGH THE INVESTMENT MANAGER IS IN THE UNITED STATES, THE ENTITY TO WHICH FUNDS WERE TRANSFERRED WAS FORMED IN THE CAYMAN ISLANDS. THE NAME OF THE INVESTMENT ON STATEMENT 7 HAS BEEN REVISED TO STIEVEN FINANCIAL OFFSHORE INVESTORS, LTD. REASONABLE CAUSE STATEMENT THE DELAY IN PROVIDING THE FORM 926 INFORMATION IS DUE TO REASONABLE CAUSE. THE FOUNDATION IS TAKING CORRECTIVE ACTION BEFORE ANY CONTACT FROM THE IRS. THE FOUNDATION HAS FILED ITS RETURNS IN A TIMELY FASHION AND THE INVESTMENT IN A FOREIGN ENTITY WAS A NEW TYPE OF TRANSACTION FOR THE FOUNDATION. THE NEW INVESTMENT IN A FOREIGN ENTITY WAS PART OF THE PROCESS OF CHANGING ADVISORS/MONEY MANAGERS. ALTHOUGH THE MONEY MANAGER, STIEVEN CAPITAL ADVISORS, IS LOCATED IN ST LOUIS, MISSOURI, THE MONEY WAS ACTUALLY INVESTED IN AN OFFSHORE COMPANY. IN TURN, THIS COMPANY IS INVESTED IN U.S. INVESTMENTS. AS WE WERE FOCUSED ON THE ULTIMATE INVESTMENT AND THE ADVISOR, THE INTERNAL FINANCIAL STATEMENTS LISTED THE INVESTMENT AS THE STIEVEN CAPITAL ADVISORS FUND, AND THE DISCLOSURES WERE INADVERTENTLY OMITTED FROM THE ORIGINAL RETURN. THE FOUNDATION HAS PREVIOUSLY REPORTED ALL INCOME FROM THIS INVESTMENT AND THE INVESTMENT WAS MADE TO DIVERSIFY THE INVESTMENTS. IT WAS NOT A TAX MOTIVATED TRANSACTION, AND NO PROPERTY OTHER THAN CASH WAS TRANSFERRED. BASED ON THIS BEING THE FIRST OCCURRENCE OF THE REQUIREMENT FOR A FORM 926, WE REQUEST THAT ANY LATE PENALTY THAT MIGHT OTHERWISE APPLY BE ABATED.

**TY 2012 Investments Corporate  
Bonds Schedule**

**Name:** EDWARD J MALLINCKRODT JR FOUNDATION  
**EIN:** 43-6030295

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CHARLES SCHWAB	10,546,820	10,546,820

**TY 2012 Investments Corporate  
Stock Schedule****Name:** EDWARD J MALLINCKRODT JR FOUNDATION**EIN:** 43-6030295

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CHARLES SCHWAB	33,897,808	33,897,808
STIEVEN FINANCIAL OFFSHORE INVESTORS, LTD.	1,716,360	1,716,360

TY 2012 Other Decreases Schedule

**Name:** EDWARD J MALLINCKRODT JR FOUNDATION

**EIN:** 43-6030295

Description	Amount
NET UNREALIZED LOSS - 2012 TAX YEAR	4,559,013

## TY 2012 Other Expenses Schedule

**Name:** EDWARD J MALLINCKRODT JR FOUNDATION

**EIN:** 43-6030295

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MEETING EXPENSES	6,540	0	0	6,540
MISCELLANEOUS	74	0	0	74

**TY 2012 Other Income Schedule****Name:** EDWARD J MALLINCKRODT JR FOUNDATION**EIN:** 43-6030295

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INVESTMENT INCOME	166	166	
INTEREST - K-1'S		14	
DIVIDENDS - K-1'S		315,029	
GRANTS RETURNED	254		254



TY 2012 Other Professional Fees Schedule

**Name:** EDWARD J MALLINCKRODT JR FOUNDATION

**EIN:** 43-6030295

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	79,254	79,254	0	0
INVESTMENT MGMT FEES - K- 1'S	0	107,771	0	0

**TY 2012 Taxes Schedule**

**Name:** EDWARD J MALLINCKRODT JR FOUNDATION

**EIN:** 43-6030295

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	12,899	0	0	0

Schedule B

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

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2012

<b>Name of the organization</b> EDWARD J MALLINCKRODT JR FOUNDATION	<b>Employer identification number</b> 43-6030295
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable 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

☒ 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 33<sup>1</sup>/<sub>3</sub>% 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, scientific, 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** answer “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 filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

<b>Name of organization</b> EDWARD J MALLINCKRODT JR FOUNDATION	<b>Employer identification number</b> 43-6030295
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<b>Part I</b>	<b>Contributors</b> (see instructions) Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	ESTATE OF OLIVER LANGENBERG 801 SOUTH SKINKER BLVD  ST LOUIS, MO 63105	\$ 10,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
 	    	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
 	    	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
 	    	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
 	    	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
 	    	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
 	    	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
 	    	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )

<b>Name of organization</b> EDWARD J MALLINCKRODT JR FOUNDATION	<b>Employer identification number</b> 43-6030295
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Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed		
(a) No. from 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 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 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
_____	_____ _____ _____ _____	\$ _____	_____

<b>Name of organization</b> EDWARD J MALLINCKRODT JR FOUNDATION	<b>Employer identification number</b> 43-6030295
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<b>Part III</b>	<b>Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.</b> Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc , contributions of <b>\$1,000 or less</b> for the year (Enter this information once See instructions ) ▶ \$ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div> <div></div>	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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